

A PHENOMENOLOGICAL STUDY OF
COUNSELLORS' SUBJECTIVE EXPERIENCES
OF CLIENT CRYING:

by

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ABSTRACT

This study investigated, from a phenomenological perspective, the experiences of practicing counsellors in response to client crying in the context of counselling sessions. As the review of the literature indicates, the client's emotional experience is central to the process of counselling. Of equal importance is the counsellor's ability to respond effectively to the client's expression of emotion. In spite of this, research examining the relationship between client affect level and helper behaviour has been very limited. Furthermore, the systematic study of counsellors' responses to the particular emotional expression of crying has not been previously attempted.

Previous researchers have indicated that clients displaying high affect levels (not crying) were judged more negatively by untrained university students and counsellor trainees than those displaying lower or neutral affect even when verbal statements were identical. Studies reviewed also indicated that counsellor trainees responded less effectively as helpers to high client affect than to neutral affect. The experimental method, used in these previous studies, may have precluded the examination of practicing counsellors' experiences of, and responses to the client affect expression of crying. The present study

adopted a phenomenological approach in order to explore and describe the meaning and significance of client crying in the context of actual sessions and from the point of view of counsellors themselves.

Counsellors' experiences of client crying were assumed, for the purposes of this study, to include the following aspects: perceptions of the meaning and significance of client crying, subjective (inner) responses to client crying, and overt responses to crying. In this study six participants (all practicing counsellors) were shown a videotape of an actual client session, designed to stimulate recall of previous experiences with the phenomenon. They were then interviewed in depth about these recalled experiences. The questions for these interviews were based directly on the three aspects of counsellors' experiences mentioned above. Resulting transcripts were analyzed and themes were explicated for each participant individually, as well as for the group as a whole.

The results indicated that this group of counsellors, for the most part, distinguished among kinds of crying. Authentic crying was seen in a positive way as an immediate expression of intense emotion. It was reacted to with empathy and other facilitative responses, and with feelings of emotional closeness which sometimes led to a somewhat distracting over-identification with the client's feelings. Manipulative or excessive crying was reacted to with negative feelings of irritation, impatience, or detachment

and was usually either confronted or ignored. Two of the counsellors experienced a general discomfort with the act or process of crying in general, while the remaining four felt discomfort only in specific contexts.

In the concluding chapter of this study relationships among the present findings and those of previous researchers were discussed, applications of the present findings to counsellor training were suggested, and recommendations for future research were made.



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TABLE OF CONTENTS

Title Page	i
Abstract	ii
Table of Contents	v
Acknowledgments	viii
Dedication	ix
Chapter 1.	1
Introduction	1
Impetus for the study.	1
Statement of the Problem	2
Methodological Considerations.	3
Purpose of the Study	5
Contributions of the study	7
Chapter 2.	9
Related Theory and Research.	9
Scope.	9
Importance of the Emotions to Counselling and Therapy. .9	
Research on Responses to Variation in Client Affect. . 11	
Client Affect Level and Helper Judgement 12	
Client Affect Level and Helper Response Consistency . .13	
Conclusions and Implications for Present Research . . .14	
Chapter 3.	17
Method	17
Theoretical Assumptions of a Phenomonological Approach 17	
Overview of the Method.	20
Interview Questions	22

Selection of Participants23
Preparation of video-taped client session24
Research Procedure	25
Analysis of the Data	26
Individual Accounts.	26
Theme Analysis for Participants as a Group	27
Personal Assumptions of the Researcher	28
Expectations of the Interviews	32
Chapter 4	34
Research Findings.	34
Explication of the Data.	34
Introduction to Individual Accounts.	34
Alex	35
Allison.	48
John.	59
Korrine.	66
Barry	76
Sharon.	85
The General Structure of Counsellors' Experiences' in reaction to client crying93
Summary: Major Findings for the Group as a Whole . .	.104
Chapter 5	106
Discussion and Implications	106
Generalizations	106
Findings Related to Assumptions and Expectations . .	.107
Relationship of Findings to Previous Research.108

Significance and Implications of Results for Counsellors and Counsellor Educators113
Implications for Research	114
Phenomenology of Counsellors' Experiences of Client Crying	115
Bibliography116
Appendix121

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DEDICATION

To the Re-evaluation Counselling
Community

CHAPTER I

INTRODUCTION

Impetus for the Study

The impetus for the proposed study arose from a personal experience of the researcher, which took place in a Masters level pre-practicum training course in counselling at the University of Victoria. An exercise involving several counsellor trainees and a single client (myself), was introduced in order to provide practice through peer modeling and feedback. Each participant made three or four empathic responses to the client's statements before being replaced, at a signal from the instructor, by another trainee. At one point in the interview I unintentionally began to cry (this was not simply tears welling in the eyes but audible sobbing).

The reactions of trainees to this event were marked. Even as I continued to cry, although only for a short time, I noticed several things. Facial expressions changed: Mouths fell open, foreheads creased into tight lines, eyes widened, and complexions variously paled or reddened. Speech became hesitant while arms seemed to hang limply in the air. The line of trainees, as a whole, shuffled to a new position about a quarter pace further from where I stood. My impression, as a client, was that my crying had resulted in a distinctly aversive reaction in those who had

witnessed it. My sense of embarrassment and anxiety over this reaction compelled me to change the depth of my disclosure in order to avoid further crying. The concern that was currently of considerable importance to me had become somehow "too emotional", had become something that I felt I must carefully avoid thinking about, let alone verbalize.

In trying to account for the trainees' reactions, I realized that there had been an element of evaluation in the situation in that the instructor had been observing the students' responses. Here was a client "behavior" that had not been discussed in the course of training. Nonetheless, important questions had been raised. Why should the expression of emotion through crying be reacted to so differently from its expression through body posture, facial expression, or verbal communication? Arising from this first question: How do counsellors experience client crying in natural settings in which they are not being evaluated?

Statement of the Problem

A great deal of research in the fields of counselling and counsellor education has focused on the the importance of the helper's ability to respond effectively to the emotional experience of the client . This ability has been shown to be positively related to success of outcome and to client satisfaction (Delaney & Eisenberg, 1972; Traux & Carkhuff, 1967; Traux & Mitchell, 1971). Counsellor educators and researchers have concerned themselves extensively with appropriate responses to a variety of forms and

combinations of emotional expressions; These expressions include verbal, paralinguistic, and postural. However, as the review of literature indicates (see Chapter 2) investigations that have specifically examined variation in the intensity of client affect have been very few in number. Furthermore, no researcher to date has examined the responses of counsellors or trainees to the expression of emotion by crying.

My personal experience told me that there was a qualitative difference between crying and the other forms of expression described above, for both counsellor and client. As a counsellor trainee, and later as a teaching assistant of graduate level courses in counselling, I came to be concerned about the difficulty that I, and many of my students, seemed to have in responding comfortably or effectively to clients' expression of emotion through crying. An extensive search of the literature yielded no indication that the issue of counsellor responses to client crying was being addressed in any systematic way in mainstream counsellor education programs in North America. This gap exists in spite of the fact that crying is undoubtedly a common form of emotional communication among those who seek professional help.

Methodological considerations

A possible reason for the oversight described above is that counselling research has been dominated by an experimental approach the goal of which has been to isolate,

manipulate, and quantify various aspects of the counselling process. Not only is crying a very difficult "variable" to simulate or manipulate experimentally, the purpose of attempting to do so, at least before the contextual meaning of crying (in this case to the counsellor) has been illuminated and described, seems highly questionable.

Counselling is a complex interactional process involving a multitude of variables none of which are clearly independent. When a particular variable is artificially isolated and all conditions are held constant (as is required by the experimental method) the act of doing so frequently destroys any analogy, and therefore any relevance, to the complex and unpredictable realities of daily counselling practice (Pine, 1981). This is not to suggest that experimental counselling research is without value but only that its value may be gravely limited by a failure to complement it with an approach such that the phenomena of counselling are described in terms of how they are experienced and from the point of view of the experiencer.

A phenomenological method is one such approach and was appropriate to the present study of counsellors' reactions to client crying for two reasons. Firstly, this approach represents an attempt on the part of researchers to "understand the meaning of events and interactions to ... people in particular situations" (Bogdan & Biklen, 1982, p.31). The emphasis within this paradigm is on subjective aspects of people's behavior; the goal of the

researcher is to gain entry into the conceptual world of his or her subjects in order to understand how and what meaning they construct around events (Geertz, 1973). A phenomenological approach is thus appropriate when the researcher's goal is not to predict, control, or show quantitative relationships among phenomena but rather to acknowledge, describe, or explore the significance of them. The latter was clearly the goal of the present study.

The second reason is a philosophical one. However the underlying philosophies of the various approaches to counselling may vary, in practice counselling is, generally speaking, a profession based on the belief in the client's capacity and potential for growth and self-control. It stresses the uniqueness of the individual, the subjectivity of experience, and the importance of the counsellor/client relationship. In particular, experience is central to the process of counselling for both counsellor and client and as such is a legitimate focus for investigation. Phenomenology is a method in which experience and meaning are likewise central concerns and by which individuality and subjectivity are reflected and preserved.

Purpose of the Study

The purpose of this study was to examine, from a phenomenological perspective, counsellors' subjective experiences of client crying. It was assumed that counsellors' experiences in response to client crying would include at least the following three aspects: 1) a sense of

the meaning of crying in the context of counselling, 2) a subjective (inner) experience that includes thoughts, feelings, sensations and impulses that may or may not be related to the this meaning, and 3) overt or external responses.

The research questions parallel these three aspects of counsellors' experiences. They were generated by the title and focus of the study, from personal observation and experience, from informal discussions with counsellors and trainees, and, to a lesser extent, from the research literature. They are as follows:

1. What is the meaning or significance to counsellors of client crying within a counselling session?

2. What are the subjective experiences of counsellors in reaction to client crying in counselling sessions (ie., thoughts, feelings, impulses, or physical sensations)?

3. What overt responses do counsellors make in response to client crying in counselling sessions?

These questions were answered by means of in-depth interviews with practicing counsellors. The actual interview questions, which are based on the research questions, are introduced on page , and appear as well in the appendix.

The reader should note that, for the purposes of the present study, the word "subjective" will sometimes be used to refer to all three counsellor experiences as listed above (phenomenologically speaking, all experience is

subjective), and at other times it will refer only to inner reactions as specified above. In either case the usage will be clear from the context or will be explained.

Contributions of the study

The present study will contribute to a broader understanding of emotional expression in the counselling context. A major part of this contribution was to uncover a gap in the counselling literature in the area of emotional expression by describing and acknowledging the importance of counsellor's subjective experiences of client crying. By so doing, it is hoped that the study will sensitize practicing counsellors, counsellor educators, and counsellor trainees to both the question of how to respond effectively and comfortably to crying as well as to the possible ways in which their own experiences may shape their responses at present.

Specifically this study may influence counsellor educators to become more aware of the issue of counsellor responses to client crying and, as a consequence of such awareness, be encouraged to address this issue in some systematic way in the course of graduate level training.

This study may influence practicing counsellors to give thought to their own experiences of client crying and to the various meanings of this behaviour to themselves as well as to their clients. It may lead counsellors to consider the ways in which their experiences of client crying may influence their attitudes or responses to the

behaviour; this may in turn lead to self evaluation and change.

The phenomenological method used in the study may suggest to counselling researchers that there is value in approaching this, and other aspects of the counselling process, in terms of the diversities as well as the commonalities of the experiences of individuals.

CHAPTER 2

RELATED RESEARCH AND THEORY

Scope

The review of the literature that follows will place the present study in the context of previous counselling theory and research in two ways. Firstly, it will do so by summarizing the importance of emotional experience to the most commonly practiced theoretical orientations to counselling and therapy, at the same time highlighting the importance of the counsellor's ability to respond effectively to the client's emotion. Secondly, it will review recent studies that have examined the judgements and responses of helpers to negative client affect expression.

The Importance of the Emotions to Counselling and Therapy

A scan of the literature indicates that virtually all problems presented to helping professional have at least some emotional component (Hendricks, 1977). Correspondingly, one of the goals of all of the recognized systems of counselling and therapy is to bring about some kind of change in the emotional experience of the client.

Certain therapeutic systems have been labeled specifically "the affective approaches" by some writers (Engelkes & Vandergoot, 1982), in that change in the client's emotional life is held as an explicitly stated goal. Some of these, such as Transactional Analysis and the psychoanalytic models, attempt to uncover and bring to expression repressed

or unconscious emotions that are assumed to form the basis of "neurotic" or dysfunctional behaviour. Client centered, Gestalt, and existential approaches all focus overtly on current feelings in order to facilitate an increase in the client's ability to perceive, accept, and integrate emotional experiences. Emotions, once so integrated, are assumed to constitute a powerful motivating force in the fulfillment of basic needs as well as to lend a sense of vitality and authenticity to the client's existence.

A second group of therapies, labeled the "cognitive/behavioural approaches", generally focuses less explicitly on the client's emotions, viewing changes in feeling as a kind of "by-product" of changes in behaviour or cognition. Emotions are altered, in effect, by controlling the environmental situations that elicit them, by minimizing the anxiety or hostility associated with irrational beliefs by disputing and dispelling them (i.e., changing client cognitions), or by learning to replace one emotional response (e.g., anxiety) by another (e.g., relaxation).

From the above discussion the centrality of the emotions to the concerns of clients as well as to the goals of counselling has been made apparent. Given this centrality, it is not surprising that the ability of counsellors to respond with empathy to a client's emotional experience has been demonstrated to be of significant importance to the counselling process.

Empathy has been defined as the ability to perceive and

understand the situational and emotional experience of another from the frame of reference of that other as well as to verbally communicate this understanding in language attuned to the client's current feelings (Rogers, 1975; Traux & Mitchell, 1971). Used in conjunction with complementary responses such as focused probes or open-ended questions, empathy has been shown to be positively correlated with rate of client return for second sessions (Altmann, 1973), client satisfaction with the counselling relationship (Delaney & Eisenberg, 1972; Traux & Mitchell, 1971), and to successful outcome, as measured by client change, (Traux & Carkhuff, 1967). The function of empathy within a session, as described by Egan (1975), is to establish or maintain "rapport" (communication based on trust and acceptance) - a condition that has been shown to facilitate non-defensive client self-exploration (Traux & Mitchell, 1971).

Research on responses to variation in client affect

As mentioned in the first chapter, no previous researcher has focused specifically on the phenomenon of client crying. Based on the assumption that crying would be considered, by most counsellors (professionals or trainees), to be an expression of relatively "high affect", the following sections will examine research in the area of counsellor's responses to variation in client affect levels.

Client affect level and helper judgement.

The problem of biased judgements has been generally recognized by counsellor educators and clinicians but only two studies have formally examined this issue. One study, which focused on applications to peer counselling, used short video-taped vignettes in which roleplay clients presented identical concerns with either negative (sadness or anger) or with neutral affect (Haccoun, D. M., Allen, J.G., & Fader, S., 1976). The authors found that client's who displayed negative affect (sadness or anger) were judged by 30 university psychology students to be less rational, less likeable, and less well-adjusted than those who showed neutral affect, regardless of their stated problem. Judgements of male students in reaction to negative affect, were more extreme than were those of female students. Overall the expression of anger was judged to be more "inappropriate" than that of sadness for both client sexes.

In a second study, again using video-taped roleplay presentations, (Borgers, S.B., Thomas, A.H., & van Loon, K.D., 1980) clients displaying higher levels of sadness or anger were perceived by counselling trainees as in greater need of help than those displaying lower or neutral affect, even though verbal statements were identical for all conditions.

These studies suggest that direct expression of negative affect by clients has an aversive effect on how they

are judged by inexperienced or untrained helpers in terms of both personal qualities and their need for help. In analyzing their results both groups of researchers (Haccoun et al., 1976; Borgers, et al., 1980) focused on sex-role related differences in the expression of, and response to, client emotionality. This was undoubtedly of value, but it did not focus on the responses to emotionality directly; neither did it throw much light on the meaning of the phenomenon (high client affect) to the subjects themselves.

Client affect level and helper response consistency

As previously stated, both counselling clinicians and educators have acknowledged the difficulty encountered by beginning counsellor's in their efforts to learn to respond consistently and effectively to negative emotion expressed by clients. Cormier and Cormier (1979), have suggested that if counsellor trainees are not comfortable with the discussion of negative feelings, they may structure the interview so that major feelings are by-passed altogether, in the process undermining the depth of client exploration and consequently the counsellor's accurate understanding of the client's concern.

In a study exploring this contention, Hector, Davis, Denton, Hayes, and Hector (1979) observed that counsellor trainees frequently avoided responding directly to negative emotion, especially if the emotion was actually expressed in an immediate way, rather than merely talked about. Hector and his colleagues found that when counsellor

trainee responses to negative emotions expressed by clients were monitored, they frequently consisted of attempts to deny, ignore, or reduce the emotion by focusing only on content, by changing the topic, or by giving advice.

In a later study some of the same authors (Hector et al., 1981) compared methods of teaching appropriate responses to negative affect. It was found that this pattern lessened considerably after systematic instruction and rehearsal under conditions of intense client affect expression. This suggests that the consistent use of such training would be valuable in the education of counsellors.

In this second set of studies the authors explained difficulties observed in beginning counsellors in terms of the trainee's "fears of what might happen if negative feeling were explored." (Hector et al., 1981, p.57). Other clinicians and educators have explained informal observations of similar phenomenon merely in terms of attempts to skirt "uncomfortable" issues (Cormier & Cormier, 1979; Hammond, D.C., Hepworth, D.C., & Smith, V.G., 1977). None offered insight into the nature or meaning of this discomfort as it is actually experienced by counsellor trainees.

Conclusions and Implications for the Present Study

The research reviewed above suggests that the expression of strong affect has a significant influence on the experiences and helping responses of untrained university students and on counsellor trainees. None of the studies examined the reactions of practicing counsellors to high

levels of client affect to determine the influences that may be in play after experience has been acquired. In fact, these studies offer us little understanding of the extent or of the specifics of these influences as they are actually lived by practicing counsellors or trainees. The present study examined the reactions of experienced counsellors to client crying in order to explore and begin to understand such reactions as they are experienced by counsellors themselves.

Each of the studies was restricted in its scope by the dictates of the experimental method. The adoption of such a method did not allow the full meaning and significance of helpers' responses to intense affect expression to emerge from helpers' own descriptions of the experience. Instead, quantitative, researcher-imposed, "judgement" and "choice of helping response" measures obscured these possible meanings. Instead of examining the phenomenon of high affect expression in a natural context, all of the studies used analogue designs. With the exception of the studies of Hector and his colleagues (Hector et al., 1979; Hector et al., 1981), which involved live roleplay situations, subjects were asked to respond to short video or audio-taped client vignettes. In the latter, "contexts" were created by means of very brief statements preceding each vignette. The present study, by adopting a phenomenological approach, was free to go beyond the previous studies to examine the common (though admittedly difficult

to "manipulate") affective expression of crying. With such a method, the objective was to bring to light and describe the experience that may underlie the judgements and responses identified by previous research (as well as other experiences that may have gone undiscovered by previous methods). A further objective was to describe the experiences of counsellors as they actually occur, not in contrived settings, but in the natural context of the counselling session.

CHAPTER 3

METHOD

Theoretical Assumptions of a Phenomenological Approach

The rationale for the use of a phenomenological method has been outlined in the first chapter. What follows is a summary of some of the basic concepts and assumptions of this method upon which the specifics of the present method are based.

Phenomenology involves the investigation of human experience. Phenomenology rests on the fundamental assumption that whatever is given to human experience is acceptable subject matter for scientific psychological investigation. (Colaizzi, 1979). Experimental approaches to psychology attempt to eliminate human experience from scientific investigations by operationally defining the phenomenon under investigation. As Colaizzi has pointed out, however, our experience of the phenomenon remains and it is our experience that both allows us and motivates us to investigate the phenomenon in the first place. The present study investigated the recollected experiences of counsellors in reaction to client crying in counselling sessions

Phenomenologists view "objectivity", in terms of fidelity to the phenomenon under study. From a phenomenological perspective, "objectivity" simply means fidelity to the phenomenon under investigation. In the context of

scientific research, this implies that it is the investigator's responsibility to "listen respectfully to the phenomenon" (Hunnisett, 1983, p. 59) allowing it as much as possible to speak for itself rather than imposing one's own presumptions of the phenomenon upon it. At the same time phenomenologists recognize that the researcher's experience is always present and cannot be eliminated from the investigative process. Consequently this experience is taken into account and explicitly acknowledged as an influence on the focus and content of participants' recollection of the experience being examined. As an integral part of the method of the present study (see p. 28), the researcher examined and made explicit her assumptions, expectations, and personal experiences of the phenomenon of client crying.

Phenomenology is not a single method but a plurality of methods. The phenomenological approach espouses that "each phenomenon, in conjunction with the aims and objectives of a particular researcher evokes an particular descriptive method" (Colazzi, 1979, p. 53). The particular procedures of the present study were determined by the topic as well as by the time, energy, and skill resources of the researcher. The specifics of the chosen method are described in a later section of this chapter.

Phenomenology calls for a dialogal relationship between the researcher and the participant whose experience is being studied. This approach to research proscribes that

the researcher enter into a dialogal relationship with the participants such that interactional communication continually stimulates and influences recollection of the participant's experience. The reader is reminded that it is the participant's experience and not the participant him or herself that is the "object" of study. The participants and researcher are viewed as co-constituents of the world created by the research process. Related to this idea is the assumption of phenomenology that the consciousness of each person is intentional: It is always of something (ie., focused). The present study involved the use of interactive, open-ended interviews in which the researcher adopted an attitude of receptivity to the recollected experiences of the participants. The intended focus of these interviews was the participant's experiences in reaction to client crying.

In phenomenological terms experience is situated in a context, is structured and is both "pre-reflective" and "reflective". Each individual's particular experience of a phenomenon is assumed to be unique in that it is "situated" or context bound. In the present study the experience of client crying was examined not in an abstract or theoretical sense but in the context of personal experiences as they are lived by participants.

Given the uniqueness of individual experience, many kinds of experience have a structure or essential form that distinguishes them from other experiences and by which the

commonalities of the particular experience across individuals can be identified. The present study examined the structure of counsellors' experience of client crying by analyzing common themes and their variations among the participants as a group.

Pre-reflective experience refers to direct, immediate, non-interpreted experience of a phenomenon. Reflective experience refers to recollected experience which is inevitably somewhat different from its original form because of the selectivity of memory and the meaning created and imposed by culture and language. Pre-reflective experience, by definition, cannot be directly conveyed to another. Consequently, throughout the present study, it is reflective experience that is being described.

The final goal of phenomenological research is that of explication of experience so that its meaning is revealed. This refers to a comprehensive and systematic analysis of the experiences of participants such that the resulting description adheres as closely as possible to the subjective experiences and meaning systems of the participants themselves. The steps involved in achieving this end in the context of the present study are described in the following section.

Overview of the Method:

As stated previously, the specifics of a phenomenological approach to research must be individualized to suit the aims and purposes of the particular study (Colaizzi, 1978).

Bearing this in mind, I drew from and adapted to present purposes, methods used by a number of previous phenomenologists (Arcaya, 1979; Colaizzi, 1978; Hunnisett, 1983; Stevick, 1971).

In this study participants (counsellors) viewed a 20 minute video tape of a counselling session in which a client cried. Participants' reactions to the videotape were not of significant interest in the context of this study; the videotape was intended only to stimulate recall of participants' own experiences with client crying. Viewing of the client session was followed by audio-taped initial and follow-up interviews with participants in order to have answered the three basic research questions described on page six. The results for each participant were transcribed, explicated, and organized into a fundamental description, that is a summary of the participants' experiential data which broke it down, organized it into units of meaning, and rid it of repetitive expressions while preserving as much as possible the intended meaning of the original expressions. The resulting written accounts were checked for accuracy by means of second interviews with participants. A similar procedure of analysis was followed for the group as a whole in order to identify common themes and variations among participants' experiences. This time the analysis focused only on the three main questions of the study.

Interview Questions:

The three main questions used in the interviews were generated by the research questions (see page six), and as can be seen, parallel them very closely. Supplementary questions were also generated in order to obtain background information about each participant's family history, education and training, job experience, and counselling orientation. In order to tentatively place the counsellors' experiences with client crying in a wider context, questions related to their experiences with crying in other areas of their lives were also included. For a complete list of questions used, please see appendix.

The three central questions that I wanted to have answered by each participant were as follows:

1. What is the meaning or significance of crying within a counselling session?

2. What are your subjective experiences of clients crying in counselling sessions (ie., what kinds of thoughts, feelings, impulses, or physical sensations do you experience in response to client crying)?

3. What do you overtly do in response to clients crying in counselling sessions?

The reader is reminded of the principle of phenomenological research which proscribes a dialogal relationship between researcher and participant (page 18). In accordance with this principle the interview questions listed above as well as those in the appendix served only as a framework.

These prepared questions were generously supplemented by sensitive listening, paraphrasing, empathic reflecting, and probing for clarification or elaboration. The goal of such an approach was to stimulate recollection of the participants' experiences.

Selection of Participants

The participants in this study consisted of six practicing counsellors who were living in Victoria at the time of the interviews and who had worked in the professional capacity of counsellor for at least two years.

Three of the participants were previously known slightly by me and were approached by phone. The other three responded to a letter (see appendix) sent to fifteen counsellors in private practice or employed by agencies in the greater Victoria area.

The client appearing in the videotape was selected from among members of a peer counselling network in which the researcher had been involved for the past six years. Prospective clients were contacted by telephone (three were called before a volunteer was found), numbers being obtained from a peer counselling phone list in circulation among network members.

It was made clear to client and counsellors that participation was completely voluntary. The researcher invited client and subjects to assist in the research but did not suggest in any way that participation was a requirement or expectation of the academic institution, the employer, or

the peer counselling network. Once having agreed to take part in the study, both client and research participants were asked to read and sign consent forms (see appendix). This was intended to ensure, as far as possible, that participation for both would be voluntary, that the confidentiality of participants would be protected, and that identity of the client would not be revealed by participants or by the researcher to anyone.

Preparation of the video-taped client session:

The videotaped client session was intended to stimulate recall, by participants, of previous experiences of client crying so that descriptions of this experience would be as vivid, detailed, and accurate as possible.

The researcher explained the purpose of the study to the client prior to beginning the session, both verbally and by means of the "client consent form" (see appendix). The researcher then assumed, in agreement with the client, the role of peer counsellor during the session which followed. This role involved the use of basic level empathy and attending as well as the deliberate avoidance of any intervention intended to manipulate or pressure the client to cry.

The client did cry for approximately 14 minutes of the 20 minute session. Consequently, as the client consent form proscribed, the client reviewed the video-tape immediately afterwards and her permission to use the tape in the study was obtained at that time.

Research procedure:

The participants were told at the time of initial contact that they would be observing a videotaped session of an actual client (ie., not roleplayed) and that they would be interviewed afterward about their subjective reactions to the client's problem and in-session behaviour. The specific interest - reactions to crying - was made explicit at the time of the interview by the nature of the questions asked (see page 22).

The initial interview was scheduled by phone and took place either in the participant's place of work or in a comfortably furnished research room at the University of Victoria. This first interview (after the taped session had been viewed) took, on average, one hour. All tapes were transcribed and a written protocol for each participant was prepared ("Analysis of the Data", p.26). When this was completed, a second interview was arranged with each participant. In this interview, each participant was asked to read over the protocol carefully, elaborating and clarifying, until satisfied that the revised account represented his or her experiences accurately. This interview also provided the opportunity for the researcher to elicit detail, clarification, or information that may have been missed in the first session. In this interview, a tape recorder was used only for elaborations that were longer than a few sentences; otherwise alterations were written out in long hand by either the researcher or by the participant.

Analysis of the data

Individual accounts:

The tape of each initial interview was listened to prior to being transcribed so that an overall sense of the interview could be gained. Each tape was then transcribed verbatim. The transcription was typed onto one half of each page, leaving space in which to write theme and topic notations. Significant statements were underlined and their meanings delimited by means of summary statements. To ensure that these statements reflected as accurately as possible the participant's original meaning, they were checked carefully against the original transcripts. The resulting "meaning units" were then transposed onto individual index cards. These were sorted into topic categories and then, under each topic, into theme categories.

In accordance with a basic principle of phenomenological analysis (Colaizzi, 1978), every attempt was made to allow the data to speak for itself. This meant allowing organizational themes and categories for each of the three basic research questions (p. 6) to emerge, as much as possible, from the data itself rather than imposing pre-determined categories.

After this sorting was complete, a descriptive account was written for each participant. In producing these accounts it was the researcher's goal to describe the participants' subjective experience of client crying more coherently and concisely than a verbatim transcripts would

allow, while at the same time retaining as accurately as possible the original meaning intended by the participants. These accounts were presented in prose form in order that they might be more readable and also so that they might reflect more closely the narrative quality of participants' original descriptions.

In the second interview, having reviewed the written protocols, each participant made minor alterations to some parts of the account and elaborated others. Each account was then revised to incorporate these changes.

Theme analysis for the participants as a group.

The group theme analysis focused on the three areas most directly related to the focus of the study. These were: 1) the meaning and significance of client crying to the counselling setting as perceived by participants; 2) participants' subjective responses to client crying; and 3) participants' overt responses to client crying. All meaning unit cards that did not pertain to these topics were set aside. The remaining cards were re-shuffled and sorted into themes for the group as a whole. All cards had been previously marked with the initials of each participant in the top right hand corner so that it was possible to discover themes for the group as a whole while still being able to attribute variations to the particular participants involved.

After statements had been sorted into theme categories for the group as a whole, these theme units were then

transferred onto three 17 by 22 inch scroll paper charts. By means of these charts common themes and variations could be more easily identified. On the basis of this summarization of the experiences of the group as a whole, a descriptive account of the groups's experience as a whole was written.

Personal Assumptions of the Researcher.

In accordance with the principle of phenomenological research as described on page 18, prior to beginning the interviewing I briefly answered the questions I was to ask the participants (including some of those in the appendix). I did so as a way of revealing my assumptions about the subjective experiences of counsellors in response to client crying.

Meaning of crying in the context of counselling. In my experience, the meaning of crying within a counselling session varies depending largely on what I perceive as its meaning to the client. Crying can often be an indication that the client feels enough trust in me as a person or as a helper to share feelings immediately and intensely. However clients may sometimes be so overwrought that they cry in spite of their own intentions. In this case crying may have little to do with my efforts to "establish" trust.

The feelings being expressed by crying may vary greatly and may include grief, anger, compassion, sadness, guilt, frustration, helplessness, joy, and nervousness, among others. Whatever the specific feeling, crying usually feels

to me like a direct and immediate expression of emotion. Rather than talking about the emotion or describing feelings that are being experienced only in an abstract way, the client is fully experiencing and expressing those feelings through tears. When a client cries, my sense of how they feel is almost always more intense, vivid and immediate than if the feelings are only talked about.

I think this "connection" or emotional immediacy is helpful for the client. It can signify to me that he or she is less defended against his or her own emotional experience which can lead to insight and greater self-awareness. On the other hand I don't think this is always the case because I think that sometimes a client can cry in a whiny, phoney, or self-pitying way that I believe is more manipulative than it is growth facilitating.

In addition to increased self-awareness, I believe that crying can be a release for the client such that the reduced tension or reduced physiological arousal can lead to clearer thinking and a generally more positive, optimistic "emotional tone". This can be very productive, in terms of subsequent problem solving or decision making efforts.

I think that clients who are unable to cry when they are really upset may be at a disadvantage. If they are blocking their emotions I believe they are usually also blocking their awareness and this may really interfere with their ability to consider all relevant information when they are trying to reach a solution to a particular concern.

I believe that clients often find it difficult to cry because of the negative sanctions limiting this kind of expression in most contexts. In order not to collude with these sanctions I think that it is really important for the counsellor to feel accepting of crying, not viewing it as an extreme behaviour or as an indication of weakness.

Subjective reactions to client crying. I usually feel fairly accepting when a client cries. At the same time I often feel quite moved by tears. By this I mean that I feel a kind of "rush" of energy in my body, that is probably physiological arousal of some kind but which I experience as an intense, heightened, receptive, and very alert state of responsiveness to the client.

In response to "genuine" crying I usually feel empathy. By this I mean that I sense - almost automatically - how the client must be feeling and to some extent experience what I imagine to be the same emotion myself although to a lesser degree. I often have the impulse to move closer or to touch the client and in fact often do so. Emotionally I feel closer to the client as well. This feeling of closeness ranges in intensity and usually depends on how well I know the person. At times I feel only slightly closer; at other times I experience very intense feelings of "almost being inside the other person's skin", seeing the world through their eyes as well as through my own. I have at these times a profound sense of understanding of the other person.

Sometimes if the client's experiences are very closely related to my own, or if he or she seems to be experiencing a lot of discomfort about the act of crying, my experiences are considerably less positive. I have several times, in such circumstances, "over-identified " with the client who is crying so that I become quite distracted by my own urge to cry. It is as if the feelings that would normally contribute to my ability to empathize have become too intense. My efforts at trying to deal with these feelings, in effect, pull my attention away from the client's experience to my own disproportionately.

If a client's feelings seem extremely excessive or out of proportion to his or her situation, I sometimes have the opposite experience to the one described above. At such times I feel emotionally distant, experience a sense of physical rigidity, and may also feel impatient or irritated. These feelings can occur for me too when I perceive the crying as phoney or manipulative. My reaction to this kind of crying is usually to "tune it out" and attend primarily to the content.

My overt reactions to client crying. Generally when a client cries I lean toward the person and make empathic reflections of the emotions I am perceiving. At the same time I often reassure the client both verbally and by nodding or verbal expression that it is OK to cry. Because I believe that crying is a release that is of real benefit to the client, I encourage clients who seem hesitant with

phrases such as "That's just right", "Stay with that", or "I think its good to let your feelings out". I think my responses become slower and my pauses longer: sometimes out of respect for the clients experience and sometimes because I am feeling a little swamped and need to take the time to regain an appropriate balance of attention between the clients experience and my own.

With clients who I know or sense are comfortable with touching, I sometimes hold their hands, touch their knees or arm, or put my arm around their shoulders. I do this in cases where I feel the client needs to be comforted or reassured, or sometimes simply to demonstrate my caring.

In reaction to manipulative crying or to crying that seems excessive, my responses vary depending on the client. If a client has a history of one or both of these kinds of crying I may use self-disclosure or immediacy to confront the client with my perceptions. With a new client, or if I am feeling too irritable to confront sensitively, I may simply ignore the crying or minimize it by reflecting the associated feeling only briefly in the course of the counselling conversation.

Expectations of the Interviews

Based on my examination of the literature, on informal discussions with counselling practitioners and trainees, and on my own experiences as described above, I formed tentative expectations of the interview which were as follows:

1. that counsellors would distinguish between crying that was manipulative and crying that was an authentic expression of feeling.

2. that counsellors would experience empathy in response to "expressive" or genuine crying but little if at all to manipulative crying

3. that inner subjective reactions to manipulative crying would be qualitatively different from reactions to expressive or genuine crying.

3. that counsellors would occasionally, and in varying frequencies, experience a sense of being over-identified emotionally with the client's experience.

4. that in such cases of over-identification, counsellors would experience some difficulty in responding to the client effectively.

The relationship of these expectations to the findings of the interviews will be discussed in Chapter Five, Discussion and Implications.

CHAPTER 4

RESEARCH FINDINGS

This chapter includes an explication of the data for each participant as well as an account of the general structure of counsellors' experiences in reaction to client crying based on an analysis of themes for the group as a whole.

Explication of the data.Introduction to the Individual Accounts

For each participant, an account of experiences with crying outside of the counselling context (ie., in relation to family of origin, self, and others) is included, as well as experiences of client crying within the counselling setting. Some of written descriptions of the former may seem, to the reader, unusually lengthy considering the focus of the study. The decision to present this material as it stands was based primarily on the fact that some participants talked at length about what was intended only as background information. Participants did not look for or suggest cause and effect relationships between their experiences of crying within the counselling setting and those of other contexts. This study will not attempt to do so either. This information was included firstly because it seemed to be of interest and importance to the participants, and secondly because it provided a wider context for participants' experiences of client crying within the

counselling setting.

As mentioned previously, the individual accounts which follow are based on a systematic analysis of interview transcripts by which participants' statements were summarized and organized into "meaning units" or themes. Written in prose so that they might reflect more vividly the narrative quality of participants' original descriptions, these final accounts incorporate these identified themes.

Alex

Background. Alex Turner conducts a private practice in counselling from her home in Victoria. She was not formally trained, becoming involved in counselling primarily through her work in the women's movement. Recognizing that many of her friendships were essentially counselling relationships already, Alex decided to pursue the activity as a livelihood. She entered a feminist therapy training group, read extensively, and developed her own theoretical construct based loosely on a blend of feminism and Freudian analysis. She began her own practice in 1978. She describes her current approach as "cognitive, analytical, and influenced by an awareness of bodily tensions - my own version of Freud with quite a bit of contribution from Lowen." She works chiefly with adult women who are experiencing problems related to autonomy, power, and female identity.

Alex grew up in what she describes as a reasonably well-adjusted but emotionally volatile, middle class home

in which feelings were expressed pretty openly. "Our family had no trouble expressing feelings but there were a lot of blame games being played around whose fault the emotions were." Alex had only one sibling, a sister. The females in the family did a lot of crying but her father she remembers as quite undemonstrative. In general crying was taken as an indication of the seriousness or intensity of a situation. "When one cried people paid attention." In Alex's view, crying was useful (in her particular case only in theory) for "getting one off the hook".

Alex remembers that whenever she was being reprimanded for some transgression: "The talking to would go on until I cried. Only then had it achieved its purpose." This purpose was, of course, that Alex should recognize the "seriousness" of her crime. She was, however, quite stubborn; the reprimand would go on for a long time before she would finally cry. "By the time I broke, I really broke. Crying was never a manipulative thing for me. It was always a deep capitulation that I found quite humiliating ...it made me really angry." Alex describes the process as "a battle of the wills" which she inevitably lost. Her mother responded to her tears "of defeat" with a "quiet and patronizingly generous comforting" that Alex felt was delivered in a spirit of noblesse oblige. "She had won and could afford to be benevolent, but I didn't want her comfort, only to be left alone." Alex feels a tinge of anger just talking about this interaction. Looking back, she regrets that she hadn't

the wherewithall to cry sooner, sparing herself the bulk of the lecture as well as considerable humiliation, at the same time reducing her mother's victory.

Her mother's tears had, in Alex's estimation, a meaning entirely different from her own. "My mother was a manipulative crier." She wept frequently and according to Alex her tears were almost always aggrieved, "an indication that someone had transgressed and was guilty...moisture on my mother's face was somebody's `fault', usually mine." This meaning - "that someone had hurt you, that someone had done something wrong" - was held by the family in most contexts. The exception was, as described, during a bawling out. In this case the mother was guiltless, the tears the result of the child's own wrong doing. Alex still feels an aversion to crying at someone else's will or when she feels that the other person is figuratively "twisting my arm behind my back...and I am being pushed into it."

Although not explicitly acknowledged, there were definite expectations in Alex's family about where and when crying should occur. She didn't think about it much at the time, but does recall one incident as she was taking leave of her mother to go to private school in Toronto. She was on this occasion consciously, guiltily, aware that it would have been appropriate to shed some tears "I was mortified that I couldn't squeeze out a drop of moisture to satisfy the niceties of the situation." Alex concludes that there were times when crying was appropriate or expected as a

kind of indication that one cared a lot about another person. What was not endearing was caring about something to do with oneself, without regard for the interests of others. "I was often told that what ever it was I was concerned about didn't matter and that if it did matter enough to make me cry then I was just being silly and was told to 'wipe that look off my face'."

Alex is very much aware of the wider cultural norms that inhibit and control the emotional expression of crying and thinks that these apply to most people; she is no exception. "I have big injunctions against making a scene in public...there is something inappropriate about walking down the street with tears streaming down your face." Alex considers tears to be private. She explains that other people don't expect public displays of crying and may ask questions, give unwanted attention, or feel upset or disturbed by crying. This would be embarrassing. In effect "you would make an ass of yourself." In addition to her thoughts about the possibility of how observers might respond, Alex also has the more internal sense that "untoward display is simply unseemly." This attitude seems to her "late Victorian" and her tone is one almost of self-mocking as she exclaims "We do not release fluids in public." Alex points out that, in spite of these negative injunctions about public crying, "I have many times walked down the street with tears streaming down my face...in actuality there is frequent public display...I try to

inhibit myself and when I do break down I tell myself that I am, indeed, making an ass of myself." Her comments suggest a preference that social norms, especially her own internalized version of them, not be so stringent. "It's always appropriate to cry in an airport - you can snivel away merrily and people assume that you have just said goodbye."

Alex cries frequently in movies and was once "plucked out of the theatre" as a child for crying so loudly that no one could hear the dialogue. She cries when "there is very deep feeling", something that most often happens for her with one other person at a time or when she is alone. It has occurred in certain group contexts and, as mentioned above, in public places as well. How frequently Alex cries, varies. Sometimes she is relatively stable emotionally and hardly cries at all. At other times, "when a lot is changing for me", she will cry frequently. When she cries it is usually in response to "my own internal process", a response that may happen anywhere, "in the carrot section of Safeway". Usually if this occurs she is able to stop herself and cry later when the context is appropriate. There are other times when she is "absolutely raw...a skinless wonder without defenses" and at these times the tears may well up without control.

In terms of when it is "safe" to cry, Alex doesn't have to necessarily trust someone to cry in his or her presence except when she feels that the other will misinterpret her

tears as signifying some kind of capitulation or manipulation. In her own mind her tears are never manipulative, always genuine, but she dislikes the experience of another person assuming otherwise. She will usually hold back if she judges this to be the case.

Her subjective reaction to the tears of other people depends on the context. In reaction to public crying or "outbursts", Alex usually experiences an "intense busyness, a sense of urgency that this must be contained, mopped up, or removed." She stresses that her reaction is not one of embarrassment but rather of a pressing need to take action so as to minimize "display." She recalls a situation in which a mother with small children was about to burst into tears in a cafeteria. Alex, in this context also felt an urgent concern for the children who she assumed would be threatened by their mother's loss of control. "It became my job to get her out of there before she snapped."

With friends (in less conspicuous contexts) Alex's experiences are much more positive. She usually feels very close to the person, "there is a kind of emotional intimacy, sharing, and trust that feels really good." At times she views another's crying as an act of friendship in that "I have been chosen, trusted, privileged to hear the deep feelings of another...that is a gift." At times Alex may feel an emotional reaction within herself that to some extent reflects what the other person may be expressing, but

the other person's crying doesn't usually "set off" her own. Usually she is able to feel with the person without being "bowled over by it." This doesn't feel like repression or stifling; she is not impelled to "dive into my own tears...the occasion belongs to that person and I honour their tears, not my own." She, in fact, tends to associate "paroxysms of mutual sobbing" with youth.

Alex's perceptions of the meaning of crying within the context of counselling sessions. In her role as counsellor, Alex distinguishes between "authentic" crying which serves as an emotional release for the client, and crying that is manipulative or intended to elicit sympathy from the counsellor, "people for whom tears are manipulative want you to rescue them, to make it better for them." This distinction between kinds of crying is not entirely clear cut. Alex believes that even the need to be manipulative is in some sense authentic. "It comes down to personal responsibility. It is her opinion that clients who are superficial, manipulative, and controlling could benefit from taking greater responsibility for their feelings." This would lead the client to greater autonomy, which for Alex is one of the primary goals of counselling. Alex acknowledges that everyone sheds manipulative tears from time to time. There are some clients, however, who seem to take the general position that they are emotionally victimized by others and who expect the counsellor to rescue them. "'OK here are my tears, now what are YOU going to do about it?'"

Although she views tension release through crying more positively than manipulative crying, she qualifies this. "Tension release that leads nowhere, crying that merely spills off surface tension so that the person can resist change...this is what I call character maintenance". This kind of crying she considers non-productive. On the other hand, Alex considers that tears can be "a real vehicle for movement or change" for the client. If tears are grounded in, or arise from, deep emotion, or if they lead the person to new insight or self-awareness, tears can be very productive. Crying is also of value to Alex in that it can indicate both to her and to the client that meaningful and sensitive material is being reached and felt: "If they go further into it, they will learn something."

In Alex's opinion the emotions expressed by crying can vary. "There is aggrieved crying, resentful crying, fearful crying, hurt, despair..." One quality that these feelings seem, to Alex, to have in common is "a general quality of being acted upon." Whatever the exact emotion she contends, there is "an impotence..a passive, held quality to crying ... a passive filling up and spilling over. People who solve their problems by lashing out are not so wont to cry."

Within a session, client crying usually serves to "punctuate or demonstrate the intensity and immediacy " of his or her feeling around an issue or problem. Tears are a direct expression; the feeling seems more concrete, "a

picture is worth a thousand words, sort of thing". On the other hand, "sometimes people can speak with enormous emotional depth, in a voice that communicates very intense affect, without shedding a tear." Crying, for some clients, may be an indication of progress in counselling. Tears may mean that a client has become less resistant to experiencing his or her emotions directly or, because of an increased sense of trust, has become more willing to communicate these feelings in an immediate way to another.

Alex's subjective (inner) experiences in response to client crying. Alex's inner responses vary with the type of crying and with the context. With authentic crying she usually feels deeply moved, receptive, and excited. She has a profound sense of the genuineness of this kind of crying and feels "utterly engaged" by it. There is, for Alex, an experience of deep empathy and compassion for the person that goes beyond intellectual understanding. For Alex the response is quite physical: "Its like an outflow of energy, a frontal moving toward the client...chest, belly, torso response...psychologically I feel in harmony with the person...completely present in an emotional and psychic way, like being linked or connected, a resonating with..." She uses the analogy of tuning forks: "We are vibrating at the same frequency but its not like merging....There is always that essential distance between us." With this kind of crying Alex experiences a distinct lack of self monitoring or of self-consciousness, "I don't have to think

about what to do...it just flows."

In contrast, Alex finds manipulative or self-pitying crying to be "utterly boring...It shuts me down. I back off and sort of armor myself." Her subjective feeling is invariably that such crying is an irritating waste of time. She experiences difficulty staying focused; it becomes an effort to follow the client's train of thought. "I feel detached, I find myself inwardly saying things like 'oh lets get on with it' or figuratively (and sometimes literally) twiddling my thumbs." She explains that it is not the crying itself, or even the client's lack of movement, that produces these reactions. "If someone is in a stuck place but is not blaming me or someone else for being there, I can feel very compassionate and engaged." It is the quality of inauthenticity that she perceives this kind of crying to have that puts Alex off. "It feels like I am witnessing a performance and I'm expected to pretend that I think its real." Her initial response is usually a "fast quilt trip" over her own lack of compassion for the person. She also reacts by becoming more self-conscious, experiencing a dissonance between her assumptions of what the other person's expectations are (i.e., that she should be sympathetic and caring) and her actual reactions (she feels "cold, tuned out, and turned off"). She feels she has to monitor myself because "if I were react spontaneously I might possibly yell at the client, which is usually not therapeutic."

Alex contends that these reactions have a less negative aspect than would seem apparent. They function as a signal to Alex of what is really going on with this particular client. As she notices herself becoming irritated or bored, or finds herself "counting blades of grass on the neighbour's lawn", she also becomes aware that "something is not real here". She sees the client as blaming others and shirking responsibility for his or her situation. This becomes useful information that can then be used to move the session in a more productive direction, "if I push this one in the right way maybe we can get somewhere."

Alex's overt responses to client crying. In her overt responses to authentic crying, Alex usually makes every effort to keep the tears coming. If the crying is tight, superficial, or held back she will "coach" the client, encouraging him or her to breath deeply, or give direct permission to cry. "I might suggest, for example, that they gather up the feeling on the in breath and let it out on the out breath." Alex frequently will breath deeply and steadily herself. This, she says, encourages clients to breath as well, which helps them to relax into the crying. "It is also a simple way of giving permission or acknowledging what they are doing...of getting in synchrony without using a lot of words." Other techniques that Alex might use involve various forms of relaxation, guided fantasy, and permission giving, according to the client's needs. If a client is crying freely and is moving into very

deep productive emotions "I do as little as possible and just let it happen."

Alex says that her physical posture doesn't usually change although sometimes she will hold a client if it seems appropriate. "I don't do much touching in session." She virtually never uses touch as a way of facilitating crying or as a way of reassuring the client although she does see the value of doing so. "This is just not my style..." Although she sees its value, Alex feels that touch can be easily misused: "It is easy for a client to believe that I, the therapist, caused feelings to come forth by pressing the right points on the body or whatever I would rather the client took responsibility for her own feelings than possibly disown them by saying 'oh that was only a part of the therapy'. This is particularly important to Alex in that her goal as a feminist counsellor is to help women experience their own power rather than merely the power of therapy.

If the crying is inauthentic Alex usually just waits until it passes, neither encouraging the client to continue nor validating the crying in any way. "I usually stop and do some close observing, I pay more attention to my own feelings than to the client because my own reaction is a signal that there is a discrepancy. I trust me more than I trust them." Alex uses this time to evaluate what is going on and to decide what to do next. Depending on the client and on the counselling relationship, she might "call it",

letting the client know that she is feeling bored and distracted, that these feelings have meant in the past that something is being held back. She might use the situation as an opportunity to give the person feedback on how inauthentic crying affects her as an observer. Her responses may at times be confrontative: "Either we are going to get real here or we are going to pack it in." According to Alex a client who attempts, but fails, to manipulate her by crying will sometimes get angry which is often really productive simply because it is a genuine emotional expression. For Alex there are no formulas for responding to manipulative crying. A great deal depends on the client's situation and on how the counselling sessions are progressing in general. "Its tricky because if I call this one too soon it can be seen as a kind of bullying. Clients who manipulate often have a general sense of being judged anyway and may interpret my reaction as another message that they are not OK." This possibility must be balanced out against the hope that they will be able to get in touch with genuine feelings of sadness or anger that will lead the counselling in a useful direction.

In reflecting on our interview Alex didn't feel that she had gained any new insight into her own responses but did express a curiosity about the responses of other counsellors.

Allison

Background. Allison Brown is a fulltime counsellor at a post secondary educational institute in Victoria. She received a masters degree in counselling from a small Canadian University in 1983. She has been in the helping field since 1976. She describes her current approach to counselling as a blend of Existential and Cognitive Behavioural. She works chiefly with students or young adults who are experiencing developmental problems with relationships and personal growth.

Allison grew up in what she describes as an undemonstrative but well-adjusted middle class home in which crying was, at least to some extent, associated with being weak and overly emotional. "To cry legitimately in our family it had to be a really big problem...crying always seemed to have tremendous impact, and elicited grave concern from those around one." Although she doesn't have many clear memories of her family's reactions to crying, she does remember fighting back tears the odd time when she was slapped in front of other family members. If she was upset over an inner concern, she recalls feeling compelled to get herself under control before facing others in the family because crying would "be such a big deal". Even as a child Allison repressed her impulse to cry when humiliated or hurt emotionally because "it meant that the person doing the teasing or reprimanding had really gotten to you."

There were never any explicit messages about crying but that limits should be placed upon the act was clearly implied by Allison's parent's behaviour. Allison never saw her father cry and recalls her mother crying only once under fairly extreme circumstances: her brother was seriously ill and her mother pregnant at the age of 41. "I was so scared when I saw her cry because I knew things were very badly wrong." The message was thus quite clear: crying was no casual matter so when one did cry, it had better be for a very good reason.

Injunctions against crying were just as apparent outside the home as within it. "I can remember fighting back tears with my friends as a child maybe even more so than with my family." Allison had a close friend who she describes as very stoic, "we used to talk about - brag about - how much pain we could stand without crying." Although a lot of the particulars are forgotten, Allison knew as a teenager that "as I got older I had to be even more careful to repress my tears and not show my feelings, to keep them inside." One memory stands out in her mind as unusual. "One time in college I was feeling so overwhelmed I actually cried. My mother was there and she put her arms around me. - that felt so good."

Allison reached adulthood believing that crying was an uncontrolled act that signified weakness. "The message was 'big girls and boys don't cry'" She has, in the last few years, re-evaluated this belief to a large extent and now

feels that tears are usually a healthy outlet. Allison "definitely experiences a norm that it is not OK" to cry in public places like a restaurant. She explains this in terms of appropriateness: in such a context crying might cause discomfort for others. "It may be quite scary for people; they may think the crier is out of control, may feel threatened by the expectation that they should do something to make it better....They may not have appropriate access to helping the person....They may feel helpless." She speculates that they might also feel discomfort because feelings of their own may be "stirred up" by the crier's tears. Generally Allison thinks that it is appropriate to cry with friends, family, or with people who will not be overly disturbed by one's tears.

For a time, as an adult, Allison didn't cry very often. "I've had to learn to cry or to let myself cry." She now considers herself to cry quite easily. She usually cries with anyone she feels safe and at home with: her family, her children, her friends or husband. "I cry in a lot of different situations - when I am sad, angry, frightened, or happy, and I could cry almost anywhere." In public she is aware of the possible reactions of other people and would feel embarrassed if she were to let herself cry. "I would try to hold myself back but I might not be too successful if I really needed to cry."

Allison's subjective reactions to others' crying varies with the context. She feels fairly comfortable if she knows

the person crying and the setting is private, but if she saw someone crying in public, "I think I would feel embarrassed, I would wonder if I should do something...I'd feel concern for them as well of course." With most of her friends Allison is able to respond to tears without really "being aware of my own problems or feelings connected to what they are experiencing." With really close friends or with her children she is likely to feel somewhat disturbed by tears, "I identify with people I am close to ...its like a part of me is hurting." It becomes more difficult for Allison to keep her own feelings separate. With her children she feels anxious and that she must do something to "fix them up so they will stop crying." She explains this anxiety in terms of the responsibility she feels as their mother: If they are unhappy perhaps she has done something wrong as a parent. "They often cry when I have punished them or have been too harsh or angry....I feel so bad because their crying usually involves me directly in some way." There is also an strong underlying feeling for Allison of caring for her children, of being upset when they are not happy.

Her feelings about her husband in relation to crying are ambivalent. She has never seen him cry and this upsets her because she feels there is a whole side to him that he doesn't share with her. At the same time Allison imagines that she would "almost be afraid" if he did cry because he is so much a part of her that she would really feel his

distress herself.

Allison's perceptions of the meaning of crying within the context of counselling sessions. In her role as a counsellor, Allison distinguishes among different levels of meaning or significance that clients' crying seems to her to convey. When it first begins to occur with a particular client, crying always seems to warrant attention and compassion but after a time it may begin to lose its meaning or impact for her if it occurs too easily or too frequently. "Some people just cry really easily and I begin to realize that it just doesn't mean that much." Normally, however, crying lets Allison know that the client is "feeling her emotions in a very direct, intense and powerful way." Crying gives Allison a vivid sense of the immediacy of the client's feelings about a problem or concern. "Crying is like another level of communication that goes further than words." What is being communicated may be any one or a combination of many feelings: despair, hopelessness, resignation, sadness, desparation, or even frustration. Generally crying lets her know that there is a fair degree of safety and trust in the relationship although she has had clients who seem to feel very apologetic and anxious about crying, or for whom trust is not an issue because their need to cry is so great. "Sometimes they have held it in for so long that they are sobbing within the first ten minutes of the initial session."

Allison does not view clients who cry as being more in

need of help than those who don't cry. In her experience crying is not usually a cry for help, although this can be the case. It is more often simply either the release or the communication of emotion. This expression is often helpful to the session, because she can understand directly how the client is feeling. "There is a genuineness, a lack of censorship that enables me to more accurately understand what is going on." In Allison's opinion, crying serves a positive function for the client as well as for the process of counselling. "It serves as a letting go, a 'cleansing' ... that usually calms them and leads to an increased closeness between us." This is not always so. Sometimes a client will release feelings by crying over and over again but gets stuck in the problem. It (crying) can become something that gets in the way.

Allison's subjective (inner) experiences in response to client crying. Allison's subjective reactions to client crying vary but are generally positive. She usually feels an emotional closeness to the client, "more open to them, a feeling of intensity, a rush of warmth that I feel in my torso or the core of my body...in my stomach and heart." She feels an impulse to reach out to the person, to put her arms around and cradle them or comfort them in some way. She usually doesn't consider this to be appropriate and so will touch them very lightly and briefly instead. She often experiences a sense of relief that the client is able to "let go", and feels "in tune" with what the client

is experiencing.

Allison also describes her inner response as "a slowing down... a relaxed feeling, a pause in the talking ...they can cry and I can just be there." She reflects that sometimes it is as though she were not even present; the focus is on the client, "we are both with the client and his feelings, he is as able to be himself as if he were alone." At times when her response to crying is especially positive and easy, Allison feels privileged to "be included yet ignored" (in the sense that the client feels no concern about what she will think of him. She describes it as a honor to be present, to witness another person's expression of intense emotion. "It can be a deeply moving experience for me."

There are occasions in which Allison feels so touched by a client's tears that she "it is almost as if I were having the same feeling myself, I feel a welling up of compassion... my own feelings are there and I feel very deeply touched... a very strong empathy, a reflection in me of what they are feeling only less intense." This response, for Allison is not abstract or intellectual but concretely physical and emotional. It can, at times, be almost overwhelming, not in the sense that she loses her ability to focus on the client but so that it becomes a struggle to hold back her own tears: "That little bit of distance that I normally maintain gets shaken ... I feel like giving in and saying 'yeah isn't it just terrible'." She experienced

this kind of reaction in the first few minutes as she viewed the videotaped client session. "The crying felt like a punch, a wallop! I felt this weight on my shoulders - I don't know if I felt it in me or in her - a feeling of hopelessness." In order to cope with this reaction or as a way of putting the client's situation into perspective, Allison responded in a manner that is typical of what she might do in an actual session. She began to think of alternative views of the problem. "I related it to my own life. Thinking about what I have learned and what I have been through...how things evolve; this reassured me that she would probably be OK."

In reaction to a client who cries a great deal, ("you can't say 'boo' and they cry") Allison usually feels somewhat removed or emotionally detached. "I don't get as absorbed or pulled into it." It is as if that person's feelings are so erratic, shallow, or fleeting "that what they are expressing has no lasting substance... my response is to feel less moved, less compassionate; I take it with a grain of salt." She realizes that this attitude may seem judgemental but believes that, for herself, it is OK. If a client cries in many sessions and releases a lot of emotional tension around a problem but doesn't seem to get on with solving it, Allison tends to feel "irritated, annoyed, or impatient - not so much at the person but at the mechanism that makes them cry." These emotions may be accompanied by sensations of tightness in her shoulders and

stomach. Another circumstance in which she has felt impatient with crying was in a final session with a client. "She had a long standing problem that had still not been resolved. I felt a sense of urgency to help her and that her crying was wasting our time."

Finally, Allison sometimes finds herself wishing that a client would cry. When a client is very verbal and, at the same time, unemotional, she often finds it a struggle to stay focused on what he or she is saying. She feels that it takes considerably more mental concentration and work than if they were to express their concerns through crying. "I get distracted because I am not getting the 'real goods'. The client's words are really a smokescreen for something else. While I am trying to figure out how to get through to that it becomes easy to lose track." Allison says that she feels some strain and discomfort in such cases. She describes this as a mixture of apprehension, impatience, and the feeling of being shut out by the client. "I pick up - almost on a vibrational level - the tension that builds up as the client continues to repress or hold back the need to cry, I feel impatient because I want to get to the core of what's going on; at the same time I feel I am being held at arm's length - not connecting."

Allison's overt responses to client crying. In responding overtly to client crying, Allison, for the most part, remains quiet and lets the client take the lead, just lets

sitive to their individual reactions to, or feelings about crying. "I may not be sensitive to what crying means for them, may not pick up on or effectively address the feelings of anxiety, embarrassment, or shame that clients may have about the act of crying itself.

John

Background. John Peterson is a full-time education and learning counsellor at a post secondary educational institute in Victoria. He received his Ph.D. in Psychology at a large midwestern university in 1973, specializing in experimental psychology. He has been in his present line of work since 1980. He describes his current approach to counselling as behavioural/problem solving. He works primarily with learning and study skills problems.

John grew up in a home that he describes as "unemotional" but in which family members were "generally happy... and got along well". John recalls that it felt acceptable to cry over physical hurts up to a certain age and within certain limits. He is not sure how he came to this awareness but he had a sense that there were limits to what warranted "hurt" and how long and hard one was expected to cry over a given injury. Crying over emotional things, such as hurt feelings from being teased, was just not done. This was an unspoken rule although John has no recollection of ever actually having been ridiculed or punished for crying. The message he got was not so much that crying was "bad" but that not crying was better. "I just didn't see that much crying in my house... the idea was not to cry about things but to do something about them... I guess I learned to be more problem or action focused than feeling focused."

John has fond memories of his father who he describes as "a nice friendly guy" who placed considerable value on the manliness of not crying even when one was really hurt. John remembers that when he was a small boy he got a very deep sliver that was quite painful. "My father boasted for years about how brave I had been for not crying when that sliver was removed." In contrast to this feeling that he should hold his tears in, John remembers at his grandfather's funeral being aware that here was one situation in which he "should" be crying, and recalls feeling self-conscious that the tears would not come. "It was like in some situations you should cry, in others you shouldn't cry, but mostly you shouldn't cry." John is aware that cultural norms reinforce this message. He sees our culture as tending to discourage people from crying. Crying, according to him, is rarely talked about and is viewed by society as "something to feel apologetic about". In short: "Big boys and big girls don't cry."

Currently, John is somewhat ambivalent about crying. Intellectually he accepts it and thinks it is "fine" but emotionally he feels awkward and uncomfortable about it. This is true in reference to his own crying as well as to that of others. John describes his reaction (embarrassment, awkwardness) to others' crying as being considerably more pronounced if the crying occurs in public because "public crying draws attention." John, himself doesn't cry easily or feel sad very often. He says that he is much more likely

to cry watching a TV show or a movie than over actual events in his real life. He explains that these tears are as likely to be tears of joy or relief as of sadness. "In some kind of hokey movie...some kind of emotional thing is happening and it turns out well...that might bring tears to my eyes." When he does cry during a show he normally feels somewhat embarrassed, whether in public or with his family. The last time John cried without feeling such embarrassment was when his dog died five years ago. He remembers this as an unusual incident in that his tears came without self-consciousness.

John's perceptions of the meaning of crying in the context of counselling sessions. In his role as a counsellor John doesn't distinguish among different kinds of crying, (for example: manipulative versus genuine, superficial versus deep). He experiences any client's crying as a "sincere outpouring of intense emotion."

His subjective inner reactions are pretty much consistent with all clients. Generally he tends to view the client who cries or "who shows any emotion" as more in need of help than someone who doesn't cry, although he doesn't think that this necessarily increases his own motivation to give help. "I actually feel more motivated to relieve my own tension". Crying for John tends to "punctuate" the problem, highlighting its intensity or severity. If a client is able to cry it might probably also mean that he or she "feels safe with me and trusts me". John qualifies

this by explaining that in his opinion it may be more the context of the counselling situation itself that allows for this feeling of safety rather than specifics about him as a counsellor. "Sometimes people just walk in for the first time, sit down, and start to cry right away and that has more to do with the situation....People may expect that it's OK to cry when one goes to see a counsellor".

John's subjective (inner) reactions in response to client crying. When a client does cry, John finds it quite difficult to respond because of his own level of discomfort with crying. Although he may, at times, feel sad for the client, his emotional response to a client crying usually has more to do with his own experiences of awkwardness, discomfort, and self-consciousness than to what the client may be experiencing. He describes his reaction as a distinctly negative feeling of "being on the spot", of "real awkwardness" that he feels interferes with his ability to think clearly about the client or about how best to respond. Generally when a client cries John feels a heightened sense of intensity, immediacy, and urgency: "This is really serious, something is wrong and must be fixed up". In reaction he feels "pressured to do something to resolve the tension...to make the client feel better about the situation...to get rid of the crying", as he says, more to relieve his own discomfort than to help the client. This discomfort may arise in part from the uncertainty of not knowing quite what to do or how to react. "I

don't like to see a client cry...I find I have to struggle to accept that they are crying... and usually feel quite relieved when they stop."

The degree of difficulty and discomfort with crying that John experiences seems to vary with the "solvability" of the client's problem. If he judges the problem to be extremely difficult or impossible to resolve, "if it's something the client is not going to be able to change", his awkwardness and feelings of being on the spot in reaction to crying are even more intense. The degree of awkwardness is also greater when a client seems embarrassed or apologetic about crying. "I imagine that if I were in their shoes I would feel quite embarrassed and might apologize too".

It is interesting that in contrast to his own, rather negative, subjective experiences in response to crying, John views crying as a generally positive experience for the client. "I think crying tends to bring relief and lead to more positive affect." Crying seems to him to serve as a release that leaves the client "lightened up" in contrast to before they began to cry.

John expresses concern about the degree of distraction he feels when a client cries. He usually experiences crying as disruptive to the counselling session in that he has difficulty continuing to focus his attention on the client's problem or on what he or she is crying about. "I feel thrown off track by crying". His concentration is

likely to be focused on the fact that the client crying and on his own reactions to this, rather than on the problem or on what the client is feeling. "I become much more self-conscious...more focused on myself than on the client". John questions this reaction and feels he should be more attentive to the client. There is also a concern that "the sense of relief I feel when a client stops crying could falsely lead me to conclude that things are better." He speculates that the way he does react probably arises from a relative lack of experience with client crying. He has noticed that, as he has gained experience, his feelings of discomfort have, to some extent, diminished.

John's overt responses to client crying. In responding overtly to client crying, the feelings described above and the uncertainty that go along with them, frequently result for John, in "a struggle between responding to the feelings and just going on with the problem." Sometimes he will try to ask questions about the content in order to "get on with what we might have been discussing" - in effect acting as if the client were not crying. Frequently, he deliberately, and with some effort, controls the impulse to ignore or to stop the crying and "just lets the client cry". At times he may try to explicitly accept and acknowledge the client's crying by saying such things as "It's OK to cry" or "This really hurts you" but he more often hands out kleenex, remains silent and just looks at the client. "I think I'm silent because I'm confused about what to do ...silence is

the easiest way to avoid doing the wrong thing." Part of his concern about making a mistake comes from his sense of the seriousness and importance that tears seem to lend to a problem or situation. He sometimes has the impulse to reach out and touch the client, but usually doesn't "because I feel too awkward."

As a result of our interview, John feels that he has become more acutely aware of the awkwardness he feels about clients crying. He may in future make more effort to concentrate his attention on how the client is feeling and what the crying is about rather than on his own feelings. In general, he will give some thought to what constitutes an effective and appropriate response to client crying. In terms of how much in touch with his own feelings he is, he has found it interesting to look back on the messages he got from his parents, and at how they dealt with crying ..."which was not much at all".

Korrine

Background. Korrine Daniels conducts a private practice in counselling from her home in Victoria. She received a Masters degree from an alternative university on the West coast that offers practitioners training in humanistic approaches to counselling and therapy. She specialized in group process and in what she calls "in-depth individual therapy". She has been in private practice for approximately two and a half years. She describes her current approach to counselling as "eclectic". She works with all kinds of problems and all types of clients except those labeled, or considered, psychotic.

Korrine grew up in a home in which "softer emotions" such as hurt, sadness, or embarrassment, although obviously present, were not explicitly acknowledged. Crying was simply "something that was not done". She remembers that if she did cry she was always reprimanded or told to stop. "there was never any comfort for crying...I was NEVER comforted for crying". In Korrine's family it was simply not permissible to be sad. Crying meant that one felt sorry for oneself; it was a sign of weakness. "This was the judgement when anyone cried, except for my mother who couldn't feel sorry for herself". According to Korrine, denial was the way in which her family defended against the experiencing of such emotions and their expression through crying. Through this denial her mother "tried to make us not feel anything because if anybody else felt sad it would

push her buttons [i.e., trigger her own feelings]" Korrine felt that she, especially, had to be tough when it came to hiding her "softer" feeling, feelings which were associated with being feminine. "I grew up with eight brothers in a very masculine-oriented house....I was the sissy of the family just by being a female. Females were just not as OK as males so I tried to downplay the fact that I was a girl by controlling displays of hurt, sadness, or compassion. Expressions of anger or aggressiveness were very acceptable so I got pretty good at being tough."

Thus Korrine grew up with the idea that crying was definitely a negative thing. "Most of my life I have felt that if you are strong and tough you don't let other people see your sadness or your tears... hanging on to them means you are not giving in to weakness." Through involving herself in group therapy workshops at The Cold Mountain Institute, Korrine has worked hard over the last few years to counteract the messages she picked up from her family. She has come to believe that it is preferable to "feel and express feelings and to have them accepted by others". Emotionally, she generally feels accepting of the tears of others although it is still difficult for her to give herself permission to cry. She can now cry without feeling bad about it in situations where it is clearly sanctioned such as in personal growth workshops, in her own private therapy sessions, or when she is alone. In her intimate relationships she sometimes cries but in a controlled way. "I might

let a few tears come but I don't break down and cry heavily". She almost never cries in public or in the presence of people whom she doesn't know really well. When Korrine does "lose control" and "literally can't stop the tears", she usually feels considerable embarrassment. If this breakdown should occur in public she also feels humiliated or fears that she may be humiliated, "as if someone is going to say there is something bad, rotten, evil about somebody who cries in public." Korrine claims that what would likely bring about such a loss of control would be a feeling of stuckness or helplessness. "When I find it hard to accept a situation or feel unaccepted or unseen by others...these things would bring me to tears."

As mentioned, Korrine is quite receptive in most cases to the tears of others. "It's OK for other people to cry, its just not OK for me to do it." Being present when friends have cried has, at times, been for Korrine a "very positive experience ." She describes such times: "Its like I'm seeing them on a level that I don't normally... there is a sense of 'bigness' to it, a fullness, a taking in of the other person...quite wonderful, a real gift." She recounted an incident in which her half sister "who is very tough like me" cried in her arms and remembers that being able to nurture her was "very moving and positive...a privilege for me". Korrine says that her usual response with friends is to comfort and nurture except when she feels under-nurtured herself or has been "giving out too

much". Toward men in particular she realizes that she can feel, under such conditions, "quite punitive, irritated and intolerant" in reaction to their tears. Korrine considers men to be more central to her life than are women. She is more likely to continue to give attention to men when she feels she should be receiving from them herself and this, she feels, accounts for her greater tendency to react with irritation.

Korrine's perceptions of the meaning of crying in the context of counselling sessions. In her role as a counsellor, Korrine views the client's expression of emotion to be a significant and integral part of the therapeutic process. At the same time she is sensitive to the social norms that make it difficult and uncomfortable for some client's to express emotion through crying, especially before a trust and safety have been established. "Sometimes it's just not safe to feel". Doubtless, Korrine's own experience enables her to easily identify with such hesitation in clients. When a client does cry, Korrine customarily interprets the act itself as an indication "that they feel safe...comfortable showing their tears in front of me...that there is a kind of intimacy between us; they have 'let me in'." She also assumes that the client is "in touch with their feelings or has moved toward being more emotionally connected to whatever problem is going on for them." One of her goals for her clients in counselling is to "have them experience directly what they

are feeling and be able to express that in some way; tears are one way." Korrine considers that a client may be more in need of help if he or she is unable to cry about some intense feeling that would naturally seem to warrant tears than clients who are able to cry. This inability may indicate that the client is out of touch with his or her emotions.

According to Korrine, the emotions that are actually being expressed by crying can vary; these may be "sadness, despair, hopelessness, frustration, anger...or even that the person is simply moved by the human situation". Crying can be a productive, cathartic release for the client or it can have a self-pitying, manipulative, or self-blaming stuck quality that leads the client essentially nowhere in terms of insight or change.

Korrine's subjective (inner) experiences in response to client crying. Korrine's subjective reactions to crying vary depending on the context. "I feel a lot more empathic and more emotionally effected with a client who is crying than if they are just talking about a very upsetting experience." With self-expressive or cathartic crying, she often has the experience of being utterly engaged by the process. "Its like I kind of lose myself; my own thoughts, and judgements are suspended; I become very un-selfconscious and am totally involved with the experience of that person". At these times Korrine feels very close, almost at one, with the client yet "without having to feel the tears

myself." She describes this closeness in terms of "an opening up... a moving out and taking in of the other person, a figurative embracing of the person, a feeling of love." This closeness or connection, she experiences as "a vibrating, a resonating, humming tension between myself and the client...quite fascinating." She finds it difficult to describe in ordinary words and instead uses images; "waiting in the still point...stepping into a void... becoming a vehicle for the other." In these moments there is for Korrine, no struggle, no self monitoring. "I just somehow know what to do without having to 'figure it out'...there is no dissonance." When she experiences this resonating quality she feels like a "healer, rather than merely a helper". Physically she feels an energetic tension in her chest and face areas along with the very pleasant sensation of "all being well with the world" which she describes as similar to "the feeling one has after an orgasm."

Korrine sometimes cries or feels tears welling up in herself when a client cries. This she usually attributes to "a feeling of opening up to the other person"; her own tears are an honoring of the other's. There are times (these are infrequent) when Korrine becomes almost overwhelmed by her own response to a client's tears. She gets "swamped...a feeling so full...I'm so connected, so moved, that its hard to work, hard to talk because I'm choked up and crying so much myself." Its as if that resonating tension or connection (described earlier)

becomes "so taut I can't keep enough distance to stay focused on the client." This "over-identification" occurs when the client's situation is close to what Korrine is experiencing either in her life or in her own therapy. As a somewhat qualified example, she identified strongly with the video-tape client's feelings about men. She felt quite moved by the client's tears and experienced a feeling of closeness and understanding for her emotions which were very similar to ones that she herself had felt. During parts of the viewing when this identification was perhaps the strongest, she found herself losing her focus, "tripping off on my own process, not engaged in what she [the client] was doing at all." Of course there was more license to do this than if she had actually been responsible for the session's outcome.

In reaction to what she calls self-pitying crying, Korrine "gets cold, there is a sort of rigid feeling... I feel very unmoved by it." In her perception there is a very different quality about it that leaves her feeling somewhat detached and, at times, judgemental." With this, as well as with self-blaming crying, she feels none of the closeness and connectedness that she feels with expressive crying. Instead she is likely to focus more on, and evaluate, the content. With a client who is resisting getting "in touch" with their feelings, Korrine sometimes gets frustrated and feels "somewhat punitive" and/or very bored. "I get indignant, imperious, somewhat dismissive and annoyed. We

are not pleased', looking down my nose with a superior, sort of put upon air". Finally, with a client who "is crying but isn't moving, who isn't changing or taking in what is being said to her", Korrine will usually feel impatient, punitive, irritated and quite cold toward the person.

Korrine's overt responses to client crying. How Korrine responds overtly to client crying depends on the client, on the type of crying, and on what she describes as her "feelings of emotional connectedness" with the client. "My aim is usually to go for the feeling." She considers it part of her responsibility to the client "be vigilant of the client's feelings and of their need to cry...and to encourage and give them permission to cry." In her opinion a client may not be ready or able to experience and express a feeling unless it is focused on and pointed out specifically. She tries to facilitate the client's process of getting in touch with his or her feelings by pointing out non-verbal behaviour. "I might say something like 'I notice your face muscles are tight; I wonder why you don't just let them relax and let those tears come', or 'I notice you're not breathing, you're holding back a lot of feeling there. What would it be like to let those feelings come?'. If a client is really out of touch (ie., doesn't show any of these indications of emotion but is talking about something really upsetting), Korrine finds it easy to get stuck on a cognitive, questioning level, which she feels is

usually not productive. To prevent this she will frequently use humour, "what would you feel if you did have a little feeling about that?". She may parody the feeling so as to help the client to see it as less threatening, or she may tease the client, "where do you keep that feeling?" She does this as much to "lighten things up and keep myself from getting too bored or too serious" as to help the client.

In response to expressive crying, Korrine generally "moves toward" the client. This might mean simply that she would attend more closely, leaning forward, etc., or it might mean that she would reach out and touch the client in some way. This could involve actually picking them up and holding them, or touching their face, or being very close physically. "I will often ask their permission, I'm careful not intrude or to interfere with the process." She doesn't necessarily soothe or reassure them verbally. Instead she will usually "remain silent and just let them cry." An exception might be if Korrine felt that the tears were angry tears in which case she would "ask them to breathe deeply and encourage them to find a sound, a verbal expression of the rage that was behind those tears."

If the client is crying out of self-pity or blame, Korrine's tendency is either to do nothing and wait for the crying to stop, or to "let them know that I understand that it's difficult but that I feel they are trying to get me to feel sorry for them. I'd let them know that I feel unmoved.

The extent to which she would self-disclose would depend on the level of trust that has been established as well as on how much feed-back she thought the person could usefully incorporate at that time. With new clients she is much more cautious and selective, while with experienced clients she will sometimes let them know that she is feeling irritated or annoyed.

In reflecting on our discussion, Korrine did not feel she had gained any startling insights. She was struck by the degree of intolerance that she feels at times for her clients, but was admittedly more concerned about what others might think of her if they knew this, than she was about any effects (in her opinion, minimal) that this might have on her role as a counsellor.

Barry

Background. Barry James is a fulltime counsellor at a community agency in the greater Victoria area. He received a Ph.D in psychology from a large Canadian University which specializes in cognitive behavioural approaches to counselling and therapy. He has been working in the field for nine years and presently describes his counselling orientation as "eclectic". He works primarily with adults experiencing a broad range of emotional and behavioural problems.

Barry grew up in what he describes as a warm, supportive home in which crying was accepted as a legitimate thing to do. He considers himself as a child to have been, if anything, more reinforced than punished for crying. He has memories of being soothed, comforted and often given his way when he cried, remembering in particular being comforted by his grandparents to whom he grew up in close proximity. He was never hit or punished for crying but thinks he was probably cajoled to some extent with phrases such as "oh it's not so bad". There were, in Barry's perception, no strong taboos about crying in his home. Even as a adolescent there continued to be "a freedom to express myself through crying if I felt like it". Although Barry doesn't have any clear memories of his reactions as a young child to other members of the family crying in his presence, he does recall that as a teenager "when I saw someone I was close to cry, it usually made me cry."

Barry has not remained untouched by the cultural norms around him. He recalls observing that if a child cried openly, the act inevitably elicited name calling and ridicule. As an adult, he considers that he may be buying in to cultural standards about crying. Despite the liberal attitudes toward crying in his own family, and the license he was given to express himself in this way, he currently does not find it easy to cry. Nor does he feel consistently comfortable with "a lot of crying" on the part of others around him. He is also aware of the cultural sex role expectations related to crying and finds himself, at times, wondering how he compares to other men in his attitudes and reactions. Barry accounts for the differences in norms for the sexes at least partly in terms of men not having "the obvious hormonal fluctuations that give women the license to cry more acceptably than men".

These norms or standards seemingly have more of an effect on Barry's own tendency to cry than on his responses to the tears of others. Again Barry speculatively compares himself to other men, "when I say I don't cry easily, I'm not sure...maybe I cry more than most men." It usually feels OK for Barry when friends cry in his presence and it is equally comfortable whether that friend is male or female. Barry is not aware of deliberately stopping himself from crying; when he feels like crying it "only goes so far...it just doesn't happen." Although Barry may, at times, be moved to tears by a TV program, "in terms of

events happening in my own life, only two things would really do it to me: a relationship difficulty or someone dying...the two big ones: LOVE and DEATH." It has been about two years since the last time Barry cried. In reflecting on this fact, he concludes that when he is sad or frustrated, especially in relation to his wife, he might feel better (relieved) if he was able to "let go."

Barry does not experience himself as having a particular or fixed set of rules about when it is appropriate to cry and when it isn't. Generally he feels it is probably more appropriate to express feelings through crying "when you feel safe - with someone you feel close to and trust or when you are alone". There is the sense that it is preferable to express one's feelings rather than repress them, but without "dumping" or imposing on other people. He offers the example: "If people are together for a meeting with a particular agenda and I start having unrelated thoughts and feelings that make me feel like I want to cry, I think it's more appropriate to wait until later just because it would be a distraction, would make people feel uncomfortable, and would divert the meeting from it's purpose". According to Barry there are some other public situations (less structured perhaps) in which crying would not be an imposition but would rather be something that would happen in passing, that those witnessing it could choose to respond to or ignore. "If you feel comfortable crying in public and don't care about people noticing you

or ignoring you, then I don't think its such a bad thing to do." In terms of his own reaction to seeing a stranger cry in public, Barry usually feels concern for the person and may experience an impulse to reach out and offer help, to ask them if they are OK, etc. He doesn't extend help, however, because of concerns about interfering, or about starting something that he may not be prepared to follow through on.

Barry's perception of the meaning of crying in the context of counselling sessions. In his role as counsellor, Barry distinguishes among different kinds of crying. According to him, there is "authentic" crying which is a genuine and spontaneous expression of emotion, and manipulative or "histrionic" crying by which the person is attempting to elicit guilt or sympathy from another person. Authentic crying can arise from a variety of emotions. "A person can cry because of feelings of loneliness or despair, from guilt or shame over feeling something they think they shouldn't feel, or from embarrassment because they have revealed something very personal to another..they are left feeling stripped naked". Most often, Barry thinks, people cry either from grief over the loss of a person, a meaning, or some important aspect of their lives, or from a feeling of helplessness or trappedness...", the feeling that a situation is hopeless and cannot be changed. His ability to distinguish which kind of crying is occurring of course depends on who the client is and on the context in

which the crying takes place.

Whatever the source of this authentic kind of crying, Barry considers that, within a session, such crying communicates the depth of the client's feeling at that moment. It lets him know that the distress is immediate; that the client "is feeling that pain right at that moment". Barry does not consider there to be any relationship between a client crying and the degree to which they are in need of help. "In fact, affect is often flattened in people who are really distressed."

At times, crying or not crying can be like a "threshold of trust" for a client for whom letting go in this way may be difficult. Barry thinks that clients might feel unsure at first of how he will respond, that as they get to know him they begin to feel more trusting and more comfortable to express themselves in this way. In the overall context of counselling Barry considers that crying can be a positive step or movement for the client in that it can be "an acknowledgment of how painful an experience is or was ... can signify an increase in self-awareness and self-honesty, or the end of denial.

Barry's subjective (inner) experiences in response to client crying. When a client cries in a session, Barry's subjective reactions vary. With authentic crying Barry usually feels empathy and concern and has the experience of being moved or emotionally touched by the person's pain. At times it is as if he feels some of the client's pain

himself. "I put myself in the other's shoes and imagine how I would feel in a similar situation ... it is as if there is somewhat of a reflection or a mirroring of what the client is experiencing going on inside me". This experience of "feeling with" becomes more intense and, in cases where Barry identifies strongly with the client or the situation, somewhat disturbing. "It might become difficult if I am really identifying because I get so caught up... my own feelings are triggered by it and this kind of fogs up my ability to respond." He also tends to feel more touched, "more pain within myself", if the client is someone who he already feels close to and likes as opposed to someone he feels generally "less sympathetic" toward. In the latter case he is more likely to feel "somewhat more distant from their pain". Barry also finds himself disturbed at times by the sheer intensity of the emotions expressed by some clients. He described a client seen recently whose husband had died leaving her with overwhelming feelings of guilt and despair; she kept his bones in containers in her living room and became obsessed with the idea that she was somehow responsible for his death. Barry felt emotionally "struck or shocked by the awesome and powerful images" that her rather bizarre behaviour elicited in his own mind. "I had difficulty relating to what she was going through, knowing how to respond to her. I felt real pity for her - helpless to alleviate her pain." Barry described his struggle to maintain some objectivity, some sense of perspective, his

struggle to decide if her reactions were normal under the circumstances or if they were totally bizarre. "I felt quite churned up by the intensity of this women's pain". Barry discussed his feelings with a colleague as a way of putting them into perspective. By contrast, if Barry judges a client's problem to be less serious "something that I could fairly easily handle", it becomes much less difficult or stressful for him to respond to tears.

In reaction to crying that he considers "histrionic", manipulative, or self-pitying, Barry has a less tolerant attitude. "It just doesn't have the same effect on me, its hard to describe the difference but I don't feel its as authentic. I tend to experience a somewhat impatient, 'spare me, give me a break' kind of feeling." If a client does a lot of this kind of crying, Barry might react with stronger feelings of annoyance and irritation, inwardly saying things like "oh knock it off!" In watching the video-tape, Barry felt some of this kind of frustration and annoyance at what he saw as "poor me...victim stuff" on the part of the client who he considered, at times, to be alternating back and forth between "the feeling and the intellectual level and not going anywhere." Part of this irritation was at not being in a position to intervene in the session.

Barry's overt responses to client crying. Barry's overt responses to client crying depend on the context of the session and the type of crying he perceives to be

occurring. With "authentic" crying (i.e., expressive of a genuine feeling, not manipulative) he would usually "empathize or reflect back verbally their pain or hopelessness or whatever." At the same time he might explicitly encourage them to "stay with the feelings, to unload more, or to go more deeply into them if that's what I thought they needed to do." Barry usually finds himself attending more closely to the client who cries, "leaning toward them, moving closer to them physically perhaps." Depending on the client, he might touch him or her but this would very much depend on how he feels this would be interpreted. "With some clients, especially females, I might want to comfort them, put an arm around them but might be reluctant to actually do this. It might be misinterpreted, they might perceive it, not as comfort, but as a sexual come on." He is very sensitive to the the vulnerability of some client's and to the issue of setting up false expectations or of jeopardizing trust.

With histrionic or manipulative crying, Barry usually doesn't respond directly to the crying, but is much more likely to ask questions that require the client to "shift to a cognitive or intellectual level." This he feels effectively distracts the client from this type of crying by requiring them to think and to respond verbally." In a similar manner, with self-pitying crying Barry would not encourage clients to continue but would either confront them about what he saw them doing or might distract them by

asking intellectual questions. In general, Barry feels that expressing feelings through crying is valuable up to a point: "The time comes for a person to stop crying and regain some power."

In reflecting on our interview, Barry realized that when a client does a lot of crying "this may be a little more difficult for me to handle than I would like." He intends to give some attention to this, to be aware of and to examine this discomfort when it comes up in future sessions.

Sharon

Background. Sharon Westly is a full-time counsellor at a post secondary educational institution in Victoria. She received a Masters degree in counselling education from a small Canadian University in 1979. She has worked as a counsellor for approximately three and a half years. She describes her present approach to counselling as "behavioural problem solving". She works primarily in the areas of study skills, academic and career decision making, and social adjustment.

Sharon grew up in a home in which anger was permissible but in which crying was "something that virtually never happened". She can't remember crying as a child but thinks that she must have on occasion "I must have cried over physical hurts when I was really little." In Sharon's family the message, both implicit and explicit, was that it was not OK to express sadness. Crying meant that one was pitying oneself; it was a sign of weakness. "I always had the feeling - in fact was told - that it was the wrong thing to do...it was self-indulgent, a poor substitute for action." According to Sharon when one's feelings were hurt it was OK to get angry but not to show the hurt directly. "As kids we used to hit each other quite often but this was better than crying as far as my parents were concerned". Sharon recalls one really sad incident when a much loved cat was run over. "I did start to cry over that but I was told not to because crying wouldn't do any good, it would

not bring the animal back." Sharon sums it up: "When I was hurt I got mad....When I felt sad I talked myself out of it usually long before I got to the point of tears". Sharon grew up with four brothers and a much older sister. "I guess I modeled myself after them but it wasn't just that. My mother was a very competent, very stoic woman who believed that doing something about a problem is always preferable to sitting around moping about it." This attitude, or family norm, of not crying was communicated not only by example but also by direct messages such as 'don't cry!', 'what's the point in feeling sorry for yourself?', 'nobody likes a sad sack', 'show them that you're tough', etc.

Thus Sharon grew up with the idea that crying was definitely a negative thing. "All my life I have felt that if you are strong and tough you don't allow yourself to indulge in crying or moping around....You get out there and do something. I'm a lot more tolerant than I used to be but, in many ways, I still basically feel the same way." When friends or family members cry in her presence, Sharon usually feels quite unreceptive. "I go sort of hard inside, I feel impatient and wish they would stop. It is a slightly anxious, "pushy" feeling like I want to do something to stop the tears or to tell them what to do to solve the problem." With her children (her husband never cries), she either ignores the crying or becomes angry, reprimanding them for their lack of control or for what she sometimes

sees as their attempts to manipulate her. "I guess I treat my kids the same way I was treated without really thinking about it too much." With friends (only a couple of them have ever cried in front of her) she might extol them not to cry, offer them a drink, try to cheer them up, or distract them so that the crying will stop. Inwardly Sharon says that she often feels emotionally "removed" from the person, "Its like I pull away...this feeling of anxiety, of wanting the crying to stop gets in my way of really relating to the person."

When she sees someone crying in public, she tends to have judgements about the person, viewing them as lacking in control. "I usually try to ignore them and keep my distance from them... I think I feel slightly embarrassed for them and that I wouldn't want to be seen with anyone who acted so inappropriately." Sharon claims that she virtually never cries herself. "The last time I cried was about five years ago. I came really close to having a very serious accident in the car and afterwards, wierdly enough, I leaned forward on the steering wheel and cried my guts out for about ten minutes." Not only does she not cry often, she very rarely feels any urge to cry. "My life is pretty good and when I do have a problem or something happens I either do something about it or I make the best of it....It usually doesn't even occur to me to cry." It is difficult for Sharon to imagine crying in public or in front of strangers but she guesses that if this did occur

she would feel embarrassed and humiliated at what she would see as a display of weakness."

Sharon's perceptions of the meaning of crying in the context of counselling sessions. In her role as a counsellor, Sharon views a client's expression of emotion through crying to be an indication that the person is "very upset about his or her problem, probably overwhelmed...and usually in greater need of help than someone who is relatively calm." However this is not always true; some people cry very easily because they have been reinforced for doing so, and many use crying as a way of manipulating others or eliciting sympathy.

Sharon doesn't see crying as particularly useful except in that it may give her information about the degree of control the client is experiencing in relation to his or her situation. When asked if she felt that a client crying in a session might indicate that a certain degree of trust had been developed, she was uncertain about this. "Maybe that's got something to do with it, but to me it seems they are just out of control and that [the loss of control] is as likely to happen in the first session as the fifth. If they knew how I really felt they probably wouldn't do it at all." Sharon doesn't see any real therapeutic value in "indulging in emotions". Instead she puts emphasis in her counselling on problem solving and on changing the person's behaviour. "Its important to talk about feelings to find out how serious the problem is for the person and to help

them feel accepted and more willing to open up, but to encourage someone to cry seems to me to be possibly reinforcing of a kind of passive victim mentality." Sharon describes herself as a practical counsellor whose role is to "help people to think more clearly about what they need to do, not to encourage emotional outpourings." She feels strongly that some crying may be OK occasionally but that it can easily be carried too far, that it can interfere with the client's process of taking responsibility for, and solving problems. "It can also get me right off focus too; it puts a strain on things that often makes it very hard to pick up the thread of what was being worked on."

Sharon believes that crying can express a variety of emotions - hurt, sadness, shame, even fear - but that the underlying quality that is expressed by crying is a feeling of helplessness, victimization or stuck-ness that, if counselling is to be effective, should not be reinforced. Specifically, Sharon views the act of crying itself as an expression of the clients inability to control or overcome these emotions. As mentioned earlier crying can also be a manipulation in the sense that the client may be trying, consciously or otherwise, to elicit sympathy or rescuing from the counsellor.

Sharon's subjective (inner) experiences in response to client crying. Not many of Sharon's clients cry. When they do, her subjective reaction overall is one of discomfort. "I almost never feel comfortable when a client cries.

Initially I feel myself drawing up, pulling back, sort of cringing when someone breaks down." She describes this as "a telescoping feeling...like a zoom lens being pulled back quickly...there is a short spurt of panic and then I sort of glide into feeling rather distant from the person ". Frequently Sharon will find herself inwardly criticizing the client who cries with phrases such as 'why don't you just get on with it?' 'I don't need to have my morning ruined by this slop', or 'oh come on, get a grip on yourself'. At such times Sharon experiences feelings of tension, impatience, and annoyance which are more pronounced if she feels that the client's tears are really manipulative rather than an indication of loss of control. She also is aware of a strong impulse to stop the crying. Frequently these reactions are accompanied by a sensation of stiffness in her arms, shoulder and jaw. In reflecting on her reaction, Sharon realizes that part of what she feels is a sense of inadequacy at knowing how to respond effectively when a client cries. She imagines that the client is expecting her to do something about the crying. "I know that giving advice doesn't help, I'm never really sure what to do exactly....I feel like I am bobbing around at the end of a long tunnel...tight and disconnected at the same time; I have trouble staying focused on what the client is talking about....It's like I lose the feeling of really being able to help the person, which I don't like." She will sometimes attempt to relax and put the situation

into perspective by comparing the problem situation to events in her own life, reassuring herself that there is a solution in spite of the client's despair at that moment.

Sharon discussed her reactions in terms of the difficulty she has often felt being able to relate the client's crying behaviour to her own personal experiences. "I can sometimes put myself in the person's shoes. I sometimes feel a sense of empathy, or identify with the other person's situation but not very often because I usually feel that if I were in their position I would not resort to crying myself. I would do something constructive. My ability to identify with a client usually drops way down the moment he or she begins to cry."

Sharon's overt responses to client crying. Sharon's overt response to a client's crying is basically to ignore it. "I usually just carry on with the conversation as if the crying were not happening, unless the person is weeping so hard that they can't talk. In this case I usually sit back and wait until the crying stops." She thinks that she actually pulls back physically, leaning away from the client, and she imagines that her face portrays some tension, but these are automatic, not deliberate responses. If the counselling relationship is fairly new and Sharon has been reflecting the client's feelings about the problem, she might continue to do so for a brief period after the crying has started. "I think that empathic reflections are great for getting an understanding of the

client's problem because they reinforce exploratory talking, but its not my purpose to reinforce crying because I don't see it as a particularly effective behaviour."

In reflecting on our conversation, Sharon found herself wondering why her subjective responses to crying should be so negative. "I think I should be able to react neutrally, just be able to see it [crying] for what it is....I guess I got so strong a message as a child that it was not OK, that even seeing someone cry who is expected to be upset, makes me a little anxious and uptight. Although our interview helped to make her more aware of this reaction, Sharon is not certain what she will do with this awareness. "I would like to feel more comfortable with crying when it does occur and not have it throw me off track so easily."

The General Structure of Counsellors' Experiences
in Reaction to Client Crying

The following section will examine counsellors' responses, as a group, to each of the three main questions of the study. Each subsection will identify a major theme and then explicate the theme in its variations among the participants.

1. The Significance or meaning of client crying in the context of counselling sessions

The act of crying on the part of a client was considered to serve as a vivid and direct communication of the client's feelings about his or her situation. Crying was experienced as a concrete demonstration of emotion that was more graphic and immediate, at least in most cases, than if the feelings were expressed only in words. Clients were thought to be more "in touch" (i.e., able to experience emotions physiologically as well as cognitively). Sharon described the act of crying not in the terms described above, but simply as a loss of control on the client's part.

It was felt that crying may indicate, in many cases, that a degree of trust exists in the counselling relationship. This trust may develop over time and take some effort on the part of the counsellor or, as John claimed, it may be an attitude that the client brings to the counselling setting from the beginning which is based on his or her expectations of the counsellor's role. Sharon was uncertain

whether trust has any effect on her clients' tendencies to cry. In her view clients may feel trusting but if they knew how she actually felt "they probably wouldn't cry".

The act of crying was perceived to vary greatly in significance from one client to the next. Allowing oneself to cry, especially in front of others, was perceived to be quite difficult for many clients. For other clients, crying seemed to be a relatively ordinary occurrence, its significance for the client lying not in the act itself, but in the emotion or emotions expressed.

A distinction was drawn between "authentic" or expressive crying and crying that is histrionic or intended to produce a particular effect on the counsellor - usually either sympathy or some kind of rescuing action. These distinctions were made by all but one of the participants. It was felt that either type of crying could be carried too far, i.e., to the point that they begin to interfere with the problem solving process. John was uncertain about this, explaining that his experience with crying was too limited for him to form a judgement.

The act of crying was both negatively and positively related to the client's need for help. John and Sharon both stated that crying usually indicated to them that the client's problem was more serious or severe and the client was likely to be more in need of help than someone who did not cry. The other four participants disagreed. Each felt that crying is not a reliable indication of the client's

need for help or of the severity of his or her problem. In fact it was their opinion that a client who is not able to cry may be actually more in need of help because affect may be flattened or depressed.

It was agreed that crying can communicate a wide variety of emotions: sadness, despair, desparation, grief, resignation, anger, relief, hopelessness, fear, shame, embarrassment, helplessness, etc. Sharon and Alex shared the view that, regardless of which specific emotion is being expressed, there is frequently a quality of passivity and impotence underlying this form of emotional expression.

Crying was thought, by some participants, to relieve emotional tension and lead to more positive affect in the client. Participants varied in their perceptions of the effects of client crying on the quality of the counselling session. Crying was often perceived to lead the client to a clearer perception of the problem, one not as clouded by emotion as is often the case when a client is choking back the urge to cry. After he or she had cried, the client was very often perceived to be experiencing lighter, more positive affect than previously and was seen as calmer and more relaxed both mentally and physically. Sharon's was the exception to this point of view, claiming instead that crying was simply an indication that the client had lost control.

It was believed that crying can potentially lead a client to greater emotional integration and self-awareness. This opinion was held by four of the participants. Crying

signified that the client, in allowing him or herself to cry, has in the process also experienced emotions directly that may have been previously repressed. This was thought to lead the client to greater self-awareness. Sharon's comment was that crying was OK but that it should not be encouraged because it too easily takes the focus off problem solving.

2. Counsellors' Subjective (Inner) Reactions to Client Crying

Participants frequently experienced feelings of empathy in reaction to client crying. An emotional response experienced to varying degrees, and in varying frequencies by all participants, was that of empathy, described generally as the sense of knowing or of vividly imagining how the client feels; of feeling "touched or moved" by the client's tears, or of "having the client's feelings reflected, to some extent", in oneself (i.e., a subjective sense of one's own bodily and psychological experience paralleling less intensely those of the client). For John this feeling was much less common, less intense, "sometimes I feel a little sad for the client." Sharon experienced the feeling of being moved or "feeling with" a client only very rarely. The experience of empathy was accompanied by feelings of emotional closeness to the client. Four of the participants reported such feelings, which were described in terms of "resonating with", "being in tune with", "linked", "connected" or "in synchrony with" the client as

he or she cried. Three of the participants reported a sense of ease or un-selfconsciousness; it seemed to them that their responses were more natural, "flowing" and spontaneous than is usual in most sessions. A sense of heightened intensity, immediacy, and focused involvement was described by participants in reverent tones: "I feel a sense of honoring the client.", "It is a gift, a privilege to experience such intense contact with another person." Alex described this feeling of connection as "deeply exciting". Participants frequently felt the impulse to move toward the client, and often had the subjective sense of moving closer even when no physical movement occurred.

The experience of empathy was accompanied by physical sensations all of which suggested increased alertness or responsiveness, and mild arousal, (eg., "a rush of warmth and energy in my torso", "an outflow of energy, a bodily response - very physical", "a drawing up, an alertness in my chest and face". The exceptions were John and Sharon. Sharon experienced physical tightness, while John was unaware of, or could not recall, any physical sensations.

Emotional over-identification was sometimes, and for some participants, experienced as an impediment to their ability to respond effectively as helpers.

At times participants felt that their emotional reactions impeded their ability to respond with optimal effectiveness to a client's distress. This occurred for four of the participants when a client seemed to be in a

great deal of emotional pain or when the client's situation was closely related to participants' own life experiences. Participants described themselves at such times as very, or overly, "identified" with the client's emotions. There was a subjective experience of "losing that distance or clear distinction between myself and the client", or of being "emotionally caught up" in the client's pain. There was, at the same time, the sense that one's own feelings were "threatening to take over". Frequently participants felt an urge to cry: a feeling of "being swamped" or "choked up to the point that it becomes a struggle to speak". This experience varied in intensity and was more pronounced and frequent for some participants than for others. Korrine said that she actually cries herself in sessions and experiences this "swamped" feeling quite often while, in contrast, Alex's experiences of this were much less frequent and less intense, "sometimes I can feel my own tears in the background". Generally, participants described this effort to keep their own feelings in perspective and to maintain an appropriately objective attitude as a source of distraction. That is, it became relatively more difficult to stay focused on the client. During such times of emotional distraction participants (with the exception of Alex and Korrine) said they felt somewhat helpless and less confident of their ability to be effective helpers.

Discomfort with the act of crying itself was, for two of the participants, experienced as an impediment to their

ability to respond effectively as helpers.

Unlike the other participants, John and Sharon claimed that they rarely identified emotionally with clients' situations. However, both experienced discomfort and distraction virtually every time a client cried, regardless of context. John felt that he was often distracted by feelings of inadequacy, awkwardness, and embarrassment at witnessing a clients tears. For Sharon it was most frequently feelings of emotional detachment or irritation that interfered with her ability to remain focused on, or to respond appropriately to what the client was saying. Quite often, both experienced a feeling of "pressure to do something about the crying" or the impulse to somehow stop it from continuing. At other times, each experienced difficulty accepting that the crying was occurring and wanted to ignore it. John frequently felt pressured "to make the client feel better", while Sharon tended more toward feelings of rigidity, withdrawal and disapproval of the client's behaviour. When a client cried Sharon usually felt tension in her shoulders, arms and jaw. John was unaware of any physical tension.

Counsellors used various cognitive strategies to minimize or reduce emotional distraction. Participants made conscious attempts to reduce emotional identification and the accompanying distraction described in the previous section, by reassuring themselves. Specifically this took the form of self-talk (eg., "it will get better"), of focusing on the clients's strength and ability to cope, and of

attempting to view the problem in solvable terms. Barry found that talking the situation out with a peer helped him, in following sessions, to maintain a sense of perspective.

Counsellors experienced negative emotions (i.e., detachment, irritation and impatience) in response to histrionic or excessive client crying. It should be recalled that participants were not consistent in drawing distinctions among various kinds of crying. Allison did not view any client crying as manipulative but did contend that some clients cried excessively (i.e., too easily or for reasons that were relatively insignificant). In Sharon's view virtually any amount of crying was excessive; in her opinion crying could be manipulative or not, depending on the context. Alex, Barry, and Korrine drew clear distinctions between expressive and histrionic crying but did not comment on excessiveness. John felt that all crying is a genuine expression of feeling and made no distinctions among types of crying.

Reactions to excessive and histrionic crying were generally similar. These included the experience of "being unmoved", of feeling detached, indifferent, or "emotionally cold". Reactions also reported were feelings of irritation, intolerance, impatience, and annoyance. These stronger feelings were most often experienced with histrionic crying, becoming more intense if a particular client cried

this way habitually.

The emotions described above were frequently accompanied by judgemental thoughts or impulses. These were related to the client's motivations or the appropriateness of the crying given the context in which it occurred. There was occasionally, for some of the participants, a strong impulse to express such judgements, or the feelings that go along with them. In Alex's words: "Sometimes I feel like yelling 'bullshit', or 'c'mon, lets get on with this'... I usually yell it silently in my head". Alex said that she experiences a dissonance, not mentioned by the others, between her expectations of herself and her actual reactions, which usually takes the form of guilt: "I somehow should be the ever benevolent helper and, in reality, I feel so intolerant of this kind of crying."

In their subjective reactions to client crying, the participants could be said to be divided into two groups, according to degree of general comfort with client crying. Alex, Korrine, Allison, and Barry were all fairly accustomed to clients crying; they described their experiences as variously negative and positive, depending on the context in which it occurred. Sharon and John, who apparently had relatively less experience with crying than the other participants, reported discomfort with crying in general regardless of the setting or context.

3. Counsellor's Overt Responses to Client Crying

It is helpful to recall at this point that of the six participants, five of them viewed crying that is a genuine expression of emotion, as a positive event for the client. Crying was seen, by these five, as potentially allowing the client to release the emotional tension that surrounds a problem and that may have been obscuring his or her ability to think clearly about possible solutions. Sharon, in contrast, viewed crying as an indication of a loss of control that tends to impede problem solving. Except for Sharon, participants felt that crying also helps the counsellor to get a clearer and more immediate sense of the client's feelings around an issue being discussed. John, however, felt that he was unable to benefit from this "immediacy" as much as he would have liked because of the fact that his own discomfort diverted his attention from the client to himself.

As might be expected in light of the above, the overt responses of John and Sharon tended to be somewhat passive and were relatively consistent from one client to the next, while the responses of the others tended to be more active and varied from context to context. There were, nevertheless, some responses that were common among most or all participants. To spare the reader a deluge of underlining, only key words or phrases used to identify counsellor responses will be highlighted by this means.

All the participants at various times responded to cry-

ing with active empathy, (i.e., paraphrasing the thoughts and feelings of the client). Sharon and John used this response only in a very limited way. Another common response was simply to remain silent, either as way of concealing the negative or intense emotional reactions described earlier, or as a way of allowing "space for the feelings" to be expressed. A third response common to the whole group was to sometimes ignore the crying and simply carry on with what ever was being discussed. This response occurred in situations where the client's crying was considered to be histrionic or excessive, and was used in most cases, as a deliberate attempt to avoid reinforcing this type of crying behaviour. Sharon tended to ignore crying as a matter of course, without distinctions among types, while John frequently ignored it simply because he felt too awkward to attempt any other response.

When a client seemed reluctant or embarrassed about crying, participants (with the exception of Sharon) said that they usually encouraged the client to cry or gave permission for them to cry in both verbal ("its OK to cry") and non-verbal ways (accepting facial expression, head nodding).

Other overt responses reported by participants included breathing in rhythm with the client's breathing (to express understanding), coaching the client to breath (to encourage crying to continue or deepen), and using self-disclosure of one's negative reactions to the crying (to interrupt or

discourage manipulative crying).

A response that varied notably among participants was the use of touch. John and Sharon said that they never touched their clients; John experienced the urge to touch at times but felt too awkward to do so, while Sharon didn't mention this as one of her responses. Barry touched clients only if he was certain that the response would not be interpreted as a sexual overture, while Allison touched clients "only sometimes - very briefly and lightly". Alex held clients if she really felt that they needed comfort-but said that a lot of touching was not really part of her counselling "style". In contrast, Korrine used a great deal of touching, frequently holding clients in her arms or stroking their faces, etc, but only with sensitivity and the client's permission.

Summary of the Major Findings for the Group as a Whole

The act of crying on the part of a client was considered to serve as a vivid and direct communication of a wide variety of emotions, and can, in the opinion of some participants, be related to the degree of trust in the counselling relationship. Participants drew a distinction between "authentic" or expressive crying and crying that is either histrionic or excessive. The act of crying was related to the client's need for help, by some participants positively, by others negatively. The act was also thought, by some participants, to be related to the release of tension, to positive changes in affect, and in some cases, to

greater emotional integration and self-awareness.

Participants frequently experienced feelings of empathy in reaction to client crying, which were often accompanied by sensations of physiological arousal as well as by feelings of emotional closeness to the client. Under certain circumstances, emotional over-identification or the discomfort of witnessing a client cry was experienced as an impediment to the helping role. In such cases participants sometimes used deliberate cognitive strategies in attempts to minimize or reduce emotional distraction. Participants experienced detachment, irritation, and impatience in response to histrionic or excessive client crying and often had judgmental thoughts or impulses at such times.

In their subjective reactions to client crying, two of the participants experienced a general discomfort related to the act itself, while the remaining four felt discomfort only in particular contexts, as described earlier. The overt responses of the former consequently tended to be somewhat passive and were relatively consistent from one client to the next, while the responses of the latter tended to be more active and varied from context to context. Responses (of all participants) included empathic reflection, the use of silence, ignoring (with manipulative crying or when the participant felt too uncomfortable to respond), permission and encouragement, various kinds and degrees of touching, breath coaching, and self-disclosure or confrontation (with manipulative crying).

CHAPTER 5

DISCUSSION AND IMPLICATIONS

This chapter discusses the limitations in generalizing from these results, how well the assumptions and expectations stated in Chapter 3 were met, the relationship of the findings of this study to previous research, the implication of the present study for counsellors and counsellor educators, and implications for future research.

Generalizations:

The six participants who were involved in this study were white, Caucasian counselling professionals. They were four women and two men who ranged in age from 34 to 50. All of the participants were living in a small West coast Canadian city. Their years in practice ranged from two to nine years. Their orientations included behaviour, existential, Freudian feminist, and client centered eclectic.

Given that the experiences, beliefs, attitudes, and insights described in this study are a reflection of these particular six counsellors, readers should not assume that the experiences of other counsellors are necessarily similar. Readers should be cautious in applying the findings of this study to other practicing counsellors.

Findings Related to Assumptions and Expectations

Certain assumptions and expectations were stated in Chapter 3. Although some were not stated explicitly as expectations, many of my own experiences with client crying were shared by participants. As in my own case, crying was perceived by participants to express a wide variety of emotions. Distinctions were similarly made between manipulative or excessive crying and authentic or expressive crying. The latter was also perceived to be sometimes related to an atmosphere of trust, and to communicate the client's feelings with more vividness and immediacy than verbal communication. Crying was likewise considered to serve a tension relieving, mood enhancing, and potentially an emotionally integrating function within the session.

In their subjective (inner) reactions participants experiences were, again, similar to my own. They often experienced the witnessing of authentic crying as a very emotionally moving experience involving physiological sensations of heightened intensity and alertness, as well as a strong sense of empathy and emotional closeness to the client. Occasionally participants felt they over-identified with the emotions of clients. By contrast, in response to manipulative crying participants felt emotionally distant, or experienced feelings of irritation, boredom, or impatience. As with myself, both these reactions were a source of distraction which, for some

participants, undermined their sense of effectiveness as helpers.

Not surprisingly, what participants described as their overt responses had much in common with my own. These commonalities included, for most of the participants, attentive body posture, empathic responding, verbal and non-verbal reassurance (intended to convey helper's acceptance of the crying), encouragement (to continue crying), and the discriminative use of touch. In response to manipulative or excessive crying participants' responses varied (as did my own) and depended mainly on the client's history. This type of crying could be either minimally responded to or ignored, or confronted by the use of self-disclosure or immediacy.

All of the expectations of outcome, as stated on page 33, were confirmed by the reported experiences of at least some of the participants.

Relationship of Findings to Previous Research

The focus of the present study differed in several important ways from the research described in the review of the literature. The present study examined qualitatively, the experiences of practicing counsellors in terms of their reactions to a specific client affect expression (ie., crying) in the context of actual counselling sessions. In contrast, the studies reviewed in the second chapter examined quantitatively the judgements and responses of untrained university peer helpers or counselling trainees

to variations in client affect expression, none of which involved crying. In light of these differences, any conclusions drawn about the relationship between the present and previous ones must be tentative and, to a large extent, speculative.

Haccoun et al. (1976) found that university students who were part of peer helper program, judged roleplay clients who displayed high affect levels of either sadness or anger as less rational, less likeable, and less well-adjusted than those who displayed neutral affect, regardless of their stated problem. In the present study these, or other similar descriptors, were not used by participants in reference to clients who cried. Participants felt closeness and empathy toward clients whose crying was seen as authentic and described these feelings in very positive terms. Although they suggested that they didn't like the behaviour of clients whose crying was perceived to be manipulative or inauthentic, there was no clear implication that this dislike was generalized by participants to the clients as people, as it was suggested that the university students may have done with high affect role play clients.

In the present study it was found that participants experienced much less positive reactions to, and judgements of, manipulative crying than they did in response to authentic crying. In light of this it might be speculated that the fact that the affect expressions in Haccoun et

al's study were role-played (ie., inauthentic) may have had some influence on the negativity of student's judgements. It is possible that university students have some sensitivity, perhaps not conscious, to the inauthenticity of the affect to which they were exposed.

Haccoun and his colleagues, in examining sex related difference in judgement of client affect, found that the negative judgements of male students were more extreme than were those of female students. The present study did not substantiate this finding, discovering no discernible relationship between extremeness of reaction and sex of participant. This may have had as much to do with the small number of participants, as with training, experience, or age differences.

In another study (Borgers et al., 1979) video-taped roleplay clients displaying higher levels of sadness or anger were perceived as in greater need of help than those with lower or neutral affect when verbal statements were identical for all conditions. In the present study participants' were not consistent in their judgements; only two believed crying to be an indication that the client was more in need of help. Of the the remaining four, three participants felt that a client with flattened affect may be more in need of help than those who cry. Direct comparisons are very difficult because conceptually the studies are not parallel. We don't know precisely what Borgers and his colleagues meant by "neutral affect" or to what extent

it may correspond with what the participants in this study refer to as "flat affect". It may not be very useful to compare reactions to "high affect" expressed verbally by actors to the expression of crying by real clients. In this researcher's opinion they are qualitatively different.

Logically, there are undoubtedly differences between trained and untrained helpers in terms of their judgements of the relationship between affect expression and clients' need for help. The present study, rather than clearly substantiating this hypothesis, highlights the importance of examining the varieties of individual experience in this area.

As stated in the review of the literature, counselling clinicians and educators have acknowledged the difficulty encountered by beginning counsellors in their efforts to learn to respond consistently and effectively to negative emotion expressed by clients. Researchers and theorists (Cormier & Cormier, 1979; Hammond et al., 1977; Hector et al., 1979) have explained the tendency of counsellor trainees to deny, avoid, or divert the client's attention away from negative emotions in terms of attempts at "skirting uncomfortable issues" (Hammond, 1977, p. 72). No further explanation of what the specifics of this discomfort might be was offered by any of the authors reviewed. The present study discovered that discomfort around the expression of negative emotion (in this case crying) is likewise experienced occasionally by practicing counsellors but in

this case it is "over-identification" with the emotions of the client that is offered by the participants themselves as the cause. Less practiced helpers may be much less able to avoid this tendency to over-identify and may become disturbed by their own feelings in response to the client's distress. If, like the participants in this study, a new counsellor begins to feel a distracting degree of emotional pain "with" the client, he or she may understandably attempt to divert the client away from his or her distress to a "lighter" topic of discussion.

Hector et al. (1981) studied this tendency of counsellor trainees to sidestep negative emotional issues in responding to clients. He and his colleagues not only identified their specific avoidance responses (Hector, et al., 1979), but also developed an skill modelling and verbal practice approach to altering these behaviours. The present study served to elaborate on the possible specifics of trainee's "discomfort" with negative affect, suggesting that it may be related to emotional identification. Furthermore this discomfort continues, on occasion, to have a distracting effect (at least inwardly) after professional experience has been acquired. The two studies in combination suggest that the consistent use of training that deals explicitly with the counsellor trainees' inner experience of, and overt responses, to negative client affect (including crying) would be of substantial value in the education of counsellors.

Significance and Implications of Results for
Counsellors and Counsellor Educators

As discussed in the previous section, the findings of the present study relate only indirectly to previous research on variation in client affect expression. The purpose of a phenomenological approach to research is not to replicate, validate, or show cause and effect relationships among quantified variables extricated from the context in which they are experienced. It is rather to illuminate, and describe in qualitative terms, individual experiences of a particular phenomenon so as to sensitize others to its lived meaning. The goal of the present study was not to generalize the discovered themes to all counsellors, but rather to sensitize individual counsellors to their own experiences of client crying. Increased awareness of their personal concepts of the meaning of crying may, furthermore, lead counsellors to an increased sensitivity to the varied meanings that crying may have to individual clients. Reflection and self-evaluation of their responses may lead counsellor's to affirm or to work to enhance their effectiveness as helpers.

By reflecting on the findings of the present study as well as on those of previous researchers, counselling educators, may gain an increased awareness of the importance of addressing the issue of trainees' reactions and responses to client crying. This would, hopefully, lead to the teaching of skills geared specifically toward crying or

other strong client affect expressions (eg. anger, fear). It would, moreover, involve facilitating trainees' self-exploration and evaluation of attitudes, fears, and assumptions around such expressions.

Implications for Research

This investigation has tried to show that a systematic study of counsellors' subjective experience of client crying can provide insight into a relatively unexplored aspect of the counselling process. A phenomenological method similar to that of the present study could be used to study counsellor trainees' fears and assumptions in relation to client crying, as well as to study the meaning of crying to clients themselves.

A number of research alternatives that future researchers might follow to build on the foundations of this study are suggested below:

- * to expand on the present study by exploring the relationship between the counsellor's history of experiences with crying (atmosphere in the family of origin, internalized cultural norms, expression in current personal relationships, etc.) and the counsellor's present experiences of client crying.

- * to focus on the subjective meanings of various other emotional expressions, such as shaking, laughing, or the vocalization and physical expression of anger by means similar to those of the present study.

- * to describe how shifts occur in the counsellor's

subjective experience of clients' emotional expression over time. (what experiences contribute to these shifts)

* to compare the reactions of counsellors who feel comfortable crying themselves, with those who feel generally uncomfortable crying.

In general, further research is needed to examine the meanings of emotional expression in counselling.

Phenomenology of Counsellors' Experience's of Client Crying

This study has indicated that the subjective experiences of counsellors in reaction to client crying, although similar in a number of ways, are unique to the individual. Previous experimental research has suggested that the helping responses of untrained peer helpers and counselling trainees are detrimentally effected by client expression of negative affect. Research in this area has been very limited and investigations of helpers' reactions to client crying have been non-existent. The use of the present method has allowed an exploration of a phenomenon that has been very difficult to research from an experimental perspective. It has allowed counsellors' reactions and responses to client crying to be explored from the point of view of the counsellor as he or she experiences it in the context of actual counselling sessions. Finally a phenomenological approach has allowed the variations and differences, as well as the common threads, of this experience to emerge.

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APPENDIX

Letter to Prospective Participants

UNIVERSITY OF VICTORIA
Faculty of Education
P.O. Box 1700, Victoria
March 12, 1984

To Whom It May Concern

I am working on my Master's degree in Counselling at the University of Victoria and am planning a study of Counsellor's reactions to certain client behaviours. I am looking for practicing counsellors (ie., professional counsellors, or those who do counselling in the course of their work with clients, who have at least two years experience), who would be willing to participate. If you are interested at all, please read on.

Participants will be asked to view a short videotape of a client session and then to participate in two audio-taped interviews with the researcher, each of approximately one hour's duration. The purpose of the interviews is to explore reactions to specific client behaviours both as viewed in the interview and in a general sense.

The study will employ a descriptive methodology focusing on participants' subjective experience of a particular phenomenon. The goal is to understand and to describe this experience in the counsellor's own terms. Preferably, a participant would be introspective (aware of and willing to

explore his or her "inner" experience) and articulate (able to recount this experience to another in clear, explicit terms). If you think that you possess these qualities, please consider contributing to what may prove to be a most interesting project.

If you would like to become involved or to obtain more information upon which to base a decision, please contact me by message (preferably before March 29th), through the UVic Education Dept., Main Office, at 721-7764 (8:30-4:30, weekdays) and I will return your call. You might also phone me at my home in the evenings at 384-4299.

Thankyou for your attention to this request. I hope to hear from you soon.

Sincerely,

Alana Samson

CONSENT FORM

I, _____ consent to being part of this study of counsellors' subjective responses to a client's problems and in-session behaviours.

I am aware that I will be viewing a video-taped client session, which will be followed by an in-depth interview with the researcher. I understand that my involvement in the study will be kept in strictest confidence. In order to insure this, resulting transcripts will not include any information that will reveal my identity such as my name, that of my employer, my address, description of my physical characteristics, etc. I agree, in signing this consent form, to protect the identity and involvement of the client by discussing the session with no one except the researcher.

I am aware that my participation in this study is completely voluntary, and that my participation is not a requirement or expectation of my employer or of the university. I understand that I may withdraw from the study at any time without unfavorable consequence.

I understand that I will be given a description of the full purpose of the study as well as the opportunity to de-brief my personal reactions to the project, after my involvement is complete.

Signed _____

Date _____

CONSENT FORM

(client version)

I, _____, consent to being part of this study of counsellors' subjective responses to client crying.

I understand that my involvement in this study is completely voluntary and that I may decide to withdraw at any point without negative consequence.

I am aware that I am being asked to disclose, in the context of a video-taped session, a personal concern that I consider may lead me to cry. I understand that the researcher will act as peer counsellor. In this role she will listen empathically (a response with which I am familiar), and will not use any skill or technique to manipulate or pressure me to cry. I am aware that it is the researcher's intention to obtain, by means of this session or another, a video-tape of a client crying but also understand that I am not obligated in any way to produce such a response. I am aware that if I do cry in the session I will be given the opportunity to view the video-tape, after which I may freely decide whether or not I wish to permit it to be viewed by counsellors participating in the study. If I do not cry, or decide that I do not want the session to be viewed, I understand that the video-tape will be immediately erased.

I further understand that if I experience any negative

effects as a result of my involvement in this project, the researcher will willingly assist me in seeking professional counselling or other appropriate support.

I am aware that my involvement in this project will be kept strictly confidential by the researcher and by the participating counsellors (the latter signing a form to this effect), and that the resulting video-tape will be accessible only to the researcher, shown by her only to the participating counsellors. After viewing is complete the tape will be erased.

(Signature)

(Date)

RESEARCH QUESTIONS

The following questions will serve as a guide for the interviews with participants. The researcher will supplement them as necessary to obtain as clear and elaborate a description of each participant's experience of client crying, as is both possible and appropriate.

1. What kinds of feelings, thoughts, physical reactions, or impulses did you experience, or are you experiencing in reaction to this client crying?

2. What does it tell you about this client (if anything) that he or she cried in this session, ie., what did the crying mean?

3. In a more general sense: what does it mean, in your opinion, when a client cries in a session? (if no one clear answer, what kinds of factors might effect a given case?)

4. How do you normally react subjectively (ie., inner thoughts, feelings, impulses, physical sensations) when a client cries? If your reactions vary, on what do they depend ?

5. Do you experience any differences in your subjective responses when a client expresses feelings through crying, than when similar kinds of feelings are talked about, or expressed in less direct ways? If so, what are these differences?

6. Can you think of a specific incident in counselling (or training) when responding to a client crying felt particularly difficult or stressful? What was it about the

situation that contributed to these feelings?

7. As above when it felt relatively easy?

8. What were the "rules" or expectations about expressing feelings that you remember experiencing in your family as a child?

9. In what kinds of situations do you yourself usually cry?

10. Are there situations in which you would probably stop yourself from crying? What do you think determines the decision to stop or hold back?

11. Under what circumstances do you feel (subjectively) that it is OK that another person cries in your presence?

12. As above ...not OK.

13. Are there any situations in which you feel that crying (yourself or seeing others cry) is a particularly positive or negative experience. Please describe these situations and the factors that seem to contribute to either quality?

14. As above ...not OK

15. What are your thoughts and feelings as you reflect back on what we have been talking about in this interview? Have you learned anything? Do you think that this conversation will have any impact on your reactions to crying (especially in clients) in the future?

VITA

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OF CLIENT CRYING

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December 18, 1984

Date