

A Phenomenological Study of
Beginning and Experienced Counsellors'
Thought Processes and Actions
During A Counselling Session

Peggy Hansen
B.A., University of Victoria, 1985

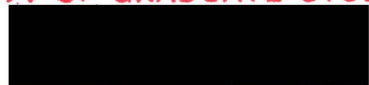
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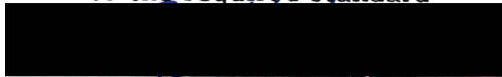
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to the required standard



Dr. R. V. Peavy



Dr. D. Knowles



Dr. A. Oberg



Prof. B. Whittington

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ABSTRACT

This study examined from a phenomenological perspective, beginning and experienced counsellors perceptions of their thought processes and actions during a counselling session. As indicated in the review of the literature there is considerable controversy regarding the influence of counsellor experience level on the process and outcome of counselling. One difficulty, with regard to this controversy, is that most previous research has examined counsellors with considerably less experience (average of 3.5 years) than the present study, which examined counsellors with extensive (up to 20 years) experience. In addition, several recent studies reported that counsellor experience level does have a significant effect on the therapy process. Given the lack of conclusive results regarding the effect of counsellor experience level, as well as the limitations of previous research, there seems to be a need for additional research in this area. Furthermore, there has been a lack of research regarding the skilled performance of highly experienced counsellors.

Previous research has emphasized the use of an experimental methodology, which according to some researchers has precluded our attempt to understand the process of therapy, as well as the practice of skilled counsellors. For this reason, the present study adopted a phenomenological approach in order to examine the perceptions of beginning and experienced counsellors, within the context of an

actual counselling session and from the point of view of the counsellors themselves.

For the purpose of this study, counsellors' experiences were considered to include the following aspects: their use of theoretical and clinical knowledge, their perceptual ability to differentiate between relevant and irrelevant information, their interventions and how these were determined, and their involvement with the client. In this study, two beginning counsellors (with less than one year of experience) and three experienced counsellors (with up to 20 years of experience) conducted an individual counselling session with a coach client. A videotape of the counselling session was shown to the counsellor in order to stimulate recall of their experiences during the actual situation. The counsellor was asked to identify significant points on the videotape and these were explored in depth during an interview with the researcher. The interview questions were based on the four aspects of counsellor experience mentioned above. A systematic analysis of interview transcripts was conducted and major themes were determined for each participant individually, as well as for the group as a whole.

The results of this study indicated that, for this group of participants, there were distinguishable, qualitative differences between beginning and experienced counsellors thought processes and actions during a counselling session.

Experienced counsellors relied mainly on past counselling experience, while beginning counsellors utilised theoretical guidelines and personal life experience. Beginning counsellors had difficulty differentiating between significant and irrelevant aspects of the client's problem and lacked confidence in the accuracy of

their perceptions. In contrast, experienced counsellors indicated a well developed perceptual ability to recognize significant aspects of the client's problem and an ability to intuitively understand the client's situation. In addition, experienced counsellors expressed a developmental shift in their ability to perceive and utilize subtle, non-verbal cues. Experienced counsellors tended to be more directive and confrontative and had access to a wide variety of interventions which they implemented in a fluid, spontaneous manner. On the other hand, beginning counsellors tended to analyze and plan their actions before implementing them and expressed difficulty assessing when and how to intervene. In addition, experienced counsellors placed more importance on their relationship with the client, particularly the degree of emotional intimacy.


In the concluding chapter, the relationship between the findings of the present study and previous research was examined, implications of the present study with regard to counsellor training were discussed, and recommendations for future research were suggested.

Examiners:


Dr. R. V. Peavy


Dr. D. Knowles


Dr. A. Oberg


Prof. B. Whittington

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CHAPTER 1

INTRODUCTION

Impetus for the Study

The impetus for this study developed out of the personal experience of the researcher while participating in a Masters level counsellor training program. Prior to returning to university for advanced training, I had accumulated several years of experience as a counsellor. During one of the initial skill development courses, I experienced difficulty with the micro-skills approach to counsellor training. I experienced the micro-skills approach of isolating specific counsellor responses and practising these in a structured way to be an unnatural way of counselling. I speculated that my difficulty with the micro-skills approach was due to the fact that I was already competent at using the core counselling skills in an integrated and spontaneous manner. At that point, I became interested in the possibility that experienced counsellors may require a different type of training than counsellors who have no previous counselling experience. A review of the literature indicated that the issue of differential training for experienced and non-experienced counsellors has had little attention, in spite of the fact that many counsellors-in training have a considerable amount of counselling experience prior to entering a graduate program.

Methodological Considerations

Counselling research has relied heavily on an experimental methodology, in an effort to test and examine counselling interactions and various aspects of the counselling process. However, counselling is a complex human interaction in which none of the interdependent parts are clearly independent. Experimental research requires that specific variables be isolated and operationally defined in terms of measurable, observable operations. This attempt to control the phenomena being studied, often prevents any analogy or relevance to the complex and unpredictable realities of daily counselling practice (Pine, 1981). In addition, while the attitude in counselling research is changing there has been a long-standing bias against "experience" as an acceptable aspect of psychological research. This bias against the study of experience led Giorgi (1970), a phenomenological researcher, to argue that traditional psychology has failed to investigate its phenomena in a meaningful way.

More recently, and in a similar vein, Benner (1982) has written that in order to meaningfully study the perceptions and actions of expert practitioners, researchers need to use a qualitative rather than quantitative methodology because highly skilled performance is based on a holistic process rather than discrete elemental steps. Similarly, Klein (1986) stated that while a quantitative analysis of behaviour may be useful in describing simple behavioural tasks, this approach is not useful in describing the complex cognitive tasks associated with skilled counselling.

In contrast, the phenomenological approach is concerned with the study of phenomenon within the "lived context" or as it is perceived and understood by the

person living through the situation (Giorgi, 1970). As such, there is a deliberate emphasis on meaning and the personal accounts which individuals provide to researchers. Phenomenological researchers do not assume that they know what things mean to the people they are studying (Douglas, 1976). Rather, they attempt to enter into the conceptual world of their subjects in order to understand how and what meaning they attribute to events in their daily lives (Bogdan & Biklen, 1982).

A phenomenological method was selected for this study of counsellor's descriptions of their own thought processes and actions during a counselling session. There were several important reasons for the researcher's choice of methodology. First, a phenomenological approach respects the accuracy of participants "lived experience" and is a meaningful way to gather information about counsellor's thoughts, perceptions, intuitions and descriptions of their actions. Second, the researcher was interested in studying counsellors' thought processes in an attempt to understand what meaning they attribute to information presented during a counselling session. Third, the researcher's goal was not to predict or show quantitative relationships, but rather to describe and understand the phenomenon in question. The researcher's final consideration in choosing a phenomenological approach was related to the counselling process itself. The researcher made an assumption that meaning, "experience," and the relationship between counsellor and client are important aspects of the counselling process. Phenomenology is a method in which meaning, "lived experience," and the relationship between researcher and participants are acknowledged and preserved. As such, this method seemed compatible with the focus of the present study, with

the recommendations of Giorgi, Benner and Klein, as well as with the researcher's own beliefs.

In addition, this study will use a stimulated recall approach (Kagan, et al., 1963) to facilitate accurate recall of counsellor's experiences during a counselling session. Stimulated recall involves a video playback stimulated interview during which participants describe their thought processes regarding their actions on the video. For the purpose of this study, the stimulus will be a videotaped counselling session between a coach client and each of the counsellor participants.

The validity of stimulated recall has been documented, as well as suggestions for maximizing the accuracy of participants reports. Bloom (1953, 1954) indicated that stimulated recall conducted within a 48 hour period produced accurate accounts of participants thought processes related to their actions. Kagan et al. (1963) emphasized the importance of the role of the interviewer during stimulated recall. Unless "authenticity, positive regard for the other person, and empathy" (Fuller & Manning, 1973) were communicated by the interviewer, participants were not willing to verbalize their inner thoughts. Other procedures such as assuring anonymity, allowing participants to view the video before the stimulated interview, and informing participants of the purpose of the interview were considered to be beneficial in facilitating participant's full cooperation (Marland, 1977). In addition, Tuckwell (1980) suggested that videotaping from the same vantage point as the participant would result in cues more like the original ones influencing the participant and that this might facilitate more accurate recall. The researcher adhered to all of the above guidelines, in the present study, with the exception of self-viewing opportunities.

Self-viewing was not included to reduce the amount of time involved by the participants, most of whom were required to take time off from their busy work schedules in order to be involved in this research.

Purpose of the Study

The purpose of this study was to develop an understanding of beginning and experienced counsellors' perceptions of their thought processes and actions during a counselling session. Based on Benner's extensive study of qualitative differences between novice and expert nurses, the researcher's goal was to examine four particular aspects of counsellor experience: (1) their use of theoretical and clinical knowledge, (2) their cognitive ability to differentiate between relevant and irrelevant aspects of the counselling session, (3) their actions during the counselling session and how they determined these, and (4) their perception of the relationship between counsellor and client. These four aspects of counsellor experience were used to generate the research questions for the present study.

The four research questions used in this study were:

1. What were beginning and experienced counsellors' perceptions of their use of theoretical knowledge and their use of clinical knowledge? For the purpose of this study, theoretical knowledge was used to refer to knowledge about counselling based on theoretical guidelines or conceptualizations of the counselling process. The term clinical knowledge was used to refer to a counsellor's practical knowledge of counselling based on past experiences in actual counselling situations.

2. How did beginning and experienced counsellors describe their perceptual awareness during a counselling session? For the purpose of this study, the term perceptual awareness was used to refer to the process involved in observing and identifying significant aspects of a counselling session. This included the counsellor's ability to differentiate between relevant and irrelevant information presented by the client.

3. How did beginning and experienced counsellors determine their actions during a counselling session?

4. How did beginning and experienced counsellors describe their perceptions of the relationship between self and client?

The researcher examined these questions by means of in-depth interviews with beginning and experienced counsellors. The interview questions were designed with the above research questions in mind and are listed under the Methods section.

Contributions of the Study

The findings of this study contribute to the field of counselling in the following ways: (1) a detailed description of how the perceptions of beginning counsellors compare with the perceptions of experienced counsellors provides information regarding the training of counsellors with different levels of experience; (2) a description of experienced counsellors thoughts, intuitions, perceptions and actions during a counselling session provides useful information for less skilled counsellors; and (3) an analysis of beginning and experienced counsellors' perceptions and experiences during a counselling session serves to extend current research and theory about skill acquisition.

Description of Terms

Beginning counsellor was used to refer to counsellor participants who had completed a Master's degree in counselling and had less than one year of applied counselling experience.

Experienced counsellor was used to refer to counsellor participants who had completed at least a Masters degree in counselling or a related discipline, a minimum of five years of professional counselling experience, and who were rated as highly skilled by two other practicing counsellors.

Clinical knowledge was used to refer to counsellor knowledge based on past concrete experiences in actual counselling situations.

Theoretical knowledge was used to refer to the counsellor's knowledge based on counselling theories and theoretical conceptualizations of the counselling process.

Perceptual awareness was used to refer to the process involved in observing and identifying important aspects of a counselling session. Perceptual awareness included the counsellor's ability to differentiate between relevant and irrelevant information, as well as the counsellor's way of perceiving the situation, such as in discrete segments or as a complex whole.

Intuitive was used to refer to a counsellor's ability to act without consciously analyzing the process or planning his or her actions. This term was used to refer to a counsellors' ability to make rapid assessments and decisions with minimal cognitive effort. An intuitive approach to counselling is a result of extensive experience, not instinctive knowledge.

Assumptions and Limitations of the Study

This research was based on the following assumptions. First of all, the researcher used a phenomenological methodology which assumes that "lived experience" is an important part of psychological research (Colaizzi, 1978). Second, the researcher assumed that direct experience in actual counselling situations was a necessary condition for the development of counselling expertise. A third assumption was that examining the perceptions of beginning and experienced counsellors would provide useful information about the effect of experience on the development of counselling skill.

One of the limitations of this study was the confounding variable of age. The experienced counsellors were considerably older than the beginning counsellors and as such some of the differences attributed to counsellor experience may be related to age differences. There were also differences between beginning and experienced counsellors' levels of training which may have accounted for some of the differences attributed to counsellor experience.

A further limitation of this study was the researcher's ability to maintain an unbiased attitude toward the data, as well as the researcher's skill in extracting meaningful information from participants' verbal descriptions.

CHAPTER 2

RELATED THEORY AND RESEARCH

Scope

This review of the literature will place the present study in the context of previous counselling theory and research in the following ways. First, it will provide a rationale for conducting research on therapist level of experience. Secondly, it will review recent studies that have examined the influence of experience level on (a) treatment outcome, (b) intervention strategies, (c) therapist thought processes, and (d) the client-therapist relationship. Thirdly, it will describe two related theories of skill development that may be useful in accounting for differences described by the beginning and experienced counsellors in this study.

Therapist Level of Experience

Meltzoff and Kornreich (1970), Strupp (1971), Bergin (1971), Bergin and Strupp (1972), and other critics of psychotherapy research have observed that many findings in this area have been based on the work of relatively inexperienced therapists. As a result, Bergin (1971) concluded that generalizations about the outcome of psychotherapy based on the work of inexperienced therapists are limited, if not irrelevant. According to a study by Smith, Glass, and Miller (1980), the average number of years of experience of therapists across the nearly 500

studies reviewed was three and a quarter years. This led Smith et al. to conclude that therapists in experimental studies are considerably less experienced than therapists in actual practice.

Recent research by Chevron et al. (1983), studied therapists with extensive amounts of clinical experience. By examining videotapes of actual clinical interviews, these researchers compared therapists varying in professional affiliation, sex, age, and experience level on measures of empathy and on a cluster of therapeutic skills applicable to short term therapy. The results of this study indicated that empathy and other specified skills were correlated with age and experience but not with gender or professional affiliation. This finding regarding the relationship between experience level and selected clinical skills was of particular interest in that there was a clear difference between therapists with a mean of seven years of experience and therapists with a mean of 14 years of experience. Chevron's research suggests the importance of utilizing highly experienced therapists (with more than 10 years of experience) in psychotherapy outcome research in order to reduce the possibility that negative outcomes will result due to the inexperience of the therapists rather than the effectiveness of the therapy.

Another problem with much of the research in this area, according to Meltzoff and Kornreich (1970), is that investigators have adopted quite varied definitions of "experienced" and "inexperienced" therapists. These authors cited several studies in which therapists whose experience consisted of less than six clients were included in the experienced group. Based on their extensive review, Meltzoff and Kornreich reported that most samples of experienced therapists

were drawn from the lower end of the experience continuum including new and advanced graduate students, and recently established practitioners. Relatively few studies have investigated the work of expert therapists in order to examine what changes in approach and technique may develop. An assumption of the researcher is that the experience level of the therapist is an important variable affecting the process and outcome of therapy. As such, the present study includes highly skilled therapists with extensive (20 years) experience, in an effort to gather information about aspects of the therapist's thought process and approach to clinical material that may not emerge among the less experienced therapists who have been most commonly studied.

Experience Level and Treatment Outcome

In a recent review of psychotherapy research, Lambert (1979) reported that experience level was one of the few therapist variables that was reported to have a consistent relationship to positive therapy outcome. Similarly, extensive reviews by Bergin (1971), Luborsky et al. (1971), and Meltzoff and Kornreich (1970), supported the conclusion that therapist experience is an important factor in the outcome of psychotherapy. Bergin (1971) reported that outcomes differed significantly as a function of therapist experience level. In a comprehensive review of psychotherapy research Bergin found that 20 out of 22 studies showing positive outcomes involved experienced therapists. Similarly, in an exhaustive study of quantitative psychotherapy outcome studies, Luborsky et al. reported that eight out of 13 studies of therapist experience showed a significant positive relationship to client improvement. Although, Meltzoff and Kornreich indicated

that there were no conclusive findings regarding the effect of therapist's experience, they attributed this to the fact that the criteria of experience varied widely from study to study.

In contrast, some recent research does not support the claim that therapist experience is highly related to outcome. An extensive review by Auerbach and Johnson (1977), reported that only five out of 12 studies indicated that experienced therapists achieve better outcomes, with the remaining studies showing no differences in therapeutic effectiveness based on therapist experience. Parloff et al. (1978) reported that of the studies they reviewed nine found no significant differences due to therapist experience level. Parloff's review indicated that only four out of 13 studies found a positive relationship between therapist experience and outcome. In spite of these negative findings, Parloff et al. concluded that due to methodological limitations the influence of experience level on outcome has not been adequately tested.

Parloff et al. (1978) and Lambert (1979) indicated several important criticisms of most of the research on therapist experience. Both of these authors reported that few studies have attempted to study experience level as a major outcome variable and as a result, many of the studies reviewed have confounded experience level with other factors. One of the most common confounding variables is training, in that many studies have compared professional therapists with therapists-in-training. Furthermore, in many studies the assignment of clients to therapists with different experience levels has frequently been biased. In a review of psychotherapy research, Lambert (1979) indicated that given the problems associated with much of the research in this area there are no conclusive findings regarding the effect of therapist experience on treatment outcome.

Strupp and Hadley (1979), conducted a study comparing the therapeutic effectiveness of experienced psychotherapists and college professors, who were selected for their ability to develop warm and empathic relationships. The results of this study indicated that clients who participated in time-limited therapy with college professors showed quantitatively as much improvement as clients treated by experienced psychotherapists. Strupp and Hadley concluded that positive client changes were attributable to the effects of interpersonal relationship factors, rather than the technical skills of professional therapists. These findings suggest that clinical experience and training are largely irrelevant with regard to the beneficial effects of psychotherapy. A discussion of this study by Lambert (1979) pointed out a number of its limitations. Since the length of therapy was relatively short, it is possible that a longer period of treatment might have resulted in outcomes favouring professional therapists. In addition, there were potentially confounding differences in client groups, with professional therapists being assigned to more disturbed clients. Similarly, Garfield and Bergin (1986) questioned Strupp and Hadley's conclusions regarding therapist experience, in that the type of training rather than the amount of actual experience seemed to be the targeted variable.

According to Parloff et al. (1978) another important issue regarding research on the effectiveness of therapy is the criteria used in the measurement of outcome. The sole measure of outcome in a number of studies was either the report of the therapist, or client self-ratings, while in other studies outcome was based on length of treatment. These authors reported that few studies used independent ratings of client progress and that outcome measures were rarely chosen for their relevance to the goals of treatment.

A study by Buckley et al. (1982) found that psychiatric residents-in-training significantly improved their use of certain therapeutic skills in a relatively short eight month period. Specific aspects of therapeutic technique that changed were the appropriate use of clarification and confrontation and the management of resistance. In his research on the influence of training on therapeutic practices, Carkhuff (1966) indicated that there is extensive evidence that lay counsellor trainees demonstrate counselling outcomes that are comparable to those of professional practitioners. Similarly, Carkhuff and Truax (1965) found that lay hospital workers and graduate students, through brief training in the skills of empathy, acceptance and congruence, could be taught to function at levels approximately equivalent to experienced therapists. Buckley's research can be grouped together with the work of Carkhuff (1968) and Carkhuff and Truax (1965), all of which suggest either that experience does not make much difference in the outcome of psychotherapy, or that in so far as it does, even a little experience and training is sufficient. Thus, despite and partly because of the ambiguity regarding research on the relationship between therapist experience and outcome, there seems to be a need for more systematic research in this area.

Experience Level and Intervention Strategies

Although there has been little research on the relationship between therapist's thought processes and level of experience, a number of studies have examined how intervention strategies and other dimensions of therapy are affected by experience level. This research has been extensively reviewed by other authors (Auerbach & Johnson, 1977; Bordin, 1974; Garfield & Bergin, 1986;

Lambert, 1979; Meltzoff & Kornreich, 1970; Parloff, et al., 1978). As a result, in the following section the researcher will discuss only studies that are of particular significance to the current research.

Relevant findings were reported by Strupp (1955) who investigated differences in technique attributable to professional affiliation and level of experience. In order to avoid the complexities of the actual therapeutic situation, therapists were presented with a series of patient statements and asked to indicate the responses they would make to the hypothetical client. Strupp found that experienced therapists made more interpretive responses, while inexperienced therapists asked more exploratory questions. Strupp concluded that experience leads to a diversification of therapeutic technique, and conversely, that reliance on one specific technique was a characteristic of inexperience. In a review of this study, Meltzoff and Kornreich (1970) indicated that although these conclusions are reasonable, it is questionable whether responses given in this type of artificial situation would correspond to actual performance in a therapeutic interaction with a real client.

In another relevant study, Strupp (1960) developed a film technique intended to simulate the therapy situation. Therapists were shown a film of an initial interview with a client and at a number of predetermined points the film was interrupted in order to give the therapist an opportunity to respond to the client. Therapists were asked to report any interventions they would make at that point. Based on an analysis of therapists communications to the film client, Strupp reported consistent differences between experienced and inexperienced therapists. Strupp's results indicated that inexperienced therapists tended to ask

more exploratory questions, while experienced therapists made more interpretive responses. In addition, experienced practitioners' communications tended to focus on interpersonal events in the client's past and present life. Strupp also reported that experienced therapists showed a higher degree of initiative in their communications and were described as "warmer." In spite of the methodological limitations of this study, Strupp's findings are consistent with his earlier research and other studies reported in this section.

Using a modification of Strupp's film technique, Ornston et al. (1968) studied the verbal response patterns of experienced and novice psychotherapists. Therapists were shown a film of a client during a simulated interview and were asked to interview the client by interrupting the film and indicating their comments at points of their own choosing. The novice group consisted of therapists-in-training, while the experienced therapists had from two to 20 years of experience. Ornston found that inexperienced therapists used more informational questions, while experienced subjects used more non-question statements. The distinguishing verbal behaviour that separated experienced from novice therapists was experienced therapists' tendency to use non-question statements which communicated a feeling, thought, or idea, rather than asking short, informational questions directed at exploring the specific words of the client. In describing the basic differences between therapists based on levels of experience, Ornston et al. indicated that the novice therapist "appears to become so preoccupied with specific words uttered by the client that he seems to lose sight of the larger picture the client may be revealing at any given moment in the interview." In contrast, the experienced therapist "seems to be responding to the

words of the client at a level of abstraction that attempts to integrate and understand the client's message, that is, what the client is trying to convey about himself to the interviewer" (1968, p. 243). These observations are relevant to the findings of the present study.

In spite of an unfavourable report regarding the influence of experience on outcome, the studies reviewed by Auerbach and Johnson (1977) revealed consistent differences between experienced and inexperienced therapists in their clinical behaviour and the quality of their relationships with clients. With regard to therapists' pattern of interventions, a recurrent finding was that experienced therapists tended to be more active and confrontative than inexperienced therapists. More specifically, experienced therapists tended to direct the course of the session through focusing, interpretations, or directive interventions. In contrast, inexperienced therapists' interventions were more often exploratory and reflective and they tended to follow the client's lead rather than take the initiative. These findings are important with regard to the present study as will be described later.

Experience Level and Therapist Conceptualizations

Most studies on the influence of therapist experience have focused on outcome and therapist behaviour. In contrast, a recent experimental study by Diamond (1983) examined differences in the thought processes of therapists with varying levels of experience. Diamond (1983) investigated the ways in which novice, intermediate and veteran therapists formulated inferences about clients. Novices in this study consisted of therapists-in-training in a graduate program in

clinical psychology who had between zero to nine months of experience in psychotherapy. Veterans consisted of highly skilled psychotherapists whose clinical experience ranged from 20 to 40 years. Subjects reported their impressions of clients based on an audiotaped simulation of a therapy session.

Diamond found that the complexity and integration of therapist conceptualizations increased significantly with clinical experience. More experienced therapists responses included a wider range of ideas which were woven together in a more integrated way. Less experienced therapists, novices in particular, tended to make "noninferential" responses or simple, descriptive restatements of words and phrases used by the client. Similarly, the inferences of less experienced therapists represented simple translations of isolated elements of the client's material. Overall, novices picked up some of the same themes and issues as more experienced therapists, but seemed to bring little organization to the material. Diamond described the most recognizable feature of the novice's protocol as his struggle to understand the client's material. In contrast, Diamond's dominant impression of the veteran's protocol was his ability to "cut to the heart of the matter, by defining a major issue around which much of the content and process of the therapy session revolved" (1983, p. 145).

Experience Level and the Client-therapist Relationship

Another aspect of Diamond's study focused on the client-therapist interaction. More experienced subjects placed greater emphasis on the client-therapist interaction. Veterans, in particular, were more attuned to subtle aspects of the therapeutic process, including the alliance between the therapist

and client and the client's struggle to adjust to the treatment situation. On the other hand, novice therapists paid less attention than other subjects to the client-therapist relationship.

As previously mentioned, the studies reviewed by Auerbach and Johnson (1977) consistently reported that experienced therapists established better relationships with clients. According to these studies, experienced therapists demonstrated high levels of positive regard, empathy and congruence and were evaluated more favourably by clients. As a result, clients of experienced therapists were reported to be more focused, involved, and expressive of feelings. In contrast, inexperienced therapists demonstrated a defensive tendency to distance themselves from the client.

Theories of Skill Development

Counselling is a knowledge intensive field with an applied practical component. As such, counselling theory is important for conceptualizing different theoretical approaches and providing theoretical frameworks for counsellor trainees and practitioners. However, philosophers of science, notably Polanyi (1962) and Kuhn (1970), differentiate between "knowing that" (theoretical knowledge) and "knowing how" (knowledge developed through skilled practice). One of the researcher's assumptions is that the examination of experienced counsellors' thought processes and actions during an actual counselling session would constitute a valuable source of knowledge about skilled practice.

Benner's recent (1984) qualitative research on differences between novice and expert nurses is of particular significance to the present study with regard to

its theoretical implications. Beginning and expert nurses were interviewed about critical situations that stood out for them or that demonstrated important aspects of clinical knowledge. The research was aimed at discovering if there were distinguishable, characteristic differences in the novice's and expert's descriptions of the same critical incident. Novices consisted of new graduate nurses, while experts consisted of nurses with at least five years of clinical experience, who were recognized as highly skilled clinicians.

Through analysis of the critical situations described, Benner found that novice nurses had difficulty making clinical judgments, especially determining which tasks were most relevant in a real situation. Since they had no concrete experience with the situations in which they were expected to perform, beginning nurses tended to use context-free rules and theoretical guidelines to determine their actions. In contrast, expert nurses relied on past clinical experience and demonstrated an ability to make rapid assessments of the patient's condition. Expert nurses' performance was characterized by their ability to zero in on salient aspects of the situation. As a result of extensive clinical experience, expert nurses often demonstrated an "intuitive grasp" of the problem, as a whole. On the other hand, novice nurses tended to approach each situation as a series of tasks and had difficulty assessing the problem in order to determine when the situation represented an exception to the rule. Benner's study indicated that there are qualitatively distinct levels of skilled performance based on clinical experience.

In her study of novice and expert nurses, Benner (1984) found that the Dreyfus Model of Skill Acquisition provided a useful framework for describing the characteristics of performance at different levels of experience. Dreyfus (1980)

claims that in the acquisition of a skill an individual passes through five levels of development: novice, advanced beginner, competent, proficient, and expert. These levels reflect changes in three general aspects of the individual's thought processes and actions. One aspect is the progression from a reliance on abstract principles to the use of past concrete experience. The second is a change in the performer's perceptual awareness, in which the situation is seen less as a collection of equally relevant bits of information and more as a complete whole in which only certain aspects are relevant. The third aspect is the transition from a detached observer to an involved performer.

Similarly, Peavy (1986) in his work as a counsellor educator recognized that counselling trainees go through a progression of skill acquisition. He described the skill development of counsellors as beginning with a strong dependence on context free rules and structured instruction. In contrast, some trainees reached an advanced stage in which their counselling was based on an intuitive and thoroughly practiced understanding. Peavy described expert counsellor's skills as so integrated and embodied that they did not need to deliberately plan or analyze what needed to be done during a counselling session.

Conclusions and Implications for the Present Study

Most psychotherapy research has used participants with less than four years of experience which poses limitations regarding the findings of these studies. In addition, there are contradictory results regarding the influence of experience on the process and outcome of therapy. As a result of the ambiguity in this area as well as the methodological problems previously mentioned, there seems to be a need for further research on the effect of therapist experience level.

With regard to the research conducted by Auerbach and Johnson (1977), Benner (1984), Diamond (1983), Ornston et al. (1968), and Strupp, (1960), there were consistent similarities. These investigators all reported distinguishable, characteristic differences in the approach and responses of beginning and experienced clinicians. It may be useful to combine the findings of these five studies in order to develop a hypothetical prototype of a beginning and experienced therapist.

Based on these studies, the "typical" beginning therapist asked more exploratory or information seeking questions and most of his responses consisted of simple, descriptive restatements of words or phrases used by the client. The inexperienced therapist's conceptualizations consisted of simple translations of isolated elements of the material presented by the client. Although, beginning therapists identified some of the same themes and issues as more experienced therapists, they did not conceptualize these issues in an organized way. A dominant feature of the beginning therapist's approach was a tendency to focus on specific aspects of the client's material without developing an integrated understanding of the client's situation as a whole. As a result, the beginning therapist experienced difficulty determining which aspects of the client's problem were most important. In addition, inexperienced therapists' interventions were mostly reflective and exploratory and they tended to follow the client's lead, rather than direct the session. Furthermore, beginning practitioners placed less emphasis on the client-therapist relationship and tended to distance themselves from the client.

In contrast, the "typical" experienced therapist asked fewer questions and made more interpretive statements. Experienced therapist's responses incorporated a wider range of ideas that were woven together in an integrated way. In addition, experienced therapists had an ability to make rapid, accurate assessments of the client's problem and demonstrated an intuitive understanding of the client's situation as an integrated whole. The dominant impression of the experienced therapist's approach was his ability to "cut to the heart of the matter" by identifying the central issues around which much of the content and process of the session revolved. Experienced therapists' tended to take more initiative in directing the session. Furthermore, experienced therapists placed greater emphasis on subtle aspects of the client-therapist relationship and developed better relationships with clients.

The theories of skill acquisition developed by Dreyfus (1980) and Peavy (1986) were both inductively derived from their respective studies of skilled performance. These theories are consistent with each other as well as with the research findings of Benner (1984), Diamond (1983), Ornston et al. (1968) and Strupp (1960). While these theories and the findings of the above mentioned research are not conclusive, the consistencies between them point toward a need for more research involving beginning and experienced therapists in an effort to bring some clarity to this area and in order to develop an accurate model of skill development.

The current study is an attempt to extend our understanding of the influence of experience level on the counsellor's approach. In designing this study, the researcher attempted to improve on the limitations of the previous research

on experience level. As such the current study differs from previous research: (a) by examining counsellors with widely different levels of experience; (b) by using a qualitative, descriptive methodology in order to provide an in-depth analysis of beginning and experienced counsellors; (c) by studying counsellors' thought processes, perceptions, interventions, interactions with the client, and overall approach to therapy; and (d) by examining counsellors during an actual therapy session as opposed to a simulated situation.

CHAPTER 3

METHOD

Overview of a Phenomenological Approach

The rationale for the use of a phenomenological method was outlined in Chapter 1. Phenomenology is not a single method but a plurality of methods. Colaizzi (1978, p. 53) claims that "each phenomenon, in conjunction with the aims and objectives of a particular researcher evokes a particular descriptive method." For the purpose of this study, I adapted methods used by a number of phenomenological researchers (Colaizzi, 1978; Koning, 1979; Giorgi, 1975).

Participants

Participants in this study had similar levels of education, namely, a Master's or Doctoral degree in counselling or a related discipline. Participants were differentiated on the basis of their length of counselling experience. One group of participants, referred to as beginning counsellors, had less than one year of direct counselling experience. The other group, referred to as experienced counsellors, had approximately 20 years of counselling experience and were recommended as highly skilled by at least two professional counsellors. There were five participants in this study including two beginning counsellors and three experienced counsellors. The coach client was selected from students in an undergraduate counselling course.

An assumption underlying this study was that experience is a necessary condition for the development of expertise in counselling. However, since some experienced counsellors are more skilled than others, the experienced counsellors, who participated in this study were obtained by means of a peer selection process. As part of the peer selection process, the researcher contacted 20 counsellors in private practice in Victoria. These counsellors were asked to recommend two counsellors who they considered to be highly skilled in individual counselling, who had at least a Master's degree, and who had a minimum of five years of recent counselling experience. Counsellors, who were recommended by at least two counsellors, were invited to participate in this study (see letter, Appendix B). The first three experienced counsellors who agreed to participate in this study were selected. Beginning counsellors were selected from recent Master's level graduates of the Counselling Program at the University of Victoria (see Appendix A).

Research Procedure

During a preliminary interview with the researcher, the coach client was asked to select a genuine personal problem that she wanted to explore during a counselling session. The coach client was instructed to present the same problem in each of the five counselling sessions. Then, a one hour counselling session was arranged between the coach client and each of the participant counsellors. The order of presentation of counsellors was alternated on the basis of experience. As such, the client's first session was with an experienced counsellor, followed by a beginning counsellor, followed by an experienced counsellor and so on. Each of

the counselling sessions was videotaped by the researcher who was not in the room during the actual counselling session.

Following each counselling session, an individual interview was scheduled between the researcher and each of the participant counsellors. Using a stimulated recall approach the researcher and participant watched the counselling session on video, in conjunction with an in-depth interview. During the interview, the researcher used open-ended questions (see Interview Questions) to encourage each of the participants to describe his or her perceptions and actions during the counselling session. The stimulated recall interviews were audiotaped and then a written transcript of each interview was prepared.

Interview Questions

The following open ended questions were used as a guideline for the interview between the researcher and the participant counsellors. The interview questions were developed from the research questions of this study. During the interview, the researcher supplemented the questions as was necessary to obtain a clear and detailed description of participants' experience during the counselling session.

1(a) What information did you consider to be most important up to this point in the counselling session?

1(b) How did you decide what information was important?

These questions were used to encourage participants to describe their ability to identify what information, during the counselling session, was most important.

2(a) What significant actions did you take up to this point in the counselling session?

2(b) How did you decide what actions to take during the counselling session?

These questions were used to stimulate information about counsellors' thought processes regarding what actions to take during the counselling session and to examine whether their actions were based on counselling theory or past concrete experience.

3. Can you think of an instance during the counselling session, where you relied on your experience from past counselling situations?

The purpose of this question was to stimulate information about participants' use of clinical knowledge (i.e., past counselling experience).

4. Can you think of an instance during the counselling session where you relied on a particular counselling theory to guide your actions?

5. How would you describe your theoretical orientation and what effect did it have on your actions during the counselling session?

These questions were used to gather information about participants' use of theoretical knowledge during the counselling session.

6(a) How would you describe your relationship with the client during the counselling session?

6(b) How would you describe your role during the counselling session?

These questions were used to stimulate counsellors' perceptions of their involvement with, and orientation to, the client.

7. Describe any additional perceptions or aspects of the counselling session which you think were significant. This question was used to allow participants' to present additional information in order to provide a complete description of their experience during the counselling session.

Analysis of the Data

Individual Accounts

The researcher used the following procedural steps to analyze the data.

1. Each taped interview was transcribed verbatim and each transcript was read to gain a sense of the overall content of the interview.

2. Significant phrases or sentences were then extracted from the transcripts by underlining them. Each transcript contained statements that were somewhat redundant and for the sake of brevity the researcher eliminated these repetitions.

3. Each significant statement was examined to formulate its meaning and then each "meaning unit" was recorded on a separate index card. A meaning unit is a synthesis of the participant's original statement and the researcher's understanding of the meaning of that statement within the context of the entire transcript. All meaning units were carefully checked against the original transcript to ensure that they accurately reflected the participants' original meaning.

4. The content of each meaning unit was examined to determine which of the four research questions it pertained to and each index card was appropriately colour coded.

5. Each meaning unit was then examined, with regard to the purpose of the study, by applying the related research question as follows: "what does this statement tell me about the counsellor's theoretical orientation and general theory of counselling?", "what does this statement tell me about the counsellor's use of past counselling experience?", "what does this statement tell me about the counsellor's perceptual awareness?", "what does this statement tell me about the counsellor's actions?", and "what does this statement tell me about the counsellor's relationship with the client?"

6. On the basis of the examination described in step 5, individual accounts were written to describe each participant's perceptions, thought processes, intuitions and descriptions of their own actions during the counselling session. The individual accounts were intended to reflect participant's descriptions more coherently and concisely than a verbatim transcript, while retaining the participant's original meaning.

Theme analysis for the participants as a group.

7. The meaning units were sorted into clusters of themes which were common to all of the participants as a group. In accordance with Colaizzi (1978), every attempt was made to allow the data to speak for itself. This meant allowing theme categories to emerge, as much as possible, from the data itself rather than imposing pre-determined categories.

8. After statements had been sorted into theme categories for the group as a whole, a descriptive account of the group's perceptions was written. This was done to provide an in depth summary of the relationship between beginning and experienced counsellors. The index cards had previously been marked with the

initials of the participant, which made it possible to describe themes for the group, as a whole, while being able to attribute variations to individual participants.

9. The theme analysis for the group was organized and described under five headings related to the four research questions of this study as follows: (1) counsellors' perceptions of their use of theoretical knowledge and past counselling experience; (2) counsellors' descriptions of their perceptual process, including awareness of subtle non-verbal cues and relevant aspects of the client's problem; (3) counsellors' descriptions of their interventions during the counselling session and the process they used to determine these interventions; and (4) counsellors' perceptions of the relationship between counsellor and client.

Personal Assumptions and Expectations of the Researcher

One of the primary responsibilities of a phenomenological researcher is to let the data speak for itself rather than imposing her own assumptions about the phenomenon. However, the researcher's experience is always present and cannot be eliminated (Colaizzi, 1978). Therefore, the researcher's experience must be taken into account and explicitly acknowledged as an influence on participants' descriptions of the phenomenon. In order to examine and make explicit my assumptions, expectations, and personal experiences of the differences between beginning and experienced counsellors, I answered the four research questions of this study. My assumptions and answers to these questions are based on my experience as a counsellor, discussions with other counsellors, and my understanding of related theory and research.

Beginning and experienced counsellors' use of theoretical knowledge and clinical knowledge. One of my assumptions about beginning counsellors is that they possess more theoretical knowledge than applied knowledge based on counselling experience. As a result of experience they probably have not had sufficient time to integrate the theories and techniques learned during their training and may have limited skill in applying these.

As a beginning counsellor, I did not understand that theories and guidelines need to be applied based on the situation, namely a particular session, with a particular client, at a particular point in time. After learning a new technique I applied it, somewhat mechanically and at every possible opportunity. During my initial experience as a counsellor, I had difficulty determining when one approach was more suitable than another based on the client's needs and the situation. This was because I was primarily trained in the use of a problem solving approach and had a lack of exposure to other approaches.

One of my assumptions about beginning counsellors is that they tend to adhere to a particular theoretical framework or set of guidelines, which they apply in a somewhat mechanical and indiscriminate manner. Another of my assumptions is that beginning counsellors are restricted in terms of having access to a limited range of interventions.

As a result of several years of experience as a counsellor, I have noticed significant changes in my performance. Firstly, my repertoire of techniques has increased, as has my understanding of when a particular approach would be beneficial and with what type of client. Secondly, my responses during a session tend to be more flexible and spontaneous. In addition, I now use a variety of

approaches including gestalt, cognitive behavioural, problem solving, family systems, and psychodynamic. One of my assumptions is that this shift is typical of other counsellors and that experienced counsellors tend to utilize a variety of theoretical orientations and interventions to suit the needs of the situation. Furthermore, I believe that experienced counsellors rely, to a large extent, on their actual experience in past counselling situations rather than theoretical frameworks. As a result, they tend to operate in a spontaneous manner based on what fits the situation as opposed to consciously planning their actions.

Beginning and experienced counsellors' perceptual awareness during a counselling session. As a beginning counsellor, I often experienced confusion and a sense of being overwhelmed by the amount of information presented by the client. I had a tendency to be easily sidetracked, shifting from one issue to another and my counselling sessions often lacked a clear focus or sense of direction. I listened intently to everything the client said and was often at a loss to determine what information was important and what information was insignificant. At other times, I would focus on particular types of utterances, such as contradictions in the client's verbal and non-verbal messages, to the exclusion of other information. This was my way of trying to avoid the confusion I was experiencing trying to make sense of the material presented by the client. Another way I attempted to deal with information overload was by focusing on one issue at a time, as the client presented it, and working on that problem until it was resolved before moving on to another one. In this way, I perceived the counselling session as a series of separate problems to be dealt with in a linear manner.

My assumption is that my experience is fairly typical of other beginning counsellors and that it is common for inexperienced counsellors to have difficulty differentiating irrelevant from significant information.

After several years of experience, I have noticed significant changes in my perceptual ability. I am more able to differentiate between relevant and irrelevant information although I still sometimes feel overwhelmed by the amount of information, especially if the client is particularly verbose. In general, my counselling is more effective because I am able to direct the client's attention to important issues in a shorter period of time. In addition, I am now able to perceive many different aspects of the client's responses, including non-verbal messages, verbal messages, feelings, contradictions, assumptions, and irrational beliefs. I am also more able to perceive the relationship between different aspects of the client's problem.

One of my assumptions is that other experienced counsellors have undergone similar shifts in perceptual awareness as a result of experience in actual counselling situations. In general, I assume that there are differences in the perceptual acuity and skill of beginning and experienced counsellors.

Beginning and experienced counsellors' actions. As a beginning counsellor, I did not have much confidence in my ability and was overly concerned about making the client feel comfortable. As a result, I had difficulty confronting or challenging clients because I thought that if the client became uncomfortable they would drop out of counselling. Similarly, I was fairly non-directive and generally let the client determine the direction of the session because I was anxious about interrupting the client or steering the session in the wrong direction. This was

partly due to lack of confidence as well as lack of skill. In addition, as a beginning counsellor I had a rather limited range of interventions and quite often applied them inappropriately. At present, I have more confidence in my ability as a counsellor, particularly when working with certain kinds of clients and specific issues that I have had experience with. I am also more directive and more effective at confronting clients. Similarly, I have access to a broader range of therapeutic interventions and as a result of experience I have become more skilled at using these.

Based on my experience, I assume that other beginning counsellors have a tendency to be non-confrontative and non-directive in their approach to counselling. In addition, I assume that beginning counsellors often lack confidence in their ability. On the other hand, I assume that experienced counsellors have a high degree of confidence in their ability, have a tendency to be more directive and are able to facilitate client change in a shorter period of time. In addition, I assume that experienced counsellors have access to a wider range of therapeutic interventions and that they are skilled at deciding which actions will be most effective, with particular clients and situations.

Beginning and experienced counsellors' description of the relationship between counsellor and client. As a beginning counsellor, I often felt self-conscious during my interaction with clients. I remember feeling anxious and concerned about doing or saying the wrong thing. In addition, I was overly concerned about being liked and was usually reluctant to say anything that might make the client uncomfortable or cause the person to dislike me. Often during a session, I was preoccupied with my own thoughts and feelings, which interfered

with my ability to be present for the client. I was continuously monitoring my verbal responses and actions and was overly concerned with the client's perception of me as a competent counsellor. In addition, I was aware of a distinct difference between myself as a counsellor and myself as a person. When I was with a client I had a sense of acting like a counsellor rather than being myself. It seemed important to maintain this separation to prevent myself from becoming emotionally over-involved, since I had a tendency to feel overly responsible for the client's progress or lack of progress. If a client dropped out of counselling, I assumed that it was because of my lack of skill. I often experienced frustration regarding my inability to resolve clients' problems and felt inadequate as a counsellor. My assumption is that other beginning counsellors have had similar experiences regarding their relationship with clients.

As a result of several years of counselling experience, I have noticed important and rewarding changes regarding the relationship between myself and the clients I work with. My relationship with clients is more "personal" and I experience more emotional closeness and caring toward them. I am more authentic and more able to be myself, rather than hiding behind my "professional" role. I have developed a more intuitive approach, in which I am more trusting of my subjective feelings and hunches about the client. In addition, I feel less self-conscious about my responses and as a result am able to be more present for the client. Based on my experience, I assume that other experienced counsellors would describe similar shifts in their relationship with clients.

CHAPTER 4

RESEARCH FINDINGS

This chapter includes a description of the data for each participant as well as an account of the general structure of beginning and experienced counsellors' thought processes and actions based on an analysis of themes for the group as a whole.

Description of the Data

Introduction to Individual Accounts

Each individual account begins with a description of the participant's background including education, training and counselling experience. This information was included because it provided a more complete picture of each of the participants and because it provided a broader context from which to examine participant's experiences during the counselling session.

As previously mentioned, in the Data Analysis section, individual accounts were based on a systematic analysis of the transcript of each participant's interview. Individual accounts have been written in narrative form in order to more vividly reflect the quality of participant's original descriptions. To provide clarity and consistency, the individual accounts have been presented under headings related to the research questions of this study.

James

Background. James' formal education consists of a Master's degree in Psychology and a Doctoral degree in Counselling Psychology. Furthermore, he has had additional training in gestalt therapy and relationship counselling. James has had extensive counselling experience over approximately a 20 year period. His counselling experience encompasses three years as a clinical psychologist with handicapped adults, four years as a counsellor at a mental health centre, one year as a hospital psychologist, three years as a rehabilitation counsellor, four years as a college counsellor, three years as a family and marriage counsellor, and experience as a private counsellor.

James' theoretical orientation and general approach to counselling. James described his use of a problem-solving approach, beginning with exploring what the person would like to work on, identifying the person's goal, and establishing ways of moving toward the client's goal. James stressed the importance of taking into consideration all the relevant factors related to the client's problem, including the client's feelings, the condition of the relationships involved, how much time the client is willing to spend on resolving the problem, and a range of other factors.

In addition, James described following the client and listening to what the client is saying as a critical part of his approach to counselling. He indicated that hearing what the client is saying often constitutes both the exploration and resolution of the problem.

James explained that he has adopted a problem-solving approach because it is not based on a theoretical model, rather it is grounded in how things are in the everyday world. As a counsellor it is important for him to use an approach that

fits the person's everyday reality. A problem-solving approach is realistic and makes sense to the person he is counselling, because all people in their daily lives use some type of problem-solving.

Although James uses a problem-solving approach, he does not operate in a conscious or planned way. His responses during a session are "automatic" based on his interaction with the client and his repertoire of interventions derived from past experience.

James' perception of his use of past counselling experience. During the videotaped session, James relied heavily on past counselling experience. He has had considerable experience with clients who are trying to "unknot" from previous emotional ties with parents, former spouses, or others. This client's emotional bind was organized around the fact that as a child she had to take over the parenting role. James' understanding of the client's central problem was based mainly on his experience with similar clients.

James discussed the influence of past experience on his perception of the client. Based on experience, he has heard similar stories and seen people who sound and look like this client. He stressed the importance of not confusing the person with previous clients because each person is unique and is not exactly like anybody else, although the client was very much like a number of other people he had previously worked with.

James has had extensive experience with people who have difficulty identifying or articulating their feelings. He has seen different degrees of alienation in other clients and knows how they respond to different interventions. He is also familiar with clients who are hesitant about becoming involved in

counselling. James utilized his experience with similar types of clients, during the session and felt confident about his ability to work with the client.

James' descriptions of his perceptual process and his awareness of subtle cues and relevant aspects of the client's problems. After very little discussion with the client, James perceived "a possibly self-defeating characteristic of the client, namely that she spoke rapidly but did not seem to reflect on what she was saying." He asked the client to give an example of a recent interaction with her mother. The client described a hurtful interaction with her mother but there were contradictory feelings of admiration or liking in her voice. Based on the client's example, James had a hunch that the client was describing what it was like for her to be in a "double bind" communication. In addition, James observed that "the client had a similar pattern of indirect and incongruent communication, that she may have learned from her mother."

James perceived the client's problem "as being emotionally bound up in her need to love and protect her parents." He assumed that she was probably the stronger member of the family and took on the role of responsibility for her parents and siblings. He described the client's main issue as letting go of the role of responsibility without feeling guilty about it. James mentioned another aspect of the client's problem in relation to her parents. He noticed that even though she did not state it directly, the client had an accusatory attitude toward her parents and was indirectly blaming them for her problems and those of her siblings. In order to resolve this issue, she would need to accept her parents as they are and come to terms with the likelihood that they are probably not going to change. He thought it was significant that the client experienced some insight, that she was the one who was going to have to change.

James described another important aspect of the client's problem as alienation from her emotions. He perceived that the client was not in contact with her emotional experience by listening to the discrepancy between her emotional expression and the events she described. He indicated that the client described some rather horrible experiences, in a very matter of fact tone of voice. He noticed varying amounts of moisture in the client's eyes, which he took as an indication of some emotional involvement, even though it was not apparent in her voice.

James described his perceptual process "as being surrounded by a variety of possibilities, based on similar experiences." He mentioned two possibilities regarding the discrepancy between the client's lack of emotional expression and the traumatic events she was describing. He described one of these as "the possibility that the client was somewhat alienated from her emotions." Another possibility was that "she did not have strong feelings about these past events because she had already resolved them." He decided that the more likely possibility was that the client was alienated from her emotional experience.

James described the process he used to determine the client's key issues. One way was that he listened carefully to the client for a while. Then he conveyed his understanding of her situation and she confirmed his perception. The other way was that the client told him; she indicated that she did not want to be responsible for her parents and that she did not want to feel bad when she was with them, and that she wanted to have an easier time relating to them. James did not have to deduce these things, because the client expressed them directly.

James described his perceptual process during the session. "There were a lot of ideas or different possibilities floating around that I was wondering about as I was listening to the client." He referred to this process "as taking in information and developing tentative hypotheses, which he would then check out, during the session." To further illustrate this process, James gave an example from the session. "I listened to the client for about five minutes and heard her say maybe, 30 things, all of which got piled up in my consciousness. Then, out of that, all of a sudden, there was a decision not to be too confrontative with the client or she would probably disengage completely."

James' perception of his actions during the session and the process he used in choosing interventions. James' actions were consistent with his problem-solving approach to counselling and his emphasis on listening to what the client was saying. He described his approach, during the session, as following the client and moving toward her goal. He did this by asking the client what she wanted to change and what she expected from her parents. James thought it was important to determine the client's goal, specifically whether she was willing to change herself or whether she was expecting her parents to change. He thought it was essential to find out whether she was going to take responsibility for her own changing. James thought the client made a fairly clear statement regarding her desire to change how she acts and feels about her parents.

He identified two possible counselling tasks, an emotional task of resolving emotional bonds from childhood, and a behavioural task of learning how to communicate more effectively with her parents. He described these two aspects of the problem as connected and interrelated. James thought it was important to

get an indication of the client's emotional involvement in order to determine whether the client was ready to change and to identify what the counselling task was.

He described the client's overall problem as an interpersonal issue with her family. As a result, some of his actions during the session were directed toward developing an understanding of the client's family. He asked the client several questions about her interaction with her family as a way of clarifying the client's perception of her family and to provide himself with a sense of what her family felt like and acted like. He also wanted to describe the client's experience in his own words to check out whether he had accurately understood what she meant.

James described another aspect of the client's problem as alienation from her emotional experience. He indicated that his approach to dealing with this issue would be to develop an alliance with the client, through an ongoing therapeutic relationship, so that he could help her confront herself on a feeling level. After briefly interacting with the client, James had a strong impression that part of the problem was the client's pattern of rapid talking without reflection. James decided to subtly interrupt this pattern in order to help the client focus and reflect on the issues she was describing.

James did not mention the client's indirect way of talking or the discrepancies in her voice, but simply "took in this information for possible use at a later date." He thought this type of metacommunication would interfere with the client's communication process and did not think this was the appropriate time for that. James relied on his judgment that this type of observation would have been premature because he did not have an established relationship with the client.

James indicated that he had a lot of different ideas about how he could proceed with the client in subsequent sessions. He described the process he used to develop tentative action plans. As he was interacting with the client, he was developing a number of possible options. He did not do this in a conscious or planned way, rather it just seemed obvious to him that there were certain things that could be done. He referred to these options as realistic, although they were often quite different from each other. James indicated that these options were based on what the client was striving for, his understanding of the client's situation and his repertoire of past, similar experiences. He referred to his process of deciding which interventions to use as "having access to a huge shelf of things that he can draw from." He indicated that there were a whole range of actions, from doing nothing to being quite confrontative. Which one of those he used was determined by what the client actually did or said. James described this process "as an automatic happening that was driven by his interaction with the client."

James' perception of the relationship between the counsellor and client. In discussing the relationship between the counsellor and client, James indicated that there either is, or is not, a definite breaking through into each other's intimate world. He described this emotional breakthrough or "touching the client," as a non-verbally communicated message that the client is willing to trust him to enter his or her intimate world. James described his awareness that "touching the client" has occurred, "as a feeling of certainty in himself, a sureness, a confidence, an intuitive knowledge." When "touching the client" has happened, he feels confident that he can say whatever he wants to the client and although it

may be painful or startling, she won't drop out of counselling. James considers this emotional breakthrough to be an essential part of the counselling relationship and indicated that there is a quantum difference between a session in which "touching the client" has occurred and in which it has not.

James did not experience an emotional breakthrough with the client in this session. He described his experience that "touching the client" had not occurred as "an awareness that the client had not really recognized him as a person." However, he did not attribute the lack of emotional breakthrough to his way of interacting with the client or to anything he should have done differently. He attributed it, in a minor way, to the fact that they were being videotaped and that it was a single session. He thought the main reason was that the client's pattern of relating was derived from a dysfunctional family and that she was somewhat alienated from her emotions. He recognized that the client's pattern of rapid talking without much emotion made her difficult to get close to and that an emotional breakthrough was not going to happen in one session.

He discussed the relationship between "touching the client" and his actions during the session. Because he did not experience an emotional breakthrough, there were certain things that he would not do, such as confronting her with aspects of herself that she may not be aware of, or that may be contradictory. He was moving along with the client, but being a little careful because he thought she would only accept a certain amount of emotional engagement. He thought that if he tried to get close to her she would disengage even more.

Although James did not experience an emotional breakthrough, he became more engaged with the client as he began to understand and she began to teach

him about her situation. He found himself becoming quite interested in her, in how she felt, and what she wanted to do. He described a point, during the session in which he experienced more "being in contact" with the client. This was a point where they laughed together, there was more spontaneity in her reaction and there was some reflection instead of rapid talking.

James described his relationship with the client as a commitment. If he takes the first step of listening to someone, then he feels a commitment to make himself accessible beyond that initial interaction. This was evident in his offer to meet with the client for another session. He did not feel rejected when the client refused his offer because he felt satisfied with the session and thought it was unlikely, given their brief contact, that she had decided she did not want to work with him.

When asked to describe his role as a counsellor, James said that he does not distinguish between himself as a person and a counsellor. He acts, basically, the same with a client as with a personal friend except for minor differences. James indicated that he thinks and feels the same whether he is relating to someone within the context of counselling or within a different context.

Sharon

Background. Sharon's formal education consists of a Master's degree and a Doctoral degree in Counselling Psychology. She has had additional training in gestalt therapy, marriage counselling, psychointegrative bodywork, Reichian bodywork, psychotherapy and hypnosis. Her counselling experience extends over a 20 year period and includes one year of marriage and family counselling, five years of school counselling, three years of teaching counselling at a university, and 11 years as a psychotherapist in private practice.

Sharon's theoretical orientation and general approach to counselling.

Sharon described her theoretical orientation as eclectic and integrated. Her approach was derived from a number of different therapeutic orientations including gestalt, psychodynamics, family systems, transactional analysis, neurolinguistic programming, Reichian bodywork, and Rogerian theory. At this point in her development as a counsellor, Sharon has a convergent view of various therapeutic orientations. She perceives different theories as saying the same thing in different ways, and using different techniques to achieve the same goals.

Sharon described her current approach to counselling as almost entirely based on knowledge from past experience. Her approach comes from "five thousand hours in the therapist's chair" and from developing her ability to trust her observations and perceptions. At this point in her development, she is very adept at picking up non-verbal cues and relies extensively on this ability.

Sharon has developed an intuitive way of counselling in which she relies on internal cues and internal processing. She believes that her internal process is a reflection of what is going on in the counselling session. By paying attention to her feelings and reactions, Sharon feels that she has developed to a point where her approach to counselling is very integrated.

Sharon utilizes both conscious and unconscious levels of information in her counselling. One of the ways she works with the unconscious is through her use of subtle, implicit messages to signal the client's unconscious. She also stressed the importance of her focus on body awareness, or paying attention to the client's non-verbal cues and "unconscious body signals." She indicated that the more she focuses on the client's non-verbal cues, the faster therapy progresses.

Sharon described body awareness as its own validation because "the client's jaw won't tighten if there is nothing to tighten around and if there is no sadness in the client's eyes, the tears won't come." She believes that "people often deceive themselves on a cognitive level, but that the body does not lie." Sharon uses body awareness to help clients increase their self-awareness and to get in touch with their feelings. She was continually observing the client's unconscious body signals to determine aspects that the client was not consciously aware of, such as the sadness in her eyes or the way that she quickly moves away from her feelings.

Sharon emphasized the importance of identifying the client's defenses and emotional blocks in order to facilitate release of unexpressed emotions. Although Sharon focuses on emotional release in her work with clients, she considers cognitive understanding to be a pre-requisite to working with the deeper emotional aspects of a client.

Sharon described another important aspect of her approach to counselling "as maintaining a balance between validating the client and moving the client forward." She thinks it is important to acknowledge that she understands and values the client, at the same time as challenging the client and providing her with the tools she needs to change.

Sharon described her use of theoretical knowledge as a beginning counsellor. During her initial work as a counsellor, she relied on Carkhuff and Truax performance grid to guide her actions during a session. She used the performance grid to monitor her actions, with regard to her level of empathy, confrontation, genuineness, and so on. Relying on that model helped Sharon deal with her anxiety and allowed her to facilitate movement in the client. Initially,

she relied on theoretical guidelines that she learned as part of her training as a counsellor. However, over a period of years, she has refined her use of theoretical guidelines based on feedback from clients as well as her experience of what worked for her as a client in therapy.

Sharon's perception of her use of past counselling experience. Sharon indicated that most of what she did during the videotaped session was based on past counselling experience. The client's content and what she did at any given point was different, but the overall tapestry was the same. Sharon described her work as "a tapestry of growing up in North America for the past 30 years that encompasses herself and all the clients she has worked with."

As a result of extensive counselling experience, Sharon has become more effective at recognizing "psychologically loaded" or significant information during a session. She has developed an intuitive way of operating which she described as the conclusion of all her experience and cognitive knowledge and as the shortcut result of years of experience where she can trust her perceptions without processing them cognitively.

Sharon described the effect of experience on the development of her intuitive approach to counselling. There has been an ongoing discarding process as part of her learning. At an earlier stage of development, she would have been much more articulate about the "why" and "how" of her actions during a session. However, at this point, she trusts her internal processing to such an extent that when she is counselling she doesn't consciously think about what she is doing and doesn't retain the rationale for her actions.

As a result of extensive experience, Sharon has developed her ability to know when to confront and is able to confront clients more quickly and effectively. Sharon also described herself as much more directive than she was as a beginning counsellor. She attributed her directiveness to the fact that she is more skilled at identifying the client's issues and knowing what type of interventions to use. On the other hand, as a beginning counsellor, she was very concerned about the client's comfort level and was fairly non-directive, allowing the client to move at his or her own pace. Sharon described some aspects of her work that have remained the same including her level of empathy, her intensity, and her focus on the client's feelings. She indicated that these were natural skills she had developed prior to her career in counselling.

Sharon stressed the importance of working with integrity. As a beginning counsellor it was essential for her to respect the level at which she was operating and to trust herself or she would not have moved beyond that level of skill. She indicated that respecting her own process and working with integrity have helped her develop an overall trust in her ability as a counsellor.

Sharon's description of her perceptual process and her awareness of subtle cues and relevant aspects of the client's problem. Very early in the session, Sharon picked up information about the client's defenses. She saw "the pain in the client's eyes and how she keeps herself disconnected from her feelings by intellectualizing and laughing it off." Sharon's "beginning hypothesis was that the client has developed defenses to separate from her feelings in order to survive as a child." She checked out the accuracy of this hypothesis throughout the session and found that it was verified.

Sharon perceived the client as emotionally damaged by her family and indicated that the issues the client presented were going to persist until they were dealt with in therapy. She described the client's view of her family as "double-binded" and perceived the client "as feeling so guilty about the negative things that have happened, in her family, that she is not able to see how much she contributed to her family's stability." Sharon thought that in order for the client to gain "a sense of self-validation" she would need to recognize the contribution she has made to her family's well-being. Given the context of this session, Sharon wanted "to help the client see how much emotional pain she is in without going too deep."

Sharon described her way of processing information during a counselling session "as an intuitive process which is so automatic that I don't really have words to describe it." She indicated that she knows intuitively where there is "emotional energy or psychologically loaded material." She described this process as "picking up subtle non-verbal cues that the client is not aware of, like the hurt in her eyes, when her body shifts, or how quickly she rushes away from painful feelings." Sharon described her ability to pick up subtle information as an incredible shift in her development as a therapist. She described herself "as a receptor, who soaks up information" and indicated that she relies on her internal processing.

Sharon recognized that the client wanted to talk about the situation on a cognitive level, but she did not think talking was going to facilitate change. She perceived the client as having "a good understanding of the situation, but she is still emotionally triggered whenever she talks to her parents or siblings." Sharon

made a judgment that what the client needed was to work on these issues on a deeper, more emotional level.

Sharon described a choice point during the session, where she decided not to challenge one of the client's assumptions about her mother. She thought the information was too peripheral and would probably take them off track.

Sharon stressed the importance of finding the positive intention behind a client's dysfunctional behaviour because it gives the person a quick way to change. She perceived the client's attitude of not forgiving herself as dysfunctional, but indicated that her unconscious intention was serving a positive function. Sharon described her hunch that the client's motivation for not forgiving herself was to keep herself alert. She perceived the client's body signals as saying "always be on guard." Sharon assumed that the client "needs to learn that she can forgive herself and still remain vigilant."

Sharon's perception of her actions during the session and her process of deciding which interventions to use. Sharon indicated that she works on both a conscious and unconscious level in her counselling. One of Sharon's actions during the session was her use of implicit verbal messages to signal the client's unconscious. For example, she noticed that the client was describing her parents' relationship as though it was the normal way for a divorced couple to interact. Sharon thought it was important to gently challenge the client's distorted perception of her parents. Sharon used an implicit message to let the client know that her parent's relationship was out of the ordinary. She noticed from the client's unconscious body signals that the client picked up the implicit message.

Sharon also attempted to challenge the client's assumption about her mother's inability to make her own decisions. She was aware that on an emotional level, the client feels responsible for her mother and wanted to help the client recognize the victim role that her mother plays. However, Sharon made a quick decision to back off because the client seemed to be invested in maintaining this perception. She decided that challenging this perception was too threatening to the client because her only sense of being valued was derived from taking care of her family.

Sharon described her use of body awareness in working with the client. She was continually watching the client's unconscious body signals to determine the client's defenses and aspects that were outside the client's awareness. When she picked up a significant non-verbal cue, she would then give the client feedback about her observations such as the sadness in the client's eyes. In this way she helped the client access information about herself that was usually outside her awareness.

Sharon's actions during the session reflected her approach of both supporting and challenging the client. She described her overall actions during the session as maintaining a sense of balance between what would both validate and move the client forward.

Sharon indicated that her actions during the session were spontaneous and that she was not conscious of the reasons behind her actions. As a result of extensive experience as a counsellor she has stored so much information that she automatically knew what to do. She stressed that it is important for a counsellor to know his or her own limits and be comfortable with them, rather than trying to

do things that are out of their range. To illustrate this Sharon said that at this point in her development, she is skilled at picking up non-verbal information and she relies heavily on this ability. However, five years ago, she did not have that ability, so she relied on what she knew how to do at that time.

Sharon indicated that being a good therapist is not a matter of technique. She does not consider what technique the counsellor uses to be important because "there are a thousand ways of getting the same results." What she considers essential about doing quality work is that her actions have integrity and are respectful of the client.

Sharon's perception of the relationship between the counsellor and client.

Sharon described the client as very guarded and controlling, yet wanting to appear to be accommodating. Sharon felt that the client was somewhat uncomfortable with her directiveness because of the client's need to be in control. However, she was not concerned about this because she was confident about her ability to develop a therapeutic relationship with the client.

Sharon stressed the importance of the relationship between herself and the client and indicated that the client's perceptions of her are crucial. However, she knows that the client is not always going to feel comfortable, but does not consider the client's comfort to be essential. Sharon described part of her role as being both a nurturing and confronting parent. She gives her client's unconditional acceptance as well as confronting aspects of the client that he or she needs to be aware of.

Sharon indicated that paying attention to what is going on between herself and the client is an important part of therapy. She described the relationship

between herself and the client as a process of accommodating to each other and learning how to be together. At this point, Sharon feels confident about her ability to do therapy with most people, although she occasionally meets a client who cannot make use of her, in which case she offers to refer the person to someone else.

Sharon described herself as essentially not any different than the client, in that she has her own places of woundedness. One difference was that Sharon has more understanding of her own pain than the client does. She felt compassion toward the client and her ability to do so came from having experienced her own pain.

Sharon discussed several important aspects of the counsellor-client relationship including empathy, trust and respect. Empathy is important because the client needs to know that she is understood. She stressed the importance of maintaining a balance between trust and respect. The client needs to trust the counsellor's knowledge, but at the same time, the client needs to feel respected by the counsellor. Sharon discussed the importance of acknowledging and respecting what the client already knows, while helping him or her to move forward. She thinks "it is disrespectful to ignore where the client is stuck and expect them to do things that are beyond their grasp." Sharon expresses respect for her clients by teaching them the missing steps they need to move forward.

Doug

Background. Doug's formal education consists of a masters degree and doctoral degree in Psychology. He has completed additional training in clinical psychology and neuropsychology, as well as extensive training in Bioenergetics therapy. He has been a practicing counsellor for close to 20 years, including experience as a drug abuse counsellor, as a forensic psychologist, and 10 years in private practice.

Doug's theoretical orientation and general approach to counselling. Doug indicated that bioenergetics is his main theoretical and practical orientation. He described his approach as a sophisticated form of bioenergetics and clarified this by adding that although people often think of bioenergetics as a set of techniques, his work has very little to do with technique. Doug's use of a bioenergetics orientation means that he views people as "energetic systems," that he looks at their bodies to see where the person's energy is blocked, is interested in how these blocks relate to the person's past, and focuses on how to free up the person's energy for use in their current lives.

Although Doug described his basic orientation as bioenergetics, he uses a diverse range of approaches, including gestalt, neurolinguistic programming, bioenergetics, cognitive restructuring and trance therapy. Doug views all therapeutic approaches as basically the same, and indicated that his work would probably not look much different than any sophisticated therapist's work, regardless of the therapist's theoretical orientation, because there is so much similarity in the way that skilled therapists work.

Doug described his approach to counselling "as an intuitive process, in which he picks up subtle cues and responds spontaneously, based on what feels right at the time." He indicated that he follows the client's lead and makes use of what the person presents to facilitate fuller expression of the client's feelings. In his work, he focuses on emotional expression, body awareness, and working with unconscious aspects of the client.

Doug's perception of his use of past counselling experience. Doug relied on his experience with previous clients, as background information and as a reference point, during the counselling session. He was aware of making assumptions about the client's needs based on experience with similar clients, who looked or talked like her. Although, he was careful to check out his assumptions during the session to see if they were validated by the client. Doug's assumptions about the client seemed to be relatively accurate, which may have accounted for the overall fluidness of the counselling session.

Doug's intuitions and hypotheses during the session were based on his experience with previous clients and partly on his theoretical knowledge about the client's particular body type. He described his intuitions as the accumulation of a number of years of counselling experience, which have enabled him to perceive subtle similarities and differences between clients.

Doug's description of his perceptual process and his awareness of subtle cues and relevant aspects of the client's problem. Doug perceived one of the client's key issues as her use of incongruent messages, particularly related to expressing anger, and her lack of awareness of her incongruent communication. He described the client's lack of congruence as the basic theme throughout the

session, which came up a number of times and in a number of different ways. Doug described the client's incongruent style of communication as a survival technique that was learned in her family. He made an assumption that this type of communication was no longer effective in her life and that she would benefit from learning to be more congruent. He also assumed that the client's incongruence undermines her ability to communicate her feelings to her parents clearly and prevents her from achieving some separation from them. Doug's overall goal was to help the client recognize her incongruent messages and give her an opportunity to practice expressing herself congruently.

Doug was continually referring, in his mind, to what the client had initially presented as her problem. However, he made a decision to work on something other than what the client had originally requested. Based on his evaluation of the situation, he did not think he could achieve the client's goal of improved communication with her mother in one session. He felt confident that what he could do was deal with some of the client's incongruent expression of anger, which would eventually help improve her communication with her parents. Doug focused on the client's anger because expressing anger is a way of individuating or creating temporary boundaries between people and he felt it was important for the client to establish clear boundaries between herself and her parents. So, even though he was not directly focusing on the client's presented problem, it was in his background thoughts.

Doug described his perceptual process, "as taking in information on many different levels, including what the client is saying, her feelings, changes in her body movements, and her breathing." He indicated that his perceptual skill is a

result of years of experience. When he first began working as a therapist, his approach was more programmed and mechanical and he was not able to take in a lot of information. Doug indicated, that at this point in his development, he can deal with more information at one time and has much more flexibility.

Doug was aware of making assumptions about the client and developing tentative hypotheses throughout the session. One of his hypotheses was that the volume of material the client presented was a way of avoiding confrontation with her feelings. He indicated that most of his assumptions were relatively accurate, which may have accounted for the client's willingness to cooperate with him throughout the session.

Doug thought the client became more aware of her incongruence as a result of the session. He noticed that her expression of sadness became more congruent and although the client attempted to control her sadness, she didn't express any contradictory messages. However, the client was not able to express her anger congruently. During the session, either her laughter or her tears consistently undermined the coherency of her anger.

Doug's perception of his actions during the session and his process of deciding which interventions to use. One of Doug's therapeutic interventions was to keep the client focused by resisting the opportunity to get side tracked by the volume of information she presented. He recognized that the client had difficulty staying with her feelings for any length of time and had a strong feeling that describing numerous family subplots was a way of avoiding her feelings.

Doug described two specific interventions he used to help the client express her anger more fully: getting her to stand up on her feet and giving her two

pillows to hold onto. He referred to these interventions as typical of the way that he works. He described his interventions as "following the client's lead and using what she presented to facilitate fuller expression." More specifically, he was waiting for the right time to set up the possibility for fuller expression of the client's feelings of anger toward her parents. He gave her the pillows when he sensed that she was ready to express her feelings a little more deeply. Doug indicated that he used the pillows because they happened to be available in the room.

Doug considered part of the client's problem to be her incongruent way of expressing anger. His actions were directed at affirming her congruent expression of anger. For example, at one point the client made a subtle growling sound followed by an incongruent smile. Doug used this opportunity to demonstrate the congruent expression of anger by verbalizing anger accompanied by a more obvious growl.

Throughout the session, Doug used subtle verbal and non-verbal language to communicate with the client's unconscious. At one point, he used a subtle verbal message to help the client create some separation between herself and her parents by suggesting that she hold the pillow at arms length. This intervention was intended to provide a subtle message to the client's unconscious, that in order to get some perspective about her parents she has to have some distance from them. Similarly, when the client talked about being burdened with responsibility, Doug made the client's assumption about being burdened explicit by suggesting that she put the pillow on her back and imagine herself becoming unburdened. In this way he got the client to rehearse getting the burden off her back as an analogue of

how to tell her parents to leave her alone or in the language of metaphor, "to get off her back." In another instance, Doug confronted the client's assumption to encourage her to assert her opinion as a way of strengthening her sense of self. He wanted her to know that she can have different opinions and still be accepted.

Based on extensive experience, Doug has access to a wide range of different ways of working with people. He described the process he used to determine his interventions "as an intuitive process in which he takes in information and does what feels right." He stressed that he does not make a conscious decision about which technique to use. He indicated that by replaying the videotape he could probably analyze his moves in retrospect, but stressed that during the session he was not consciously planning his actions or analyzing the process.

Doug noticed that the client was very willing to follow his suggestions during the session. However, he was not aware of doing a lot of conscious pacing, or anything particular to promote the client's cooperation. He felt confident that his way of responding to the client, by letting her know that he understood and accepted her, contributed to the client's trust, but these actions were not planned. He noted that when his interaction with a client is working there is no need for him to be conscious of everything he is doing. He is more attuned to when the counselling process is not working. When that happens he has to pay conscious attention to his actions and play them back in his mind to see what he did that was inappropriate or how he can use the impasse. Doug indicated that in initial sessions with a client he tends to be more conscious of his actions. However, after several sessions, he has internalized certain information about the client and does not have to consciously attend to these.

Doug's perception of the relationship between the counsellor and client.

Doug experienced a great deal of acceptance toward the client. He expressed admiration for the client's ability to survive in such a dysfunctional family. He described his interaction with her as "friendly" and described himself "as an ally or someone who was on her side."

Doug described the counsellor-client relationship as very personal and discussed the importance of intimacy in the therapeutic relationship. He described intimacy as a matter of touch including physical touching and a kind of emotional touching. Doug explained that intimacy is not always present, but that at some point, at least in long term therapy, a certain level of intimacy develops which has both positive and negative aspects.

He did not experience that kind of intimate touching with the client in this session. He noticed that he only physically touched the client once and was aware of a certain distance between himself and the client. He thought this lack of intimacy was fine, given the circumstances, and made a decision not to deepen the relationship because he would not be seeing the client beyond this session. Given the lack of intimacy in their relationship, Doug was aware of certain things that he would not do during the session, such as interventions that involved too much physical contact.

Joan

Background. Joan's formal education consists of a Master's degree in Counselling Psychology. She has not had any additional training in counselling. Her experience as a counsellor has been limited to two part time counselling practicums, including four months at a mental health centre and eight months at a

group home for psychiatric patients. In addition, she has had approximately three years of experience as a client, both in individual therapy and group therapy.

Joan's theoretical orientation and general approach to counselling. Joan described her theoretical orientation as "expressive," meaning encouraging the client to express his or her feelings. She thinks that most people have been taught to intellectualize and control their feelings. She views counselling as one way that people can learn to express their feelings. Joan described another aspect of her theoretical approach as psychodynamic or focusing on childhood experiences and how a person's relationship with their parents have affected them.

Joan's theoretical orientation comes primarily from her experience as a client in therapy and is based on what she found most beneficial in her own therapy. She has participated in both Bioenergetic and Reichian therapy, which is where her theoretical orientation comes from.

In general, Joan would be inclined to focus on emotional release in her counselling, particularly with clients who are functioning adequately in their lives. She indicated certain types of clients that she would not use this approach with, including clients who had a low level of trust, had difficulty verbalizing their feelings, or had so many repressed feelings that their feelings might be overwhelming. With these types of clients Joan indicated that she would probably use a more cognitive approach.

Joan described several other aspects of her approach, including helping the client express his or her concerns, directing the focus of the session, and giving the client something concrete to use in dealing more effectively with the problem. Joan considers helping others to be a counsellor's primary function and said that

she would "feel like a fraud, unless she was able to give people something that significantly helped them."

Joan is not currently working as a counsellor and expressed concern about her ability to do so because of her attitude about the effectiveness of counselling. Sometimes, she has a negative belief that counselling is not effective in promoting change and that "people just have to learn to accept their ups and downs." At other times, she feels more hopeful and believes that since counselling has helped her, it must be possible for her to help other people.

Joan's perception of her use of past counselling experience. Joan indicated that she has had very little direct experience as a counsellor. Because of her minimal counselling experience, Joan indicated a lack confidence in her ability and stated that she had a tendency to question her timing and decision making during the session. Her experience as a counsellor has been limited to contact with two clients during a practicum placement as a graduate student. Both clients were much less functional than Joan. Because of her lack of experience with similar clients, Joan had difficulty relating to the practicum clients.

Joan drew extensively on her personal history as well as her past experience as a client in therapy. She identified personally with the client's problem in that she saw direct parallels between the responsible role she assumed in her own family and the client's role. She indicated that although she was capable of functioning well in her life, she had a lot of unresolved feelings toward her family.

Similarly, Joan relied on her experience as a client in choosing specific interventions that she used during the counselling session. Her decision to use the

Gestalt "empty chair dialogue" was based on her familiarity with this method as a client in group therapy. Although Joan had not used the "empty chair dialogue," as a counsellor, she had used it in her own therapy and found it very beneficial. Joan assumed that there were direct parallels between what had worked for her and what would benefit the client.

Joan's description of her perceptual process and her awareness of subtle cues and relevant aspects of the client's problem. Joan described the client's central problem as "a backlog of feelings of anger." Her understanding of the client's problem was partially based on the client's initial statement about what was bothering her. The client used the phrase "burning inside" to describe her anger, which struck Joan as significant of the intensity of the client's anger. Joan's overall impression of the client was that she had a good cognitive understanding of the problems regarding her family. However, in spite of her understanding, these issues were still troubling the client because she had not been able to express her feelings about them. Joan indicated that initially the client described the situation in her family without much feeling, but later on she expressed her feelings of anger, which confirmed Joan's hypothesis that the client needed to express her anger.

Joan described her approach during the session as focusing on the client's feelings. She indicated that although the client did not cry during the session, at one point she was close to tears. Similarly, although the client spent most of the session describing her family, Joan thought there was a lot of emotional content in the client's descriptions.

Joan's decision to focus on the client's feelings was "a gut level response" which was based on several factors. It was partially based on the client's identification of her anger as the problem, as well as Joan's assumption that given her family circumstances, the client would probably have strong feelings of anger. Another factor was the client's "nervous laughter" which Joan assumed "was a way of avoiding the feelings underneath her laughter." In addition, Joan identified with the client and assumed that since focusing on feelings had benefitted her, it would also work for the client.

Joan perceived the client's anger as directed toward her parents' mistreatment of her siblings. She also saw the client's anger as a reaction to having been burdened with so much responsibility for her parents and siblings. Joan recognized that the client also had difficulty dealing with her feelings of sadness. She indicated that at one point the client became teary eyed and her feelings seemed to change from anger at her parents to sadness about the painful experiences of her siblings. Joan also perceived the client as having strong feelings of guilt because she had not been able to protect her siblings from being mistreated.

Joan described her awareness of non-verbal cues with regard to the client's avoidance of her feelings. She indicated that "there were moments where the client's voice was quivering and she was sniffing, then she would regain control." At one point, the client "quickly shifted from being outraged to talking about the situation without much feeling." This confirmed Joan's hypothesis that the client had unexpressed feelings of anger, which were so overwhelming that she has learned to block them out. Joan described a point where the client's non-verbal

cues indicated that she was more in touch with her feelings of anger; "the client's speech was very fluent, there was more feeling in the client's voice, and she was gesturing with her hands more." Joan considered this moment to be significant because it was an authentic expression of the client's feelings.

Joan's initial perception of the client was that she was well developed on a cognitive level, but had not developed the emotional aspect of herself. On reflection, Joan thought she may have been mistaken in this assumption because the client described her feelings of anger at the beginning of the session and expressed other feelings during the session.

Joan described her perception of the client's "story telling." The client described numerous incidents that had occurred in her family. At several points during the session, Joan reflected on whether all the client's descriptions were necessary or whether they were getting sidetracked. However, Joan did not interrupt the client's descriptions because she seemed to be presenting important information and because there seemed to be a lot of emotional content in her descriptions. However, toward the end of the session, Joan indicated that the client's stories were becoming redundant and "were just more condemnation of her parents." The client's stories about her family experiences validated Joan's assumption that the client had strong feelings that needed to be expressed. In addition, she assumed that the client, like her siblings, had emotional scars, in spite of the fact that she appeared to be much better at coping with them.

Joan considered it significant that the client was able to recognize that she had been the responsible member in her family, and "the one who provided emotional and practical support for her family." Joan considered another

significant point during the session to be the client's recognition that even though she dislikes being responsible for her family, it is hard for her to give up control. Joan thought this realization had a definite impact on the client because her speech became slower and quieter. Joan decided not to pursue this aspect of the client's problem because she thought it was too involved. She perceived the client's "attitude of control" as a means of suppressing her feelings and thought it was important for the client "to learn to let go of control in order to be able to experience her feelings."

Joan perceived part of the problem as the enmeshed quality of the client's family, in that she has not been able to separate herself from her family and feels selfish when she focuses on her own needs rather than those of her family. Joan thought it was important for the client to learn to establish some distance between herself and her parents.

Joan thought the client would benefit from ongoing counselling, however, she did not suggest this because she wanted to validate the client's ability to cope and thought suggesting ongoing counselling "would invalidate the client's strength." After reflecting on this, Joan thought she made an error in judgement by not suggesting that the client pursue ongoing counselling.

Joan's perception of her actions during the session and the process she used in choosing her interventions. Prior to the counselling session, Joan spent time reflecting about what approach to use during the session. She presumed that the client would probably present an interpersonal issue or a problem that was not directly related to her early childhood experiences. Based on this presumption, she decided that her theoretical orientation of focusing on family history would

probably not be appropriate. As another way of preparing herself for the counselling session, Joan used a centering exercise to create a feeling of calmness within herself and to free her mind of preconceptions. On one hand, she wanted to approach the session naively and spontaneously. However, on the other hand, she was experiencing anxiety about what to do if the client was not particularly verbal. As a way of coping with her anxiety, she planned a few exercises that she could use during the session.

In spite of her preliminary planning, Joan decided to focus on the client's feelings about past family experiences. Her decision was based partially on the client's description of the problem, partly on Joan's theoretical orientation, and partly on her past experience as a client in therapy. Joan identified with the client and assumed that she would benefit from the same approach that had worked for Joan as a client. She assumed that given the client's horrendous family history, it was likely the client had an excess of unresolved feelings from childhood.

Although Joan described her theoretical orientation as facilitating the client's expression of feeling, she described several instances during the counselling session where her actions did not match this. At one point, the client was close to tears and Joan described this as an opportunity to focus on the client's feelings. However, at that moment, Joan's own feelings were triggered as a result of her identification with the client, and she felt at a loss to know how to focus on the client's feelings. Joan described another instance which she thought would have been a good time to intensify the client's feelings. However, she decided against this because she didn't feel comfortable focusing on the client's

feelings and didn't think it was appropriate to move the client to the point of tears.

Joan described her role as directing the focus of the session. However, in the actual session, Joan let the client take the lead, except for a couple of times where she tried to change the focus because the client was really getting off-track. Joan spent most of the session listening to the client's descriptions of family experiences. She described her rationale for this decision: she considered following the client as a way of building trust, she was trying to keep track of the volume of information, and she was trying to sort out the client's story. Joan mentioned that at one point she felt impatient with the client's storytelling and would have liked to interrupt her, but she was concerned about alienating the client. She also mentioned that the client was very talkative, which made it difficult for Joan to be more directive.

Joan noticed that although the client was describing horrible events, she was not expressing much emotion. However, she decided not to mention the discrepancy between the client's descriptions and her affect because she did not want to make the client uncomfortable.

One of Joan's specific interventions was her use of a Gestalt "empty chair dialogue." She decided to use this intervention because she found it beneficial, as a client in therapy, and because she wanted to give the client a means of expressing her feelings of anger outside of the session. Joan experienced a lot of indecision about whether to use the empty chair dialogue because she was not sure the client would find it useful. She indicated that the empty chair dialogue did not have a major impact on the client because she introduced it too late in the

session and the client didn't have adequate time to process it. She thought of using this intervention earlier, at a significant emotional point in the session, but she didn't want to interrupt the client. In retrospect, Joan felt the dialogue would have been more effective, in terms of emotional release, if she had introduced it earlier, when the client was in an emotional state. As a result of her timing, the intervention was more of a demonstration than a way of intensifying the client's feelings. After the session, Joan wondered about the client's ability to use the empty chair dialogue on her own, after such brief exposure to it, and expressed concern that the client might access intense feelings and not have anyone to support her in dealing with them.

Another of Joan's interventions was her suggestion that the client begin focusing more on her own needs and less on those of her family. She suggested that the client give herself permission to do nice things for herself, as a way of affirming that her needs deserve to be taken care of. Joan indicated that this intervention did not work because she was sidetracked by the client's comment that she had recently started pampering herself on her birthdays. After watching the tape, Joan realized that she had focused on the client's birthday to the exclusion of the rest of the year, whereas what she had intended was to encourage the client to focus on her needs on a daily basis.

Joan expressed lack of confidence in her ability as a counsellor. She described herself as having a natural ability to communicate with people, however, she perceives her counselling skill as very limited. She described one of her limitations as her tendency to feel overly responsible for the client. She indicated that she often experiences pressure to resolve the client's problem or to

make the client feel better which interferes with her effectiveness. Often her expectation of resolving the client's problem is unrealistic, given the extent of the problem and the amount of time available.

Joan's perception of the relationship between the counsellor and client.

Joan had previous contact with the client, prior to the counselling session. She felt that her familiarity with the client through work enabled them to be on a peer level, which facilitated mutual openness. In fact, Joan described her relationship with the client as "remarkably open." Knowing the client helped Joan feel more comfortable, which made the counselling session easier for her. She found the client easy to counsel because she was self-initiating and started disclosing information right away.

Joan experienced strong identification with the client and felt quite a bit of empathy for her. She saw similarities between the client's position in her family and her role in her own family. Joan saw herself as being like the client, adept at functioning in the world, but experiencing a lot of inner emotional turmoil. She assumed that what had worked for her in her own therapy would also be beneficial for the client.

Joan thinks the client and counsellor have different responsibilities within the context of a counselling session. She described the client as responsible for verbalizing her concerns, whereas, the counsellor is responsible for the client's progress or lack of progress.

Robert

Background. Robert's formal education consists of a Master's degree in School Counselling. In addition, he has had approximately one year of training in art therapy. His experience as a counsellor has been limited to four months as a youth counsellor within a school setting. Robert has also had five months experience as a client in individual therapy and group therapy.

Robert's theoretical orientation and general approach to counselling.

Initially, Robert described his theoretical orientation as eclectic, meaning "that he believes in dealing with all aspects of the person." Later on, he stated that his theoretical approach is similar to Psychosynthesis, a theory which focuses on working with the whole person. Robert indicated that he does not agree with theoretical orientations that focus on only one aspect of the person, such as the behavioural approach which only deals with a person's behaviour, or approaches that focus mainly on a person's emotions. His approach focuses on whatever aspect of the person is out of balance. Robert's overall goal is to help the person accept and balance all aspects of themselves.

Although, Robert described "working with the whole person," as his preferred theoretical approach, he is currently working as a school counsellor, which requires him to use more of a cognitive, problem solving approach. He described the problem solving approach as having definite limits, whereas working with the whole person is more open-ended. Using a problem solving approach gives the session definite limits, which seems to create safety for both himself and the client. Robert expressed concern about working with the whole person because due to his lack of experience he might get into areas that he is not comfortable dealing with.

There seemed to be a discrepancy between Robert's theoretical approach and his applied approach. Based on his experience, he has found that when he uses the approach of focusing on the whole person in the first few sessions, the student often feels threatened. He thinks it is very risky for a person to expose all aspects of themselves to a new counsellor and views a problem solving approach as safer and more comfortable for most people.

Robert described working with the whole person as exhausting because he has to access all aspects of himself, which takes a lot of energy. He acknowledged that he cannot always access aspects of himself and does not feel that he can be present for the whole person at those times. He finds that using a problem-solving approach is less draining and is a way of preserving his energy. Although Robert's preferred theoretical orientation is one of working with the whole person, he indicated that, at present, he finds it easier to use a problem-solving approach with some focus on emotions.

Robert considers a client's family history to be an important part of his approach to counselling, particularly how childhood experiences have affected the client's current situation. However, he views exploring childhood experiences as an in-depth process, which requires an ongoing commitment of time in order for the client to acquire any depth of understanding. His decision whether or not to focus on a client's family history would partially depend on the number of available sessions as well as the client's commitment. If he only had a few sessions with a client he would probably focus on the client's present situation rather than on past family experiences.

Another important aspect of Robert's approach to counselling involves following the client and allowing the client to move at their own pace. He thinks it is important to be sensitive to the client's comfort level and does not push the client to focus on issues or aspects of themselves that they are not comfortable with or may not be ready to deal with.

Robert's perception of his use of past counselling experience. Robert relied partly on past counselling experience and partly on life experience. He was able to understand the client's feelings of guilt and her overfunctioning role, as a result of his relationship with a personal friend, who had been in a similar role within her family. Robert indicated that he has more confidence in his ability to understand a client's feelings when he has had contact with people who have had similar experiences. To illustrate this, he described a recent experience with a schizophrenic client. Because he has had very little experience with schizophrenics, he had difficulty relating to the client and did not know what approach to use in counselling her. Robert also utilized personal experience in understanding the client's difficulty focusing on her feelings. Robert indicated that he has a tendency to avoid painful feelings and could easily understand the client's avoidance of her feelings during the session. He wanted to give the client permission to explore her feelings, a little at a time, without pressuring her to confront them. Robert has also had some counselling experience with clients who have difficulty expressing their feelings.

Robert described an experience with a former client which had an impact on his pacing during the counselling session. He became frustrated with the former client and decided to push her faster than she was ready to move. As a

result of this experience, he made a decision to allow the present client to move at her own pace and did not attempt to move her into areas where she seemed uncomfortable.

Robert's description of his perceptual process and his awareness of subtle cues and relevant aspects of the client's problem. Robert stated that the client presented the problem as her feelings of anger toward her parents. However, he perceived the client's problem as taking on the role of responsibility in her family to such an extent that she has given up her own needs and her sense of self. He illustrated this issue with an example from the session. Following her brother's suicide attempt, the client was "in the midst of her own pain, but was so worried about upsetting her brother, that she made herself stop crying." Robert perceived the client as having "some awareness that she has needs, but out of touch with what her needs are."

Robert described the client's understanding of the cause of her anger as somewhat vague; she talked about the past, that she feels responsible for her mother, and that her mother does not recognize her as an individual with her own needs. He perceived the client's anger as related to the way she has had to deny her own needs in order to take care of her family.

The client presented her goal as improving her communication with her mother. However, Robert made a judgment that "there was something more important that was blocking her from finding better ways of dealing with her mother." He noticed that "when he engaged the client on a cognitive level, she didn't seem to have a lot of energy." He thought it was significant that occasionally the client used "loaded words that had a lot of emotional energy

behind them." He also observed that the client had a tendency to make light of her situation as a way of distancing herself. Based on this he made an assumption that she had difficulty acknowledging her feelings.

Robert based his perception of what was most significant, "on the client's amount of emotional energy, including the cadence of her voice, her language, and her reflection." He noticed that during the first part of the session, the client was "talking rapidly and presenting detailed information, without any strong emotion." Initially, she seemed to be describing situations that she "had already figured out on a cognitive level." Robert considered the emotional aspect of the client's descriptions to be more important because she seemed to have difficulty expressing her feelings. He considered the later part of the session to be more significant because the client was "talking more slowly, reflecting more, and expressing more emotion."

Robert noticed that the client seemed to have a lot of difficulty focusing on herself and her feelings. He made an assumption that she has "an intense fear of losing control." For example, when she was describing her brother's attempted suicide, "she couldn't give herself permission to be emotional or irrational in any way." The client attributed her fear of losing control to her responsibility for her family, in that she was afraid that she might fall apart and not be available when her family needed her. Robert made an assumption that the client's avoidance of her feelings was more related to "her fear of losing control or going crazy" rather than her sense of responsibility for her family. However, after watching the videotape, he indicated that he may have been incorrect in assuming that.

The client described her experience of crying with her brother. Initially, the client felt responsible for her brother's sadness, but after crying in the session, her perception changed and she realized that she did not cause his sadness. Robert would have liked to explore whether the client's decision to stop crying was her brother's expectation or her own, but he decided not to "because he noticed that her eyes started to tear." He thought the client was "on the verge of looking at her feelings and didn't want to distract her." He thought it was important that the client cried during the session because "she was able to experience her feelings without falling apart."

Robert described his process of making "judgments" during the session "as a quick thought or impression of the situation" and "as assumptions based on subtle sensory information picked up during the session."

Robert found it "difficult to extract what was most important during the session because the client spent so much time talking about her family." Considering all the information the client presented, Robert "felt a little overwhelmed because he thought it would take several sessions to deal with all these issues and he wasn't sure which of the client's issues he could deal with in one session."

Robert expressed "confusion about the client's perception of her mother." Initially, the client described her mother as "needing to be taken care of." Later, when she described her mother's reaction to her brother's suicide attempt, she indicated that her mother did what was necessary in the situation, but that after the crisis was over her mother "broke down and cried." The client was very judgmental of her mother's emotional reaction and seemed to have an unrealistic

expectation that her mother should be rational and unemotional, regardless of the circumstances.

Robert's perception of his actions during the session and his method of deciding which interventions to use. Robert described his overall strategy during the session as following the client. The client presented the problem as a concrete issue with her mother and she seemed comfortable dealing with the problem on a cognitive level. Robert went along with the client to allow her to move at her own pace and to give himself time to understand the client's situation. Later on, he made a decision that the client already had a cognitive understanding of the problem and that interacting with her on a cognitive level was not working. Robert was not sure of the significance of the client's problem with her mother and made a decision that the client's discomfort with her feelings was a more important issue. Toward the end of the session, he attempted to get the client to focus on her sadness, but based on her response, he decided that she was not ready to explore her feelings.

Robert focused on the client's feelings at different points during the session, but was concerned about the client's level of comfort and made a decision to back off whenever the client seemed uncomfortable. Although he wanted to encourage the client to express her feelings, he was sensitive to her fear of losing control. If the client was not comfortable focusing on her feelings, Robert allowed her to express aspects of herself that she felt more comfortable with. He was also concerned about the lack of time, as the session was half over when he decided to focus on the client's feelings. He was concerned that if the client started expressing her feelings he would not be able to close the session and did

not want to leave the client suspended in her emotions. At one point, the client started crying and Robert made a supportive comment to give her permission to cry. However, he did not think this had much impact on the client because she quickly stopped crying and pulled herself back together. He tried to think of another way to encourage the client to express her feelings, but couldn't think of any other strategies to use.

One of Robert's interventions involved asking the client to create a fantasy about her mother making dinner for her. This intervention was not very effective and Robert was disappointed by the client's fantasy. He expected the client to describe her need to be nurtured and taken care of by her mother, but instead she described a very practical fantasy that was somewhat lacking in feeling.

Toward the end of the session the client mentioned that she had a session scheduled with another counsellor. Robert wanted to provide the client with a focal point for her session with this counsellor and wanted to give her permission to focus on her pain rather than her family's problems. After watching the tape, Robert wished he had stressed the importance of the client's pain more tentatively because his perception that she needed to work on her pain was an assumption. Robert indicated that he wanted to give the client something to reflect on and was scrambling for a way to close the session, but could not think of a more effective way of doing that.

Robert's perception of the relationship between the counsellor and client.

Robert indicated that on a gut level, and based on first impression, he liked the client and felt quite a bit of empathy for her. He felt comfortable with the client, partly because he could relate to the concerns she presented and also

because he felt confident to deal with those issues. At one point during the session, he experienced sadness and frustration in response to the client's inability to allow herself to experience her feelings of sadness. At the end of the session, Robert experienced a feeling of sadness that he would not be seeing the client again, because he had been with her through some of her pain.

The General Structure of Beginning and Experienced Counsellors' Perceptions and Actions During a Counselling Session

The following section contains a description of counsellor's perceptions, as a group, to each of the four main questions of the study. Each subsection will identify a major theme and then describe the theme in its variations among the participants.

1. Counsellors' perceptions of their use of theoretical knowledge and their use of past counselling experience.

There was a significant level of integration between experienced counsellors' theoretical orientation and applied approach, whereas beginning counsellors indicated a discrepancy between their theoretical and applied approaches.

Doug, an experienced counsellor, indicated that "bioenergetics is both his main theoretical and practical orientation." He described his approach as "a sophisticated form of bioenergetics" and stressed that "his work would probably not look that different from any sophisticated therapist's work, because there is so much similarity in the way skilled therapists work." Although Doug described his basic orientation as bioenergetics, he indicated that he uses a variety of theoretical approaches, including Gestalt, Neurolingistic Programming,

Bioenergetics, Cognitive Restructuring, and Trance Therapy. Doug's actions, during the session, were consistent with his theoretical orientation.

Sharon, also an experienced counsellor, described her theoretical orientation "as eclectic and integrated." She indicated that her approach encompasses a number of different theoretical orientations, including Gestalt, Psychodynamics, Family Systems, Transactional Analysis, Neurolinguistic Programming, Reichian bodywork, and Rogerian counselling. Sharon's interventions during the session were consistent with her eclectic theoretical orientation.

When asked to describe his theoretical orientation, James, an experienced counsellor, said that "his theory is simply that he hears what the client is saying." He stressed that "focusing on what the client is saying is a critical part of his approach" and feels that this is the essence of helping the client resolve their problem. James elaborated on his orientation by saying that he uses a problem-solving approach because it is realistic and makes sense to most people he is working with. As with Doug and Sharon, James' actions during the session were consistent with his described theoretical orientation.

Robert, a beginning counsellor, described his theoretical orientation as "working with the whole person," or more specifically, "working with aspects of the person that are out of balance." However, there was a discrepancy between Robert's theoretical approach and his actual approach during the session. Although he described "working with the whole person," as his theoretical approach, he also indicated that he is "more comfortable using a problem-solving approach with some focus on emotions." He is more comfortable using a problem

solving approach because it has definite limits which creates more safety for both himself and the client. Robert acknowledged that given his level of personal integration he cannot always access aspects of himself, which means that he cannot engage with the "whole person" at those times.

Joan, a beginning counsellor, described her theoretical orientation as "expressive," meaning "encouraging clients to express their feelings." Although Joan described her theoretical orientation as focusing on emotional expression, she indicated that during the counselling session there were several opportunities where she did not focus on the client's feelings. She gave a variety of reasons for the discrepancy between her theoretical orientation and her applied approach, including "lack of knowledge about how to focus on the client's feelings" and the fact that "her own feelings were triggered, which prevented her from doing what she thought was the optimum thing to do."

Experienced counsellors focused on the convergent aspects of different theoretical orientations, while beginning counsellors tended to focus on divergent aspects.

Sharon, an experienced counsellor, indicated that "at this point in her development she sees all therapeutic knowledge as converging." She views different theories as saying the same thing in different ways, and using different methods to achieve the same ends. Similarly, Doug, another experienced counsellor, indicated that although his main orientation is bioenergetics, he "views all therapeutic approaches as basically the same." On the other hand, Robert, a beginning counsellor, stated disagreement with "certain theoretical orientations because they focus on only one aspect of the person." Specifically, he expressed

disagreement with the cognitive behavioural approach as only dealing with one level of the person and objected to theories that only focus on the person's behaviour or that always consider the person's emotions to be most important.

Experienced counsellors relied heavily on past counselling experience, while beginning counsellors relied more on life experience and only partially on counselling experience.

Each of the experienced counsellors indicated that they made extensive use of past counselling experience during their session with the coach client. Sharon described her approach as "almost entirely based on knowledge from past experience" and attributed her skill to "five thousand hours in the therapist's chair." Doug relied on past counselling experience "as a reference point, throughout the session and was aware of making assumptions about the client based on his experience with previous clients, who looked and talked like her." James indicated that his understanding of the client was based mainly on his experience with similar clients. He has had "considerable experience with people who looked and sounded like the client and has heard similar stories." James specifically relied on past experience with former clients who were trying to disentangle themselves from emotional binds with their parents.

On the other hand, Joan, a beginning counsellor has had very little direct experience as a counsellor and did not utilize past counselling experience in her work with the client. Joan strongly identified with the client's problem as a result of playing a similar role in her own family. As a result, she drew extensively on both her personal history as well as her former experience as a client. Robert, also a beginning counsellor, relied on personal life experience during his session

with the coach client. He was able to understand the client's overfunctioning role on the basis of a close friend's parallel experiences in her own family. Similarly, he was able to relate to the client's tendency to avoid experiencing her feelings as a result of this own tendency to avoid painful feelings. In addition, Robert has had some counselling experience with clients who have difficulty expressing their feelings and he made use of this in working with the coach client.

Experienced counsellors made extensive use of past counselling experience, in determining their actions, while beginning counsellors made minor use of counselling experience and more extensive use of personal life experience.

Sharon, an experienced counsellor, indicated that most of her actions during the session was based on her counselling experience and all the clients she has worked with. The client's content and what Sharon did at any given point was different but her overall actions, were the same. James, another experienced counsellor, has had extensive experience with people who have difficulty articulating their feelings, who are experiencing different levels of alienation, and who are hesitant to become involved in a counselling relationship. He utilized all of these experiences during the session. He referred to his process of developing action plans as "being surrounded by all these possibilities based on similar experiences."

Robert, a beginning counsellor, described one recent incident with a former client which had an impact on his actions during the counselling session. He tried to push the former client faster than she was comfortable with. As a result of this experience, he was aware of allowing the coach client to move at her own pace and did not pressure her to confront feelings that she was not comfortable

dealing with. Although Robert made some reference to his use of past counselling experience in determining his actions, he did not emphasize it. Whereas, Joan, also a beginning counsellor, relied mostly on her former experience as a client in determining her actions during the counselling session. Her decision to use the Gestalt "empty chair dialogue" was based on her exposure to this technique as a client. Joan assumed that what had worked her in for therapy, would also be beneficial for the coach client.

Experienced counsellors expressed a high degree of confidence in their overall ability, while beginning counsellors expressed concerns about their ability.

Sharon, an experienced counsellor, indicated that her confidence in her ability as a counsellor, has developed over a long period of time. When she first started counselling, she was "very concerned about the client's comfort and was fairly non-directive, allowing the client to move at his or her own pace." Sharon indicated that "as a beginning counsellor it was essential for her to respect the level of skill at which she was operating in order for her to move beyond that level." As a result of experience, Sharon has reached a point where she is no longer concerned about the client's comfort because she trusts her ability to know when to confront and has confidence in her ability to develop a therapeutic relationship. At this point in her development, Sharon indicated that she is much more directive because she can quickly identify the client's issues and knows how to move the client forward. Similarly, James, another experienced counsellor, indicated that he has had extensive experience and feels confident about his ability to deal with a wide variety of clients and types of problems.

On the other hand, Robert, a beginning counsellor, expressed concern about his ability to relate to clients who are dealing with issues that he has not had any experience with. To illustrate this point, he described his work with a schizophrenic client. He had difficulty relating to the client because of his limited experience with schizophrenics and did not know how to counsel her. Robert also expressed a lack of confidence in his ability to work with "the whole person." Because of his limited experience, he is concerned about getting into areas that he is not comfortable handling. Robert indicated that he has more confidence in his ability to understand a client's feelings when he has had some contact with people who have had similar problems.

Joan, another beginning counsellor, has had very limited experience, as a counsellor, and expressed a lack of confidence in her ability. She also indicated that she "tends to question her decisions and timing during a session and lacks confidence in her ability to make those kind of judgements."

Experienced counsellors described the development of an intuitive approach, as the conclusion of years of counselling experience and cognitive knowledge.

As a result of extensive counselling experience, Sharon, an experienced counsellor, has become more effective at recognizing "psychologically loaded" or significant information, during a counselling session. She described her approach as "an intuitive way of operating." She referred to her intuition "as the conclusion of all her experience and cognitive knowledge" and as "the short cut result of many years of experience, where she can trust her perceptions without having to process them cognitively." Sharon stressed the fact that her "internal sense" is

not a cognitive process, although it is based on her perception of subtle non-verbal cues. She described the development of her intuition as "an ongoing discharging process as part of her learning." She explained that at an earlier stage of development, she would have been much more articulate about the "why" and "how" of her actions during a session. However, at this point, "she trusts her internal processing to such an extent that when she is counselling she doesn't consciously think about what she is doing and doesn't retain the rationale for her actions."

Doug, another expert counsellor, described the development of a similar intuitive way of working. He described his intuition as "the accumulation of years of counselling experience, which has enabled him to perceive subtle similarities and differences between clients." Doug indicated that his intuitions, during the counselling session, were based on his experience with previous clients, as well as, his knowledge about the client's body type. The beginning counsellors did not make any reference to the use of an intuitive approach.

2. Counsellors' descriptions of their perceptual process, including awareness of subtle non verbal cues and relevant aspects of the client's problem.

There was considerable similarity between experienced and beginning counsellors' perceptions of the client's problem.

Most of the counsellors considered the client's "lack of separation from her parents" as a significant part of her problem, although they described it in somewhat different terms, such as, "being emotionally bound to her parents," and "lacking a sense of self." Sharon, an experienced counsellor, did not refer, specifically, to this aspect of the client's problem. Similarly, most counsellors

described the client's "role of responsibility" in her family, as an important part of the problem. Doug, an experienced counsellor, did not mention this as part of the client's problem. In addition, most counsellors described "being disconnected from her feelings" as part of the client's problem, although they expressed this in different terms, such as "difficulty expressing her feelings," "a discrepancy between her emotional expression and the events she described" and as "incongruent messages, related to her expression of feelings." Robert, a beginning counsellor, did not mention this aspect of the client's problem.

Both experienced and beginning counsellors made use of non verbal cues; however, experienced counsellors expressed a qualitative shift in their ability to perceive and utilize subtle, non verbal information.

Sharon, an experienced counsellor described her ability to perceive subtle non verbal cues, "as an incredible shift in her development as a therapist." She stressed the importance of non verbal cues and indicated that the more she focuses on the client's non verbal cues, the faster therapy progresses. Doug, another experienced counsellor, indicated that his ability to perceive subtle non verbal cues is a result of years of experience. He described a significant shift in the amount of information he is able to process, now, compared to when he was a beginning counsellor. As a beginning counsellor, Doug was not able to perceive subtle non verbal cues and was not able to process a lot of information at one time. At this point in his development, he can perceive and utilize information on many different levels, including what the client is saying, the client's feelings, as well as subtle, non-verbal cues and changes in the client's body movements.

Both beginning and experienced counsellors formulated assumptions or hypotheses, based on their perceptions. However, beginning counsellors expressed lack of confidence in the accuracy of their assumptions.

While viewing the videotape of their respective counselling sessions, both beginning counsellors indicated several points, during the session, where they made assumptions that they later perceived as incorrect. On the other hand, Doug, an experienced counsellor, perceived his assumptions, during the counselling session, as relatively accurate. The other experienced counsellors did not report any faulty assumptions, during the session.

Beginning counsellors seemed to have difficulty differentiating between significant and peripheral information.

Robert, a beginning counsellor, mentioned that he found it difficult to extract what was most important, during the session, because of all the information the client presented. He felt overwhelmed by the number of issues that the client presented and was not sure which of these issues he could deal with in one session. Similarly, Joan, a beginning counsellor mentioned several points, during the session, where she found herself becoming sidetracked by the client's lengthy descriptions. On the other hand, experienced counsellors did not express any difficulty determining which information was most significant and seemed to have a clear sense of what could be dealt with in one counselling session. In addition, both beginning counsellors spent approximately one hour listening to the client's descriptions of family experiences, before initiating any specific actions. Whereas, experienced counsellors listened to the client's descriptions, for a relatively short period of time, followed by focused interventions.

Experienced counsellors' and one of the beginning counsellors described their perceptual process, or how they identified significant information, in similar terms.

James, an experienced counsellor, referred to his perceptual process, "as being surrounded by a variety of possibilities, based on past similar experiences." He described this multi-dimensional process as: picking up subtle information, while listening to the client; being aware of numerous different possibilities; and developing tentative hypotheses for possible use at a later date. Sharon, also an experienced counsellor, described herself as a "receptor, who soaks up information" and referred to her perceptual process as picking up subtle information the client is not aware of, like the hurt in her eyes, or when her body shifts, or how quickly she rushes away from painful feelings. She described this process as automatic and indicated that she knows intuitively which information is emotionally or psychologically significant. Doug, another experienced counsellor, made similar references to his perceptual process as taking in information on many different levels and developing assumptions based on these perceptions. Similarly, Robert, a beginning counsellor, described his perceptual process as developing an impression of the situation based on his perception of sensory input. Robert's perception of significant information, was based on the client's amount of emotional energy, including the cadence of her voice, her language, and her amount of reflection. Joan, also a beginning counsellor, did not describe her way of identifying significant information.

3. Counsellors' descriptions of their interventions during the counselling session and the process they used to determine these interventions.

Experienced counsellors' actions were consistent with their theory and approach to counselling, while beginning counsellors' actions were somewhat inconsistent.

James interventions were consistent with his problem solving orientation. During the session, his actions were directed toward understanding the client's problem, determining the client's goal, and identifying the counselling task. Similarly, Doug's actions reflected his orientation toward focusing on emotional expression as well as paying attention to cues from the client's unconscious. Sharon's actions were also consistent with her orientation toward focusing on the client's non verbal body signals, validating and challenging the client, and working on both a conscious and unconscious level.

Conversely, Robert, a beginning counsellor, demonstrated a lack of consistency between his theoretical orientation and his actions during the session. He described his orientation as dealing with all aspects of the person and focusing on aspects of the person that are underdeveloped or out of balance. However, for most of the session, he focused on cognitive aspects of the client's problem, eventhough she seemed to have a good cognitive understanding of the situation. Toward the end of the session, Robert realized that the client was out of touch with the emotional part of herself and made some attempt to focus on the client's feelings. Joan, also a beginning counsellor, demonstrated some inconsistency between her theoretical orientation and her actions, during the session. Her actions were in line with her orientation toward focusing on the client's family history, but were inconsistent with regard to her described emphasis on emotional expression. Although, her intention was to focus on the client's feelings, Joan's

actions did not reflect this. As with Robert, her lack of focus on the client's feelings was partially due to her concern with maintaining the client's comfort. Another discrepancy was Joan's tendency to let the client take the lead, rather than directing the session, which she described as part of her approach to counselling. Joan had difficulty being directive because she was trying to sort out the volume of information, presented by the client, and was concerned that if she interrupted the client, she might alienate her.

Both beginning and experienced counsellors' actions were consistent with their description of the client's problem, although, as described under the next heading, beginning counsellors actions were less effective.

James, an experienced counsellor, described the client's problem as an interpersonal issue with her family. Consistent with this, he directed his attention toward developing an understanding of the client's family. He described another aspect of the client's problem as her emotional alienation, which he approached by beginning to establish a trusting relationship with the client, in order to allow him to confront her on a feeling level. James referred to part of the client's problem as her pattern of rapid talking, without reflection. His actions were to subtly interrupt this pattern, in order to allow the client to reflect on the concerns she was describing.

Similarly, Doug's actions were consistent with his perception of the client's problem. He described part of the client's problem as difficulty focusing on her feelings. Doug dealt with this issue by using specific interventions to facilitate emotional expression and by resisting the opportunity to become side tracked by the client's lengthy descriptions. Doug described another aspect of the client's

problem as her incongruent way of expressing anger. Consistent with this, his actions were directed at modelling and affirming the congruent expression of anger.

Sharon, another experienced counsellor, also demonstrated consistency between her actions and her perception of the client's problem. She described the client's problem as her feeling of responsibility for her mother and interrupted this pattern by subtly challenging the client's perception of her mother, as incapable of taking care of herself. She described another aspect of the problem as the client's disconnection from her feelings. Sharon focused on unconscious body signals to help the client access emotional aspects, that were outside of her awareness.

Robert, a beginning counsellor, described part of the client's problem as being out of touch with her own needs. He attempted to help the client identify her needs in relation to her mother, but this intervention, as described under the next heading, was not particularly effective. Robert described two other aspects of the client's problem as her overdeveloped sense of responsibility and her feelings of anger, but he did not work directly on either of these issues.

Joan, another beginning counsellor, described the client's main problem as her unexpressed feelings of anger. Consistent with her perception of the problem, Joan used the Gestalt empty chair dialogue, to help the client express her feelings, although not very effectively. She described another aspect of the client's problem as focusing on the needs of her family to the exclusion of her own needs. She attempted to work on this issue by suggesting the client focus on her own needs more. However, as described under the next heading, this intervention was not very effective.

Beginning counsellors described some of their interventions, during the session, as ineffective and reported a lack of alternative strategies. Whereas experienced counsellors expressed confidence in their ability and had access to a wide range of different ways of working with the client.

One of Robert's interventions involved asking the client to imagine a fantasy of her mother making dinner for her. This was an attempt to help the client get in touch with her need for attention and nurturing from her mother. However, Robert, a beginning counsellor, described this intervention as ineffective. He described a comment he made to encourage the client to express her feelings of sadness. However, he did not think this intervention had much impact because the client quickly stopped crying and pulled herself back together again. He tried to think of another way to encourage the client to express her feelings, but was unable to think of one. In addition, Robert indicated dissatisfaction with the way he ended the session, but could not think of a more effective way of ending.

Joan, a beginning counsellor, described her use of the empty chair dialogue as not very effective because of her timing, specifically that she introduced it too late in the session, which minimized her attempt at intensifying the client's feelings. Although, Joan's goal was to assist the client in expressing her feelings, she felt at a loss to know how to do this. Another of Joan's interventions involved suggesting that the client focus more on her own needs, rather than her family's needs. However, she indicated that this intervention did not have much impact on the client because she was sidetracked by the client's defensive response to her suggestion. In addition, Joan expressed a general lack of confidence in her counselling skills.

In contrast, James, an experienced counsellor, expressed confidence in his ability to counsel the client and indicated that he had a variety of different ideas about how to work with her. Doug, also an experienced counsellor, indicated that he had access to a wide range of different ways of working with the client. Similarly, Sharon, another experienced counsellor, indicated that she was confident in her ability to understand what the client needed to work on and knew how to deal with these issues.

Beginning counsellors expressed an overriding concern with maintaining the client's comfort, which limited their effectiveness.

Robert's ability to get the client to focus on her feelings seemed to be limited by his concern with protecting her comfort level. The client was somewhat uncomfortable talking about and expressing her feelings. Robert's way of dealing with this was to move away from the client's feelings whenever she appeared to be uncomfortable. However, experienced counsellors did not have difficulty focusing on the client's feelings, which leads me to speculate that Robert's concern about the client's discomfort with her feelings may have been a reflection of his own anxiety and lack of experience. In fact, Robert did express anxiety about whether he would be able to terminate the session, if the client started expressing her feelings. Similarly, Joan, also a beginning counsellor, made several references to her anxiety about making the client uncomfortable and indicated that this interfered with her ability to be more directive during the session, to confront the client, and to focus on the client's feelings.

Experienced counsellors described their process of choosing interventions as an unplanned, intuitive process based on experience.

James described the process he used, "as having access to a huge shelf of actions that he can draw on, from doing nothing to being quite confrontative." He described these options as tentative, realistic and diverse. In addition, he described the process as "an automatic happening that was driven by his interaction with the client." He elaborated on this by stating that these options were based on the client's goal, his understanding of the client's situation and his repertoire of past experiences. Similarly, Doug described the process he used, to determine his actions, as "having access to a wide range of different ways of working with people." He described his decision making as an intuitive process and indicated that he does not consciously plan his actions, rather "he takes in information and does whatever feels right." Furthermore, Doug noted that when his interaction with a client is working there is no need to be conscious of everything he is doing. In fact, it is when the counselling process is not working that he has to pay conscious attention to his actions, in order to determine what he did that was inappropriate or how he can use the impasse. Sharon made less reference to the process she uses in choosing interventions. However, her comments were consistent with the other experienced counsellors. She indicated that her actions during the session were spontaneous and that she was not conscious of the reasons behind her actions. In addition, she indicated that as a result of extensive experience, "she has stored so much information that she just knows what to do." Beginning counsellors did not make any comments about their process of choosing interventions.

4. Counsellors' perceptions of the relationship between counsellor and client.

Experienced counsellors described the relationship between counsellor and client, particularly the degree of emotional intimacy, as an essential part of the counselling process.

James and Doug, both experienced counsellors, stressed the importance of intimacy, including physical touch and a high degree of emotional trust, in the therapeutic relationship. Similarly, Sharon, an experienced counsellor, emphasized the importance of the relationship between herself and the client. One experienced counsellor described intimacy as "a non-verbally communicated message that the client is willing to trust me to enter his or her intimate world." The same counsellor indicated that there is a quantum difference between a session in which emotional intimacy has occurred, while the other experienced counsellors indicated that intimacy, within the context of therapy, has both positive and negative aspects. Beginning counsellors did not make any specific comments about the importance of either intimacy or the counsellor-client relationship.

Experienced counsellors described the relationship between counsellor and client as a significant factor in determining their interventions.

James, an experienced counsellor, indicated that his actions are always determined "by his interaction with the client." James and Doug, both experienced counsellors, stated that when emotional intimacy is not present in their relationship with a client, there are certain things they will not do, such as, confronting the client with aspects of herself that she may not be aware of or using interventions that involve physical contact with the counsellor. James indicated that when emotional intimacy exists between himself and the client, he

feels confident that "he can say whatever he wants to the client and although it may be painful or startling," the client will continue with the counselling process. Neither of the beginning counsellors described their relationship with the client, as a significant factor in determining their actions during the counselling session.

Both beginning and expert counsellors experienced some degree of empathy for the client.

Doug, an experienced counsellor, said that he felt "a great deal of empathy toward the client," while Sharon, another experienced counsellor, described her feeling as "compassion for the client." Similarly, Joan and Robert, beginning counsellors, indicated that they felt "empathy for the client."

Experienced counsellors demonstrated an ability to be objective about their relationship with the client, whereas beginning counsellors reactions to the client tended to be subjective and emotional, which sometimes interfered with their effectiveness.

James, an experienced counsellor, did not attribute lack of emotional intimacy with the client to himself or his way of interacting with the client. He recognised that the client's pattern of rapid talking, without emotion, and the fact that she grew up in a dysfunctional family, made her a difficult person to get close to. Similarly, when the client declined his offer to meet for another session, James remained objective. He did not perceive the client's response, personally, or as a rejection, because he felt satisfied with the session and thought it was unlikely, given their brief contact, that she had made a decision not to work with him. Similarly, Sharon, another experienced counsellor, also described her interaction with the client in objective terms. Sharon noticed that the client

seemed uncomfortable with her directiveness, however, she did not take the client's reaction personally. Instead she attributed it to the client's need to be in control and was not concerned about the client's discomfort because she felt confident about her ability to build a therapeutic relationship with the client.

On the other hand, beginning counsellors seemed to have difficulty remaining objective and experienced a variety of emotional reactions to the client. At one point, when the client was close to crying, Joan, a beginning counsellor, felt her own feelings of sadness being triggered, which interfered with her ability to focus on the client's feelings. Joan expressed concern about her tendency to become over involved with the client. She described this as "feeling pressured to make the client feel better or to resolve the client's problem" and indicated that feeling responsible for the client interfered with her effectiveness. Robert, also a beginning counsellor, experienced feelings of sadness and frustration in response to the client's inability to express her feelings. Similarly, Joan said she felt frustrated in response to the client's repetitive descriptions of experiences in her family. Experienced counsellors did not express any emotional reactions to the client, other than empathy and compassion, as mentioned in the previous section.

Summary: Major Findings for the Group

Below is a table which displays the key similarities and differences between beginning and experienced counsellors, who participated in the present study.

1. Counsellors use of theoretical knowledge and past counselling experience

Beginning Counsellors

- discrepancy between theoretical orientation and actual approach
- focus on divergent aspects of different theoretical approaches
- reliance on theoretical guidelines and personal life experience
- lack of confidence in clinical judgement and ability

Experienced Counsellors

- integration between theoretical orientation and actual approach
- view theoretical orientations as more similar than different
- reliance on past counselling experience
- overall confidence in judgement and counselling ability

2. Counsellors perceptual awareness

Beginning Counsellors

- similar understanding of the client's problem
- overwhelmed by volume of information and difficulty assessing relevant information
- lack of confidence in assumptions based on their perceptions

Experienced Counsellors

- ability to perceive subtle non verbal cues and to determine significant information
- perceived assumptions as relatively accurate

3. Counsellors Actions

Beginning Counsellors

- actions were consistent with counsellors perception of the problem
- discrepancy between actions and counsellor's theoretical orientation
- mechanical, planned way of working
- difficulty being directive and confronting the client

Experienced Counsellors

- interventions were consistent with counsellor's theoretical approach
- fluid, intuitive way of working
- followed the client's lead but more directive and confrontative

3. Counsellor's Actions

Beginning Counsellors

- interventions implemented ineffectively due to lack of experience
- counsellor's anxiety and concern for client's comfort limited their effectiveness
- limited range of interventions

Experienced Counsellors

- confidence in their interventions based on experience with similar clients and issues
- not particularly concerned about client's comfort
- wide range of diverse strategies for

working with clients

4. Counsellor-Client Relationship

Beginning Counsellors

- did not comment on the importance of the counsellor-client relationship
- emotional overinvolvement interfered with counsellor's effectiveness

Experienced Counsellors

- stressed the importance of emotional intimacy in a therapeutic relationship
- counsellor did not take the client's responses personally

CHAPTER 5

DISCUSSION AND IMPLICATIONS

This chapter describes: (1) the limitations regarding this study, (2) the relationship between the researcher's assumptions and expectations as stated in Chapter 3 and the results of this study, (3) how the findings of this study relate to previous theory and research, (4) the implications of the present study for counsellors and counsellor educators, and (5) suggestions regarding future research.

Limitations

The experiences, perceptions, intuitions and actions described in this study are a reflection of the five counsellors who participated in this research. Readers should not assume that the experiences of other counsellors are necessarily similar and should be cautious about applying the findings of this study to other beginning and experienced counsellors.

Findings Related to Assumptions and Expectations

The researcher's assumptions and expectations were outlined in Chapter 3. Many of the researcher's experiences as both a beginning and experienced counsellor were described by the participants in this study. As in the researcher's case, beginning participant counsellors indicated a discrepancy between their

theoretical knowledge and their application of this knowledge. Likewise, beginning counsellors' actual approach was based on a particular theoretical orientation rather than a variety of orientations. Similarly, experienced counsellors' descriptions paralleled the researcher's assumptions with regard to their reliance on past counselling experience as well as the integration between their theoretical and clinical knowledge. One unexpected finding was beginning counsellors' use of personal life experience to compensate for their lack of counselling experience. Another unanticipated finding was that beginning counsellors perceived differences between theoretical orientations as important, whereas experienced counsellors described theoretical differences as convergent or unimportant.

With regard to perceptual awareness participants' experiences were again similar to the researchers. Beginning counsellors were overwhelmed by the sheer volume of information presented and had difficulty assessing what information was most relevant. On the other hand, experienced counsellors demonstrated perceptual skill at identifying subtle aspects of the information presented, an ability to process information on different levels simultaneously, and an ability to differentiate between significant and peripheral information. As with the researcher, beginning participant counsellors were easily sidetracked by the client and did not seem to have a clear sense of direction during the session. An unexpected finding was the similarity between beginning and experienced counsellors description of the client's problem.

Consistent with the overall findings, there were parallels between the participants' interventions and the researcher's own experiences. Beginning

counsellors described a lack of confidence in their ability and experienced anxiety about making the client uncomfortable. As a result, they had difficulty confronting the client and tended to use non-directive interventions. Similar to the researcher's experience, beginning counsellors had a limited range of interventions to use and their actions tended to be planned in advance and were often implemented ineffectively. As expected, experienced counsellors expressed overall confidence in their ability, were more confrontative with the client, and were fairly directive regarding the focus of the session. In addition, experienced counsellors used a wide range of techniques based on their interaction with the client and the specific situation. One of the researcher's implicit assumptions was that experienced counsellors interventions are based on an intuitive process and this was consistent with participants' descriptions. Another finding that was anticipated by the researcher, but was not directly stated, was that beginning counsellors had difficulty knowing how to access the client's emotions. One unexpected finding was the discrepancy between beginning counsellors' descriptions of their approach to counselling and their actual interventions during the counselling session.

In reference to the counsellor-client relationship, there was a direct parallel between beginning counsellors' sense of responsibility for the client's progress or lack of progress and the researcher's own experience. Similarly, both the researcher and the beginning counsellors indicated that their emotional involvement with the client interfered with their effectiveness. With regard to the researcher's other assumptions there were implied parallels between the researcher's experience and those of the beginning counsellor participants.

Beginning counsellors descriptions were not explicit, with regard to feeling self-conscious or being preoccupied with their own performance, as was the researcher's experience. However, beginning counsellors references to their lack of confidence, as well as their degree of emotional involvement seems to imply that their experiences were at least somewhat similar to the researcher's. However, there was no parallel between the researcher's experience of differentiating between herself as a counsellor and a person and the beginning counsellors' descriptions.

On the other hand, there were similarities between the researcher's experience and the experienced counsellors, including experienced counsellors' reliance on subjective feelings about the client and the importance of intimacy in the therapeutic relationship. The researcher's assumption about increased authenticity was described by one of the experienced counsellors who indicated that he does not act differently as a counsellor than he does as a person. An unexpected finding was with regard to the interaction between a counsellor's actions and his or her relationship with the client. Although, experienced counsellors indicated that their actions were determined by their interaction with the client, beginning counsellors did not indicate that their relationship with the client had any direct effect on their choice of interventions.

Relationship of Findings to Previous Research

The present study differed in several important ways from the research described in Chapter 2. One important difference was that most previous research has examined counsellors with considerably less experience than the

present study, which examined counsellors with extensive (up to 20 years) experience. Another difference was the current researcher's qualitative emphasis on counsellor's descriptions of their thought processes, perceptions, and interventions. In contrast, most previous researchers have focused on quantitative measures of counsellor performance and treatment outcome. In addition, the present study examined the perceptions of counsellors within the context of an actual counselling session, while many of the studies reviewed utilised taped simulations of the therapy process. In view of these important differences any conclusions about the relationship between the present study and previous research must be considered, to a large extent speculative.

As previously mentioned, there has been considerable controversy in the research regarding the influence of experience level on the process and outcome of therapy. In this section the researcher will discuss the relationship between the results of the present study and previous research. A number of studies which were previously reviewed do not support the premise that experience level has a significant effect on the therapy process. Since these studies were discussed, in detail, in Chapter 2, they will not be included in this section. The present study indicated that there are qualitative differences between the perceptions, thought processes, and interventions of beginning and experienced counsellors. As such, this study is in agreement with the research findings of Ornston et al. (1968), Diamond (1983), and Benner (1984), as well as some of the results reported by Strupp (1955), and Auerbach and Johnson (1977). A discussion of the specific parallels between the present research and these studies will follow.

There were implicit parallels between the present study and the research conducted by Ornston et al. (1968), specifically with regard to perceptual awareness. Ornston reported that novice therapists tended to focus on the client's specific words and that this tendency interfered with the therapist's ability to understand the client's problem as a whole. In contrast, Ornston indicated that experienced therapists demonstrated an ability to understand the client's message as an integrated whole. This finding is consistent with the results of Benner's (1984) research which concluded that beginning nurses tended to perceive clinical situations in terms of discrete bits of information, whereas experienced nurses demonstrated an intuitive grasp of the situation and were able to make rapid, accurate assessments. In the present study, beginning counsellors reported difficulty distinguishing relevant from irrelevant information and indicated a tendency to become overwhelmed by the volume of information presented by the client. This appears to be consistent with the experience of novice therapists in Ornston's research. Similarly, experienced counsellors, in the current study, described their ability to determine which information was most significant and to intuitively understand the client's problem, which was consistent with the experienced therapists in Ornston's study. The studies by Ornston et al. (1968), Benner (1984) and the present study all lend support to the notion that there are characteristic differences in the way that beginning and experienced practitioners perceive clinical situations.

In a recent experimental study, Diamond (1983) found that the complexity and integration of therapist's impressions of clients increased significantly with clinical experience. Diamond's research was similar to the present study in its

examination of therapists with widely different levels of experience. However, therapists' perceptions were based on an audiotaped simulation of a therapy session rather than an actual session, which in the researcher's opinion are qualitatively different experiences. In spite of methodological differences, there were direct parallels between Diamond's findings and those of the present study.

Diamond indicated that the therapist's ability to organize the material, presented by the client, increased significantly with experience. Consistent with the study by Ornston et al., Diamond found that novice therapists focused on simple phrases and isolated elements of the client's material. Diamond's overall impression of the novice therapist was his struggle to understand the client's material. In contrast, veteran (experienced) therapists focused on major issues and their dominant feature was an ability to "cut to the heart of the matter." These findings by Diamond are consistent with the present study, in that beginning counsellors reported difficulty making sense of the information presented by the client, whereas experienced counsellors expressed an intuitive understanding of the client's situation. Another parallel finding between the present study and previous research was related to the client-therapist relationship. Diamond's research indicated an increased emphasis on the client-therapist relationship associated with therapist experience level. Similarly, Auerbach and Johnson (1977) reported that experienced therapists were more involved with their clients, whereas inexperienced therapists had a tendency to be more distant.

Benner's (1984) qualitative study of nurses with different levels of experience was more similar to the present study, in design, than any of the previously described research. One of the obvious differences between these two

studies was that the practitioners in Benner's research were nurses while in the present study they were counsellors. This difference notwithstanding there were definite parallels between the findings reported in these two studies.

Benner's overall conclusion was that there were qualitative differences between the performance of novice and experienced nurses, some of which were consistent with the descriptions of the participants in the present study. One similarity was the shift from using theoretical knowledge to using past clinical experience that occurred as the experience of the participants increased. Experienced counsellors, in the current study, indicated a definite reliance on past counselling experience, with regard to their perceptions and actions during the session. With regard to Benner's finding that novice nurses relied on formal rules and theoretical guidelines, this was not clearly indicated by beginning counsellors. One reason for this may be attributable to differences in experience between the novices in Benner's research, who had no practical nursing experience and beginning counsellors in the present study, who had up to one year of counselling experience. Beginning counsellors did however, report a lack of reliance on past counselling experience which distinguished them from experienced counsellors. An interesting variation with regard to beginning counsellors lack of counselling experience was their use of personal life experience.

Another similarity between Benner's research and the present study was the development in participants' ability to discriminate between relevant and irrelevant information. Beginning counsellors reported feeling overwhelmed by the amount of information and had difficulty determining which information was most important. Conversely, experienced counsellors described a qualitative shift

in their ability to recognize subtle non-verbal cues and their ability to differentiate between significant and peripheral information. Benner's research reported that novice nurses tended to perceive situations as a series of tasks, while expert nurses indicated an intuitive grasp of the situation as an integrated whole. Consistent with this, experienced counsellors in the present study indicated that their performance was guided by experience based intuition and that their responses during the session were spontaneous and unplanned. In addition, experienced counsellors reported a shift in their ability to process information on many different levels simultaneously which seems consistent with an increased ability to perceive the counselling situation as an integrated whole. Beginning counsellors' remarks did not directly parallel Benner's conclusions that novices responded to the nursing situation as a series of tasks. However, beginning counsellors did operate in a more planned manner, including preparation in advance of the counselling session and deciding what interventions to use prior to implementing them. Similarly, beginning counsellors' interventions were applied somewhat mechanically, as demonstrated by inappropriate timing and ineffective implementation. In summary the present study is supportive of Benner's conclusions, as well as those of Dreyfus (1980) and Peavy (1986).

One aspect of skill performance described by both Dreyfus and Peavy was the shift from "detached observer to involved performer" (Dreyfus, 1980). Peavy (1986) described the expert's skill as embodied within the counsellor. He indicated that "skillful counsellors are totally absorbed in skillful performance" (Peavy, p.15). According to Peavy, less experienced counsellors have a tendency to analyze and plan their actions before acting, while the expert "who knows by feel

and familiarity acts without having to compare alternatives" (Peavy, p. 15). This shift in performance was substantiated by the present study. One of the experienced counsellors described "herself as the instrument of counselling," while another experienced counsellor made reference to the integration between himself as a person and a counsellor. Experienced counsellors reported that their actions were based on their interaction with the client and on what "felt right," rather than on deliberate planning. Similarly, experienced counsellors described their actions as spontaneous and intuitive, all of which seems consistent with the description of the "involved performer." On the other hand, beginning counsellors in this study had a tendency to analyze and deliberate over their actions, which seems more consistent with the description of the "detached observer." The shift in involvement described by Peavy and Dreyfus should not be confused with the "emotional overinvolvement" reported by beginning counsellors in the present study.

One possible explanation for beginning counsellors "detached" performance could be related to what Fuller and Bowen (1975) described as "survival concerns." Fuller and Bowen found that during the early stages of skill development, teachers reported a high level of anxiety and preoccupation with concerns of self-adequacy. Beginning counsellors in the present study expressed anxiety and concern about the accuracy of their perceptions, their timing and clinical judgement, the client's comfort and their repertoire of interventions. All of these concerns are related to the issue of self-adequacy and it seems plausible that beginning counsellors' preoccupation with these concerns would interfere with their ability to be present and directly involved with the client.

With regard to therapist interventions, there were parallels between the present study and the findings reported by Auerbach and Johnson (1977). Both the present research and the studies reviewed by Auerbach and Johnson reported that experienced therapists tended to be more active, confrontative and used more directive interventions, whereas inexperienced therapists used more exploratory interventions and tended to follow the client's lead, rather than changing the focus of the session. In addition, Strupp (1955) reported that experience led to a diversification of technique. This was consistent with the present finding that experienced counsellors reported access to a wide variety of divergent techniques in their work with clients, whereas beginning counsellors reported a limited repertoire of therapeutic techniques.

Significance and Implications of Results for Counsellors and Counsellor Educators

As discussed earlier in this chapter, the findings of the present study are a reflection of the participants' experiences and cannot necessarily be generalized to other counsellors. The purpose of phenomenological research is to describe individual experiences of a particular phenomenon in order to gain an understanding of its meaning within the lived context. One of the goals of this study was to encourage counsellors to reflect on their experiences during a counselling session. Examining their own counselling experiences may help counsellors identify particular aspects of the counselling process that they are having difficulty with, such as recognizing salient information, being preoccupied with their own thoughts and feelings, or having access to a limited range of interventions. In addition, reflection on the experiences of the participants in this

study, combined with self-evaluation, may lead individual counsellors to search out ways to enhance their skill development or may simply affirm their own experiences.

Furthermore, the findings of the present study, as well as those of Ornston et al. (1968), Dreyfus (1980), Diamond (1983), Benner (1984), and Peavy (1986), may lead counsellor educators to examine the skill development needs of counsellor trainees with different levels of experience, rather than assuming that the same type of training is beneficial for all counsellor trainees. For example, a micro-skills approach which focuses on the verbal and behavioural performance of specific counselling skills may be a valuable way to facilitate skill development for counsellor trainees, who have minimal counselling experience. However, experienced counsellors, who have achieved competence at performing these core counselling skills, may benefit more from a training approach which focuses on contextual aspects of counselling, such as developing clinical judgement and perceptual awareness. In addition, while theoretical guidelines may be necessary for beginning counsellor trainees, clinical judgement and perceptual awareness cannot be taught by context free guidelines, these skills must be developed in actual counselling situations, through repeated perceptual comparisons.

Suggestions for Future Research

The present study has attempted to demonstrate that an in-depth, qualitative analysis of the skilled performance of experienced counsellors, in actual counselling situations, is a valuable source of clinical knowledge. Furthermore, the findings of this study indicate that there are qualitative

differences between beginning and experienced counsellors which may have important implications regarding the training of counsellors.

The researcher's use of a phenomenological approach was intentional, based on an assumption that the practice of skilled counsellors is a complex, intuitive process which cannot be extracted from the context of an actual counselling situation. As such, skilled performance cannot be fully understood by using research strategies which focus on quantifiable variables or which attempt to examine these variables in isolation from the context in which they are experienced. One of the researcher's methodological suggestions regarding future research is similar to that of Benner (1984) and Klein (1986), who stressed the importance of using a qualitative rather than quantitative approach in studying the performance of skilled practitioners.

Specific recommendations for future research related to the focus of the present study are suggested below:

- to expand on this study by examining the experience of counsellors with a variety of widely different levels of experience, such as no experience, one year, three years, five years, ten years, and twenty years of experience in order to develop a more complete understanding of transitions that occur during skill development

- to examine a large number of highly skilled, experienced counsellors (with more than 10 years of counselling experience) in order to develop a model of expert counselling performance

- to develop an approach to counsellor training that is geared toward the skill development needs of experienced counsellors-in-training and to evaluate the effectiveness of this approach.

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APPENDIX A
LETTER TO PROSPECTIVE PARTICIPANTS (EXPERIENCED
COUNSELLORS)

UNIVERSITY OF VICTORIA
Faculty of Education
P. O. Box 1700
Victoria, B. C.

November 18, 1986

(name of counsellor)

(address) _____

Dear :

I am working on my Master's degree in Counselling at the University of Victoria and have designed a study to examine counsellors thought processes and actions during a counselling session. I am looking for highly skilled counsellors, who have Master's degree in Counselling or a related discipline and minimum of five years of recent counselling experience. To develop a list of highly skilled counsellors, I contacted 20 professional counsellors in Victoria and asked them to suggest two counsellors who they consider to be experts in individual counselling. Counsellors nominated by at least two of their peers have been invited to participate in this study. You were recommended as an expert counsellor by several of your colleagues, and as such I am writing to invite you to participate in

my thesis project. If you think you may be interested and would like more information, please read on.

Participant counsellors will be asked to conduct a one hour videotaped counselling session with a volunteer client, who is interested in exploring a genuine personal problem. Counsellors will then be asked to view the videotape and participate with the researcher in an audiotaped interview for approximately one and a half hours. The focus of the interview will be to explore the counsellor's subjective thought processes during this specific counselling session, as well as their perception of the counselling process in a general sense. At no point in this study will the counsellor's performance be evaluated.

This study will focus on counsellors' subjective experience during a counselling session. My goal is to understand and describe the counsellor's experience in their own terms. Preferably, a participant would be willing to explore his or her subjective experience and be able to articulate this in explicit terms.

Your participation would involve approximately two and a half hours of your time. If you are willing to be involved or would like more information, please contact me between 8:30-4:30, weekdays at 387-5077, or in the evening at 598-5803. If you are not available, please indicate this by ticking the box at the end of this page and return this letter to me in the enclosed envelope.

I appreciate your consideration of my request and hope to hear from you.

Sincerely,

Peggy Hansen

[] I am not available to participate in this study

APPENDIX B
LETTER TO PROSPECTIVE PARTICIPANTS (BEGINNING
COUNSELLORS)

UNIVERSITY OF VICTORIA
Faculty of Education
P. O. Box 1700
Victoria, B. C.

November 18, 1986

(name of counsellor)

(address) _____

Dear :

I am working on my Master's degree in Counselling at the University of Victoria and have designed a study to examine counsellors thought processes and actions during a counselling session. I am looking for participants who have a Master's degree in Counselling or a related discipline and less than one year of direct counselling experience. If you think you may be interested and would like more information, please read on.

Participants will be asked to conduct a one hour videotaped counselling session with a volunteer client, who is interested in exploring a genuine personal problem. Counsellors will then be asked to view the videotape and participate with the researcher in an audiotaped interview for approximately one and a half

hours. The focus of the interview will be to explore the counsellor's subjective thought processes during the counselling session. At no point in this study will the counsellor's performance be evaluated.

This study will focus on counsellors' subjective experience during the counselling session. My goal is to understand and describe counsellors' experiences in their own terms. Preferably, a participant would be willing to explore his or her subjective experience and be able to articulate this in explicit terms.

Your participation would involve approximately two and a half hours of your time. If you are willing to be involved or would like more information, please contact me between 8:30-4:30, weekdays at 387-5077, or in the evening at 598-5803. If you are not available, please indicate this by ticking the box at the end of this page and return this letter to me in the enclosed envelope.

I appreciate your consideration of my request and hope to hear from you.

Sincerely,

Peggy Hansen

I am not available to participate in this study

APPENDIX C
CONSENT FORM FOR COUNSELLOR PARTICIPANTS

I, _____ consent to being part of this study of counsellors' subjective perceptions of their thought processes and actions during a counselling session.

I am aware that I will be asked to participate in a counselling session with a volunteer client, for approximately one hour. I also understand that the counselling session will be videotaped by the researcher. Following this, I will be asked to meet with the researcher, at a mutually convenient time, to watch the videotape and participate in an audiotaped interview. I am aware that the purpose of this interview is to describe my experiences during the counselling session, and that at no point in this interview will my counselling performance be evaluated.

I understand that my involvement in the study will be confidential and that documentation of this research will not include identifying information such as my name, address, age, physical characteristics, etc. I agree, in signing this consent form, to protect the identity and involvement of the client by discussing the counselling session with no one except the researcher.

I understand that my participation in this study is completely voluntary. I am also aware that I may withdraw from the study at any time without unfavourable consequences.

Signed _____

Dated _____

APPENDIX D
CONSENT FORM FOR CLIENT PARTICIPANT

I, _____ consent to being par this study of counsellors' subjective perceptions of their thought processes and actions during a counselling session.

I understand that I am being asked to disclose, in the context of a videotaped counselling session, a genuine personal concern. I also understand that I am being asked to explore the same problem with five different counsellors, in the context of five separate sessions. I am aware that I will be given an opportunity to view the videotapes, after which I may freely decide whether or not to permit them to be used in this study. If I decide that I do not want the session to be used, I understand that the videotape will be erased immediately. I am aware that my involvement in this project is completely voluntary and that I may withdraw at any point without unfavourable consequences.

I also understand that if I experience any negative effect as a result of my involvement in this project, that the researcher will willingly assist me in seeking professional counselling or other support.

I am aware that the videotape will only be seen by the researcher and the participating counsellors and that my participation in this project is confidential. After this project is complete, the researcher will erase the tapes immediately. I

agree, in signing this consent form, to protect the identity of the counsellors involved in this study.

In addition, I understand that I will be given an opportunity to debrief my personal reactions to the project, after my involvement is complete.

Signed

A solid black rectangular box redacting the signature.

Dated

August 23, 1988

VITA

Surname: Hansen Given Names: Peggy Theresa

Place of Birth: Sudbury, Ontario Date of Birth: March 2, 1953

Educational Institutions Attended, with Dates of Entering and Leaving:

Simon Fraser University, Burnaby, B.C. 1973 to 1977

University of Victoria, B.C. 1981 to 1985

_____ 1985 to 1988

Degrees Awarded, with Dates and Names of Institutions:

B.A. Psychology 1985 University of Victoria

_____ _____ _____

_____ _____ _____

Honours and Awards:

J. H. Gundy Award, 1983

The Hugh E. Farquhar Scholarship, 1984

Publications:

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Title of Thesis:

A Phenomenological Study of Beginning and Experienced Counsellors

Thought Processes and Actions During a Counselling Session.

Author:



Peggy Theresa Hansen

August 23, 1988

August, 1988