
Women's Experiences of Change Processes During Intensive Counselling

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Abstract

Post-session written responses of six female clients in intensive, short-term counselling ($M = 21$ sessions) were examined using qualitative analyses to map their change processes. At the end of each session, clients described the most important event in the session, the reason for its importance, their thoughts and feelings during the event, their thoughts in between sessions, and any change that they were experiencing. Two patterns, Consistent Change and Interrupted Change, emerged from the data analysis. The implications of these patterns for understanding change processes in counselling are discussed.

Résumé

Les réponses écrites de six clientes, à la postsession de counseling intensif et de courte durée ($M = 21$ sessions), ont été examinées en utilisant des analyses qualitatives pour tracer leurs processus de changement. À la fin de chaque session, les clientes décrivaient le moment le plus important de la session, la raison de son importance, leurs pensées et leurs sentiments au cours de l'événement, leurs pensées entre les sessions et n'importe quel changement qu'elles auraient pu sentir. Deux types de changement de sont dégagés de l'analyse des données: le Changement Continu (Consistent Change) et le Changement Interrompu (Interrupted Change). Les implications de ces types de changement pour mieux comprendre les processus de changement en counseling sont discutées.

The ultimate goal of counselling for most clients is to change or improve something about themselves or their lives. Yet, as counselling researchers, we are just beginning to identify empirically the specific mechanisms of the change process for clients in actual counselling contexts (e.g., Elliott & Shapiro, 1992; Lietaer, 1992; Rennie, 1992). For the purposes of the present study, the change process in counselling is conceptualized as the cognitive, affective, and behavioural changes that occur in clients over time.

While many theories of change in short-term counselling have been developed (e.g., Goldfried, 1991; Heppner & Claiborn, 1989; Highlen & Hill, 1984; Mahoney, 1991; Martin, 1991; Rice & Greenberg, 1984), these theories tend to describe change as a unitary process that is common to most clients. However, Hill and Corbett (1993) believe that uniformity in the change process is a myth because change in counselling will be different for different clients under different circumstances.

Empirical support for Hill and Corbett's (1993) belief was provided by Cummings, Hallberg and Slemon (1994) who analyzed change processes qualitatively from post-session written responses of ten female clients in

short-term counselling. Instead of finding one, unitary change process, they discovered three unique change processes.

The first pattern, Consistent Change, is characterized by a steady improvement in self-understanding, working painful feelings through resolution, developing personal theories of change, using the time in between sessions to process insights from the session, and maintaining hope about changing oneself.

The second pattern, Interrupted Change, has a beginning period of improvement in self-understanding, followed by a setback (between sessions 3-6) with clients reporting a return of the self-doubt that they had experienced at the beginning of counselling. Self-confidence is then regained to varying degrees before the counselling ends.

The third pattern, Minimal Change, describes a client who is reluctant and/or ambivalent about being in counselling. There is an initial period of minor change, followed by a plateau of no change for several sessions because the client is struggling with whether to remain in counselling. This pattern is characterized by an active avoidance of painful feelings, no personal theory of change, and use of the time in between sessions to deliberate about staying in counselling rather than for processing material at a deeper level.

Cummings et al. (1994) relate these patterns to Goldfried's (1991) integration of several theories of change. They found that the three patterns were on a continuum with Consistent Change having all of Goldfried's five elements of change, Interrupted Change having fewer elements, and Minimal Change had one element. While the Cummings et al. (1994) study provided some support for his theory of change, the study can be criticized on methodological grounds. First, their clients were students who received counselling as part of a research project rather than help-seeking clients at a counselling agency. Second, the clients received an average of only nine sessions from novice counsellors. All of these conditions make the generalizability of their change patterns to clients in longer-term counselling in naturalistic settings with more experienced counsellors questionable.

Current Study

The present study was designed to address these methodological weaknesses of the Cummings et al. (1994) study by analyzing change processes for help-seeking clients at a university counselling centre seeing more experienced counsellors and collecting data from them over a seven-month period. As with the Cummings et al. (1994) study, qualitative analyses of clients' post-session written responses were used as the basis for mapping various change patterns. Numerous counselling researchers (Hill & Corbett, 1993; Hoshmand, 1989; Polkinghorne, 1991;

Rennie & Toukmanian, 1992) have highlighted the value of qualitative approaches for counselling process research as a way of getting inside the client perspective through preserving the narrative richness of clients' self-reports of their experiences in counselling.

The qualitative analyses for the present study were based on a narrative-interpretive approach similar to Bruner's (1986) narrative method for literary interpretation. A narrative can be viewed as an organizing principle of episodes, perceptions, and actions (Sarbin, 1986). Thus, the written responses of a client over many sessions can be organized into a narrative summary that incorporates the primary episodes, patterns, and perceptions of each client. While a narrative approach often uses participant interviews for the data base (Mishers, 1986), written responses were used in the present study because it was necessary to assess change on a session-by-session basis. Although written responses do not always provide as much information as interviews, with a total of 128 sessions, it would have been too cumbersome to conduct individual interviews.

After client change processes are described through a narrative-interpretive approach, it is important to examine the correspondence between the data and various theories of change in counselling so that clients' phenomenological experiences are interpreted on the basis of well-developed theory. Many theories of change have been integrated by Goldfried (1991) who identified the following common elements: (a) giving clients hope; (b) helping clients to become more aware by connecting thoughts and feelings; (c) encouraging corrective experiences; (d) providing continuing reality testing; and (e) developing a good therapeutic relationship (working alliance). He views increased self-efficacy (empowerment) as the end point of the change process. This integrative approach can be viewed as describing several different areas of change: cognition, affect, behaviour, and the therapeutic relationship.

The present study was designed to analyze change processes for six women in short-term, intensive counselling (18-24 sessions). Both common patterns of change among clients, and unique distinctions between clients will be described. Three research questions will be addressed: (a) What cognitive, affective, behavioural, and relationship elements of the change process are identified by different clients? (b) What patterns of change are evident for women working on deeper, more persistent issues in counselling (i.e., issues that usually require longer-term counselling such as eating disorders and incest in contrast to shorter-term issues such as procrastination or unassertiveness)? (c) How do these patterns of change compare to established theories of change in counselling? Women were chosen for this research study because they are the gender who most often use counselling services. Our goal was to describe change

processes for this client group. There was no expectation that patterns of change for these women would necessarily generalize to other client groups.

METHOD

Participants

The clients were six Canadian women who had sought counselling services at a university counselling centre of a large, urban university. Age range of the clients was 19-26 with a mean of 22 years. Potential clients (those with issues requiring longer-term counselling) were given information about the research project at the end of an initial assessment interview. Seven clients began the research study, but one dropped out after four sessions. While all clients dealt with a variety of themes and issues, the primary client issues included dealing with eating disorders ($n = 3$), childhood sexual abuse ($n = 1$), an abusive ex-boyfriend ($n = 1$), and lesbian identity ($n = 1$).

The counsellors were five women working in the same counselling centre. Three were experienced registered psychologists and two were graduate counselling interns. One of the three experienced counsellors saw two clients. The age range of the counsellors was 24-45 years with a mean of 35. All of the counsellors used an eclectic blend of cognitive-behavioural, experiential, and feminist counselling approaches.

Instrumentation

Important Events Questionnaire. (IEQ; Cummings, Martin, Hallberg & Slemon, 1992). This questionnaire has been used in numerous studies (Cummings, et al, 1994; Cummings, Slemon & Hallberg, 1993; Cummings, Hallberg, Martin & Slemon, 1992) and contains five different questions: (a) "What was the most important thing that happened in this session (i.e., what stood out for you)? Please be as specific as you can." (b) "Why was it important and how was it helpful or not helpful?" (c) "What thoughts and feelings do you recall experiencing/having during this time in the session?" (These first three questions were repeated for the second most important event in the session.) (d) "What did you find yourself thinking about or doing during the time in between sessions that related in any way to the last session?" and (e) "Are you experiencing any change in yourself? If so, what?" The first three questions are session-specific, while the last two questions elicit processes and experiences of the client outside of counselling. Clients wrote their responses to these questions by themselves in the interview room immediately following the counselling session.

A research team of the three counselling professors (the authors) and one counselling graduate student read all of the responses for one client

for every session on the IEQ. In qualitative analyses, one threat to validity is researcher bias. All three researchers describe their counselling orientations as person-centred and experiential. The first author and graduate student also have a feminist orientation. Each research team member wrote four separate narrative summaries for the cognitive, affective, behavioural, and relationship change that were occurring for each client over all sessions. Although other types of change could have been assessed, these four types were chosen because they provided a framework of change components commonly found in the change literature that could be used to organize a complex data set. Differences in narratives were discussed by the team until consensus was reached and the individual narratives could be combined into one narrative for each client. The answers to all five questions were analyzed as a holistic unit.

Once the six individual narratives were completed, they were then examined for common patterns of change across several clients as well as for unique aspects for individual clients. Polkinghorne's (1991) procedures for qualitative research were followed: (a) read and reread the data; (b) identify units of data (client narratives) that express a single theme (i.e., a pattern of change); (c) group together and analyze units (narratives) with the same theme (change pattern) for common elements, relationships among elements, and a "best fit" description; and (d) locate evidence that could contradict the unity of the descriptions. Examples of these last two steps of the analyses will be reported for each change pattern in the Results to enable readers to determine whether "best fit" descriptions have been made.

To aid in determining a change pattern for each client, two judges rated IEQ responses for each session on one of three categories: (a) improvement or change from the client's perspective; (b) no change or improvement; or (c) client reports feeling worse or back at the beginning of change. Because these are ranked categories on a continuum from improvement to no change to regression, a Spearman correlation was used to determine interrater reliability, $r = .90$. While it may be unusual to combine a more quantitative methodology in a qualitative study, it was hoped that the combination of the two methodologies would enrich the subsequent analyses.

While the concepts of reliability and validity are defined somewhat differently in qualitative research compared to quantitative designs, researchers must still be cognizant of their importance. Lincoln and Guba (1985) define reliability as dependability of the analysis, while internal validity is viewed as the credibility of the findings. One way of establishing internal validity is by creating adequate descriptions of participants' experiences that have credibility with co-informed readers (Reed, Patton & Gold, 1993). This goal can be achieved by providing enough excerpts from the primary data accompanied by the research-

ers' analyses so that readers can evaluate the validity of the analyses. In reporting the findings of the present study, this method will be employed.

Procedure

At an initial assessment interview, clients who had issues requiring longer-term counselling were asked if they would like to take part in a research study examining women's experiences of counselling as clients. If the client was interested, she then met with a research assistant who explained the study in more detail. Clients were then assigned by the counselling centre to counsellors on the basis of counsellor expertise on the client's main issues. The counselling sessions began in October and continued until April, 1992. After each session, clients completed the Important Events Questionnaire. Clients received 18-24 sessions (average of 21).

RESULTS

Unlike the Cummings et al. (1994) study, when the narratives for the present study were grouped, the clients evidenced only two patterns of change (rather than three patterns): a Consistent Change Pattern and an Interrupted Change Pattern. There were no clients with a Minimal Change Pattern. Most likely, clients who choose to remain in longer-term counselling would not evidence the continuing ambivalence about counselling that was present in the Minimal Change Pattern client in the shorter-term counselling study.

Consistent Change Pattern

In the Consistent Change Pattern, clients show a steady pattern of cognitive, affective, and/or behavioural improvement. There were three clients showing a Consistent Change Pattern: two with eating disorders and one dealing with an abusive ex-boyfriend. The written responses on the Important Events Questionnaire for all three clients focused on the presenting issue at the beginning of counselling and then changed to deeper issues (e.g., relationship patterns) by one-third to one-half of the way through counselling. All three clients had a positive relationship with their counsellors and mentioned her periodically throughout the counselling. For example, "My counsellor is very insightful. It's a relief to talk to someone who doesn't judge what you say."

All of these clients reported behavioural changes over the course of the counselling in the form of corrective experiences with other people (e.g., talking more openly with family and friends, becoming more spontaneous). The two eating disorder clients reported many corrective experiences with food (e.g., keeping a food diary, learning to eat without

feeling guilty). Reality testing also occurred in the form of checking new perceptions with family and friends.

In assessing affective change, all three clients described more negative feelings at the beginning of counselling (e.g., angry, sad, guilt, vulnerable, scared, alone). However, there were also positive feelings present from the beginning (e.g., happy, relaxed, confident). All three clients had high levels of hope throughout the counselling. At the end of counselling, they reported feeling stronger, empowered, increased self-esteem, proud of changes, and happy. While there was evidence of affective change with these clients, probably the most striking change that occurred over the 18-24 sessions involved the connections that they made between thoughts and feelings resulting in increasingly more complex insights.

For example, one client began counselling viewing her food obsession as competition with her sister. After the third session, the client commented on the counsellor's suggested "that bingeing was my way of punishing myself for a 'little treat.' I feel somewhat relieved that this may partially explain my behaviour and I feel like I now have the power to control the bingeing." By the fifth session, she learned that she can "call someone when I feel a binge coming on. I will learn to reach out and depend on others. I feel that I've made a big step." Food was viewed as a substitute for contact with people. In the next session, she commented, "I found another way to try to stop my pigging out. I can try to get that 'nurturing' in other ways. I guess I hadn't realized that I was trying to nurture myself but didn't know when to draw the line." She now has the insight that food has been a source of nurturance for her.

Later in counselling, she moved beyond food itself to beginning the process of accepting a new body image. "We discussed my feeling of 'bigness' and the fact that I feel clumsy and awkward with small women. In some way my sense of myself as a woman depends on this. I am desperately seeking concrete means of picturing myself and my body." Toward the end of counselling, she made the "discovery of the link between diminishing guilt about eating and increased feeling of choice/responsibility and self-acceptance." She now realized that self-acceptance was a cornerstone of her control over food.

One can see the layers of insight deepen as this client moved from a more simplistic viewing of her food obsession as competition with her sister, through food as a substitute for connection with people and nurturing of self, toward an acceptance of her body and self.

Interrupted Change Pattern

In the Interrupted Change Pattern, clients experience periods of improvement interspersed with setbacks that include a return of symptoms or of self-doubt. Three clients evidenced the Interrupted Change Pattern

each dealing with a different issue: childhood sexual abuse, lesbian identity, and an eating disorder. One of the distinguishing characteristics of these clients compared to the Consistent Change clients was that they appeared to be more emotionally upset by their issues and were working at resolving disturbing feelings in their counselling. For example, the client dealing with lesbian identity had panic attacks and periods of deep depression, while the client dealing with sexual abuse had overwhelmingly painful feelings as she recalled her memories. All three clients also struggled more with feelings of inferiority and inadequacy than the Consistent Change clients did.

The relationship with the counsellor was very important for these clients. They mentioned their counsellors often in their written, post-session responses (e.g., commenting on how helpful the counsellor was). As with the Consistent Change clients, strong, positive transference was evident for the Interrupted Change clients.

While these clients all reported some behavioural changes (e.g., controlling eating, meeting new people), they did not report as many corrective experiences as did the Consistent Change clients. The Interrupted Change clients appeared to be more internally focused and did not report interacting with, or learning from, other people as often as the Consistent Change clients did.

In examining affective change for these clients, all three had difficulty experiencing their emotions at the beginning of counselling; over time, they worked at feeling their painful emotions rather than withdrawing from them. Another distinguishing feature of these clients compared to Consistent Change clients was that all three clients experienced emotional relapses into hopelessness about changing (or getting better), perhaps due to the persistence of their disturbing feelings. However, all three clients also became more positive in their affect as the counselling progressed. Two of the clients at times expressed dichotomous feelings simultaneously: e.g., scared, nervous vs. comforted, centred.

As with the Consistent Change clients, there was considerable cognitive change with the Interrupted Change clients as well. All three clients worked at learning to listen to themselves and trust themselves. Two of the clients acknowledged having black and white thinking and tried to move beyond it. All of these clients commented on obtaining new perspectives in their thinking, changing negative thoughts to positive thoughts, using self-talk more positively, or reframing a belief. They also began to see patterns, link past and present behaviour, and understand the influence of their families of origin. As with the Consistent Change clients, their thinking became more complex over time.

As an example, the client with an eating disorder in this pattern will be briefly summarized. In session 2, the client began to understand her eating. "I came to the understanding that my family situation has a

greater effect on me than I had realized. This revelation was important because it has an effect on how I eat and how I feel about myself in general.” However, in the next two sessions, she lost the hope that had developed during the first two sessions. “At the moment (unlike last week) I feel as though all’s hopeless and maybe even though I want to change, my pessimistic outlook and self-destructive character will always force me to retreat to my old self.”

She eventually returned to trying to understand her troubled eating. “My lack of control has led me to use eating as a form of control. I thought a lot about my parental situation and tried to think of a way to deal with them without resorting to food.” In the next session, she obtained a different insight of “the realization that I will overeat (binge) in order to seek revenge on all the outer pressures. Now I realize that this self-destructiveness is a means of destroying societal pressures, but it does not work.” She also realized that “eating is often a release of emotions for me.”

By sessions 8-10, she was getting her food intake under control which made it possible for her to deal with some of the issues underlying her troubled eating: her negative view of self, satisfying the needs of others rather than herself, and her perfectionism. “I realize how high my expectations are for myself. As a result of figuring this out, I realize why I use food as a means of relieving the pressure I put on myself. Next time I force myself to do something, I think I’ll stop and see if it’s something I really want to do.” Here the client can be seen to take control of her thought processes so that she was acting in full awareness.

At session 15, there was another relapse when her eating problem and hopelessness returned (“As much as I don’t want to feel hopeless, I’m afraid I do today”). However, her self-talk had changed significantly around the relapse. “I can’t think of my past week’s relapse as total failure. I have to look at what I was able to accomplish as opposed to what I did not accomplish.” She then examined her body image in the next session. “My counsellor indirectly made me realize that when I think of how thin I once was, I only look at the good side as opposed to the negative side, i.e., the intense exercising and constant hunger.” In the next two sessions, she focused on the kind of person that she wanted to be.

However, she experienced another relapse at session 19 and food was again the focus of the session. “I feel like I’m falling back into an abyss and I won’t be able to fall out of it. I’ve had little hope and I’m very pessimistic.” She did recover her hope for the last two sessions and gained additional insights about her issue. “I realized that I am becoming my definition of fat. I associate fat people with being insecure, unhealthy, and unsociable. So now that I feel fat, I believe I am like that and therefore I can’t accept myself. I have to become mentally what I associ-

ate skinny people as being—self-confident, energetic, and sociable.” One can see that while this client made similar gains as the previous client in cognitive understanding about her eating disorder, she had a harder time maintaining these gains at an affective and behavioural level.

DISCUSSION

From the qualitative analyses of these six female clients in intensive counselling, two distinct patterns of change emerged. This finding provides some support for the belief that change in counselling is not a unitary process (Hill & Corbett, 1993). These results also confirmed two of the three patterns of change found by Cummings, Hallberg and Slemon (1994) in shorter-term counselling. Their pattern of Minimal Change was not present in these longer-term clients who were clearly committed to changing. The absence of this pattern could also be due to the use of more experienced counsellors who may have been more skilled than novice counsellors at facilitating client change.

Interestingly, patterns of change found for short-term counselling (9 sessions) with novice counsellors and clients in a research project (Cummings, Hallberg & Slemon, 1994) were also found for clients at a counselling centre in longer-term counselling (21 sessions), working on deeper issues with more experienced counsellors. In comparing the results of these two studies, the Consistent Change clients showed evidence of all of Goldfried's (1991) elements of change, while the Interrupted Change clients lost their hope at various times in the counselling and did not report as much reality testing or corrective experiences as did the Consistent Change clients. It is possible that the persistence of negative affect for the Interrupted Change clients made them more hesitant about reality testing and less confident in believing positive information that can emanate from trying new alternatives.

The major difference in the two studies concerns the counselling relationship. In the shorter-term counselling study, the Consistent Change clients had a more task focus within the relationship, while the Interrupted Change clients showed a greater reliance on the counsellor. In the current, longer-term counselling study, there were no discernible differences between the two change patterns in the clients' relationships with the counsellors. All of the clients evidenced strong, positive relationships with their counsellors and commented about the counsellor throughout the counselling.

It was unexpected that the Continuous Change pattern would be maintained by clients over 20 sessions. An obvious research question for further study would be, “What are the individual differences that contribute to a client experiencing a Continuous or Interrupted Change pattern?”

At a more micro-analytic level, the present study also confirmed findings from other studies of the change process. As Heppner et al. (1992) found in their study of three clients over seven sessions, a prominent theme in clients' important event statements was learning ways of coping more effectively with their problems (including new cognitions). They conclude that client learning is a fundamental aspect of the change process, a conclusion that seems valid for the cognitive, behavioural, and affective changes that occurred for the clients in the present study. Some aspects of the Interrupted Change pattern were also similar to the periodic fluctuations of a client's confidence and control over 12 sessions in a study by Hoyt, Strong, Corcoran and Robbins (1993).

There are several limitations to this study that affect the generalizability of the findings. First, the small sample size of highly educated, white, middle-class women may not be representative of patterns of change that would be present in a more general client population. Certainly, the issues addressed by these clients were gender-based (eating disorders, abuse). Male clients may have addressed different issues in counselling which may have resulted in different change patterns. In addition, the small number of clients may have limited the number of patterns of change that emerged. A larger sample might have produced more than two patterns of change.

Second, did answering a question about change in themselves every week pressure clients to change faster than the "average" client? In other words, did the methodology of the research create artificial change processes that would not be present in clients who were not completing weekly forms?

Given these limitations, what can be concluded about change processes for these university women receiving counselling on depth issues? At least two distinct change processes were present for these clients. If counsellors are working with clients who evidence an Interrupted Change pattern, it might be helpful to explain to the client that the pattern is normal and that hope will return even though the client is currently feeling hopeless.

From this data, change processes for these six clients appeared to involve complex interactions among new insights, the resolution of painful feelings, experimenting with corrective experiences which can increase confidence to explore underlying issues, all within a caring, therapeutic relationship. More study is certainly needed to delineate predetermining factors for each pattern of change with other client groups.

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