Relationships between Counsellor Interventions, Client Experiencing, and Emotional Expressiveness: An Exploratory Study[1]

Anastassios Stalikas
Marilyn Fitzpatrick
McGill University

Abstract

The importance of client emotionality in counselling, while much discussed by theorists, has been less well investigated by researchers. The relationship between counsellor interventions that occur with particular levels of emotional arousal and experiencing has not been fully investigated. This study examined the relationship between client experiencing, strength of feeling, and counsellor verbal response modes in three different types of counselling. No evidence of a significant association between counsellor verbal response modes and levels of experiencing or strength of feeling was found. The meaning of this finding and its implications for counsellors and researchers are discussed.

Résumé

L'importance de l'émotivité du client en counseling, quoique beaucoup traitée par les théoristes, a été moins bien étudiée par les chercheurs. On n'a pas examiné à fond la relation qui existe entre les interventions du conseiller qui se produisent avec des niveaux particuliers d'éveil émotionnel et d'expérience affective. Cette étude a examiné le rapport entre l'expérience du client, l'intensité des sentiments, et les modes de réponse verbale du conseiller, dans trois genres différents de counseling. On n'a trouvé aucune preuve qu'une association significative existe entre les modes de réponse verbale du conseiller et les niveaux d'expérience affective ou d'intensité des sentiments. L'auteur discute de la signification de cette conclusion et des implications pour les conseillers et les chercheurs.

Client emotional involvement in the psychotherapy session has been extensively described in the literature, with some researchers and most theorists tending to agree that emotional involvement is an important factor in personality change (Greenberg & Safran, 1987, 1991; Greenberg, Rice, & Elliott, 1993; Nichols, 1974). While there is considerable agreement on the importance of emotional involvement, theorists disagree on its therapeutic function and curative aspects (cf., Mahoney 1991, Greenberg & Safran, 1987, Safran & Greenberg, 1991). The literature indicates that emotional involvement can be therapeutic in at least two different ways: through emotional expressiveness and through experiencing. It may be that emotional involvement is a multi-faceted process that assumes different meanings in different contexts.

Emotional expressiveness refers to outward directed feelings that clients have during sessions. Freud (1955) used the terms "catharsis" and "feeling expression" to describe the intense expression of emotions, and Perls (1969) used the term "explosion" and "emotional insight" to describe the process of expressing feelings that originate in the "here-and-

now" of the session. Wexler (1975) used the terms "client expressiveness" to describe the vividness and strength of feeling of clients. Emotional expressiveness may be necessary for the restoration of psychological balance (Mahoney, 1991), as a liberating effect associated with awareness (Freud, 1955), or as the means of gaining access to personality potentials that reside outside awareness (Mahrer, in press).

Experiencing is a related construct that refers to cognitive-affective exploration of feelings that originate in the client and refer to the self or others (Greenberg, Rice, & Elliott, 1993). It is characterized by an "inward" introspective direction that identifies feelings, connects them to thoughts, develops a better understanding of their purpose, function, and meaning, and achieves insight or greater understanding of the self. When engaged in an experiencing process, clients try to "make sense of" or explain their emotional experience (Greenberg & Safran, 1987).

There is a growing body of research that examines a variety of relationships between emotional expression, experiencing and therapeutic process and outcome. Researchers have investigated the relationship between emotional expression and final therapeutic outcome and have reported good outcomes to be related to emotional arousal (e.g. Foa & Kozak, 1991; Mahrer & Gervaize, 1984; Mills & Wooster, 1987; Moore & Haverkamp, 1989; Nichols, 1974; Taurke, Flegenheimer, McCullough, Winston, Pollack, & Trujillo, 1990). Nichols (1974) reported that brief cathartic experiences were associated to positive psychotherapeutic outcome. Taurke and his colleagues (1990) reported a positive relationship between patients who exhibited affective responses and positive therapeutic outcomes. Mills and Wooster (1987) reported that allowing for emotional expression can be vital for the healing and growing process.

In a similar vein, the effectiveness of certain methods of heightening client emotional arousal has been studied. Researchers examined the relation between flooding (Hackman & Maclean, 1975), strength of feeling (Mahrer, Stalikas, Boissoneault, Trainor, & Pilloud, 1989; Stalikas, 1990; Stalikas & Fitzpatrick, 1995), and implosion (Hekmat, 1973) and therapeutic process or outcome. The results in each study indicated that heightened emotional expressiveness was conducive to change and related to positive therapeutic process or outcome.

In terms of experiencing, researchers have investigated the association between experiencing and single categories of in-session therapeutic phenomena such as insight (Elliott, 1983), resolution of gestalt-splits (Greenberg, 1983) or understanding of significant-others (Greenberg, Ford, Alden, & Johnson, 1993). Greenberg (1983), found that heightened experiencing was associated with a more productive resolution of gestalt splits. Clients who experienced an inner-directed exploration, in combination with a high degree of emotionally expressive voice, were able to better resolve conflicts.

The role that the counsellor's interventions play in client emotional expressiveness or experiencing has not, however, been fully examined. Studies of counsellor verbal response modes have yielded a large body of contradictory data (Hill, 1992). It is possible that client emotional involvement, either emotional expressiveness or experiencing, may be a moderator variable explaining some of the inconsistent findings relative to counsellor interventions. The impact that counsellors interventions may have on client emotional involvement needs further exploration within the psychotherapy process.

PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

Since client emotional involvement is an important variable in the counselling process, counsellor interventions related to its fluctuations are of great practical interest. This study was designed to address practitioner-relevant questions concerning the kinds of interventions associated with varying levels of client emotional involvement. For counsellors who value certain levels of emotional expressiveness or types of client experiencing, the study of this relationship may indicate the categories of counsellor interventions related to these variables.

The research questions under investigation in this study were: (a) what specific counsellor response modes relate to particular levels of experiencing? and, (b) what specific counsellor verbal response modes relate to specific levels of client emotional expression?

METHOD

Counsellors and Clients

Three exemplary counsellors, each a pioneer of his own therapeutic approach, were used in the present investigation: Albert Ellis (1979) for Rational-Emotive Therapy, Carl Rogers (1965) for Client-Centered Therapy, and Fritz Perls (1969) for Gestalt therapy. One complete audio-taped session of each counsellor was studied.

Single sessions from each counsellor with female clients in their thirties were studied. The sessions were an initial session of Rogers with Cathy (Shostrom, 1977), a third session of Ellis with Mrs. EKLI (University of Ottawa Psychotherapy Research Tape Library), and an initial session of Perls with Gloria (Shostrom, 1966).

Verbatim transcripts of the sessions were checked for accuracy and all speaking turns were numbered consecutively. A speaking turn was defined as all the words spoken by one party (the client or counsellor), preceded and followed by words spoken by the other party.

Raters

Fifteen raters, graduate students in counselling psychology, were divided into three groups of five. Each group of raters was trained in one of the scales described below, according to manualized scale instructions. Each group was responsible for rating all three sessions using only the scale on which they were trained. Raters were unaware of the ratings of the other groups so that no biases were introduced by rater expectations of relationships between the three variables.

Measures

The *Hill Counselor Verbal Response Category System-Revised* (Friedlander, 1982) consists of nine nominal, mutually exclusive categories for judging counsellor verbal behaviour: (1) encouragement/approval/reassurance, (2) reflection/restatement, (3) self-disclosure, (4) interpretation, (5) confrontation, (6) providing information, (7) information seeking, (8) direct guidance/advice, and (9) unclassifiable. The system, developed by Hill (1978) and revised by Friedlander (1982), has been shown to have face and content validity using a procedure in which psychologists matched samples to categories with near-perfect agreement (Friedlander, 1982).

In addition to the nine categories themselves, the system clusters the categories into three levels of structure (low, moderate, and high). Structure refers to a conceptual continuum of the predictable effect of the counsellor's intervention on the client's response. With low structure interventions, such as encouragement or reflecting, it is predicted that clients will exhibit considerable variability in their responses. High structure counsellor interventions, such as information seeking will tend to structure the client response and limit the variability in their replies. The low structure group comprises encouragement/approval/reassurance, reflection/restatement, and self-disclosure. The moderate structure group includes interpretation, confrontation, and providing information. Finally, the high structure group is composed of information seeking, and direct guidance/advice.

The *Client Experiencing Scale* (Klein, Mathieu, Gendlin, & Kiesler, 1970; Klein, Mathieu-Coughlan, & Kiesler, 1986) is a 7-point scale used to describe client involvement in counselling. At a low level, involvement is limited, discourse is impersonal and superficial. At higher levels, feelings are explored, felt sensations are followed, and experiencing serves as the basic referent for problem reformulation and solution. Klein et al. (1986) report inter-rater reliabilities in the following ranges: r_{kk}.75 to .92 and r_{11}.43 to .73.

The *Strength of Feeling Scale* (Mahrer, Stalikas, Boissonneault, Trainor, & Pilloud, 1990) was developed through a four-step modification process of the Feeling Intensity Scale (Karle, Corriere, Hart, & Woldenberg,

1980). It was designed to measure the level of client emotional expression. There are four levels in the scale: neutral, low, moderate, and strong. The scale reports levels of interjudge agreement of .79, kappa coefficients (Cohen, 1960) for each of the four levels ranging from k =.75 to k =.80 (Mahrer, Stalikas, Fairweather, & Scott, 1989) and Ebel interclass agreements of r_{11} .71 and r_{kk} .75 (Mahrer & Stalikas, 1988). This scale has been used in several studies to identify level of client emotional expression (Mahrer, White, Howard, & Lee, 1991; Mahrer, Lawson, Stalikas, & Schachter, 1990; Stalikas, 1990, 1992; Stalikas & Fitzpatrick, 1995).

Procedure

Each judge listened independently to the session, aided by a verbatim transcript, and made the appropriate ratings using the assigned scale. A criterion of 80% agreement among each group of judges (four out of five) was required to accept a rating. For client or counsellor statements where the agreement level was not reached, the judges met, discussed the differences, resolved discrepancies, and reached consensus.

For the independent ratings on the *Hill Counselor Verbal Response Category System-Revised*, the Cohen kappa coefficient (Cohen, 1960) was calculated for all possible combinations of two judges. The Cohen kappas obtained ranged on all possible combinations of any two judges between .79 and .89, indicating adequate levels of agreement. For the independent ratings on the *Experiencing, and Strength of Feeling Scale*, Ebel's interclass method (Guilford, 1954) was used to calculate interrater agreement. The Ebel interclass agreements were r_{11} .77 and r_{kk} .69, for the *Experiencing Scale* and r_{11} .69 and r_{kk} .73 for the *Strength of Feeling Scale*, indicating reliable ratings.

Having rated each client statement on the *Experiencing* and *Strength of Feeling* scales and each counsellor statement on the *Hill Counselor Verbal Response Mode* scale, statistical analyses were conducted to relate each client statement to the immediately preceding counsellor statement.

RESULTS

Table 1 presents the frequencies and percentages of verbal response modes utilized by each counsellor, and the levels of experiencing and strength of feeling attained by the clients.

To answer the research questions about which specific counsellor response modes relate to particular levels of experiencing and to specific levels of strength of feeling, four Kruskal-Wallis one-way ANOVA by ranks analyses were conducted. The analyses examined the relationships between counsellor verbal response modes and (a) experiencing or (b) emotional expressiveness, and the relationships between degree of

TABLE 1

Percentage of counsellor response modes, client experiencing,
and strength of feeling

	Client-Centred	Gestalt	Rational-emotive
Response Modes			
Encouragement/approval/ reassurance	27.7	4.9	7.9
Reflection/restatement	53.8	4.9	1.3
Self-Disclosure	2.5	1.6	0.0
Interpretation	2.5	7.4	0.0
Confrontation	0.9	6.6	0.0
Providing Information	5.9	30.3	46.0
Information Seeking	6.7	21.3	30.3
Direct Guidance/Advice	0.0	23.0	14.5
Experiencing			
Level 1	8.5	27.9	31.6
Level 2	66.1	36.9	46.9
Level 3	18.6	28.6	19.0
Level 4	6.8	6.6	2.5
Strength of Feeling			
Neutral	88.1	62.3	91.1
Low	11.9	35.2	8.9
Moderate	0.0	2.5	0.0
Strong	0.0	0.0	0.0
Total number of responses	119.0	122.0	76.0

counsellor verbal response structure and c) experiencing or d) emotional expressiveness.

To obtain cell frequencies sufficient for the statistical analysis, three procedures were conducted. The data from the three sessions were collapsed. Three categories of *Counsellor Response Modes*, self-disclosure, confrontation and unclassifiable, were eliminated from the analyses because of low cell frequencies. Finally, the moderate level ratings in the *Strength of Feeling Scale* were combined with the low level ratings such that *Strength of Feeling Scale* identified two levels only; "no-feeling" (neutral) and "Feeling" (low to moderate).

The results of the Kruskall-Wallis one-way ANOVAs indicated no evidence of significant differences between individual response modes and levels of experiencing ($x^2=7.36$, df=5, $p=0.195$), or between individual response modes and levels of strength of feeling ($x^2=9.74$, df=5, $p=0.082$). Different levels of experiencing or emotional expression were not significantly related to any particular response mode. Table 2 shows

TABLE 2

Mean Ranking of Response Modes for Experiencing and Strength of Feeling

	n	Experiencing	Strength of Feeling
Encouragement/approval/reassurance	44	176.24	150.80
Reflection/restatement	71	137.15	146.11
Interpretation	11	160.45	145.75
Providing Information	79	155.61	160.77
Information Seeking	57	140.70	136.45
Direct Guidance/Advice	39	150.78	171.00

Note: For the Kruskal-Wallis ANOVA by ranks, ties were handled by assigning average scores for the different ranks corresponding to the tied values.

the mean ranking of scores for both experiencing and strength of feeling.

As degree of structure is a variable derived from the verbal response mode categories, the results of the analyses examining the relationship between the level of structure of the counsellor interventions and levels of experiencing and emotional expression were similar. No evidence was found of significant changes in experiencing ($x^2=0.54$, df=2, $p=0.763$) or emotional expression ($x^2=1.75$, df=2, $p=0.416$) as a function of different levels of structure.

DISCUSSION

The research questions that were investigated by this study concerned the relationships of specific counsellor response modes to particular levels of client experiencing or emotional expression. The findings fail to provide us with a statistically significant relationship between counsellor verbal response modes (either individually or in terms of structure) and levels of experiencing or emotional expression.

While the role of the counsellor in facilitating or changing the experiencing or emotional expressiveness of the client seems intuitively probable, the present study failed to identify how this role might be played out. Several limitations in the study may explain this finding. It may be that what counsellors do to facilitate client emotionality is not contingent only upon the verbal response mode used. It is probable that the mechanism of in-session client emotional change is more complex than that the scale of verbal response modes can identify. Further study using more complex rating scales, or combining response modes with other types of ratings of counsellor interventions including nonverbal behaviours which may be highly salient in communicating counsellor messages (Haase & Tepper, 1972), seems appropriate.

Second, it may be that what the counsellor does cannot be measured in speaking turns. Counsellors typically develop ideas or themes over a

series of statements or interventions of which one speaking turn may comprise only a segment. Changes in client emotionality may be related to a series or sequence of interventions of which each counsellor statement is only a small part. Further studies using longer segments or episodes as the unit of analysis seem warranted.

Third, the relationship between counsellor interventions and client emotional involvement may not be a direct one, but one in which there are several moderator variables, such as client readiness, or quality of the therapeutic relationship. It is possible that it is not the type of intervention *per se* but the state of client preparedness to receive it or the feelings of the client about the therapeutic situation which may be operative. Further studies examining these variables and their relation to both counsellor interventions and client emotional involvement could shed light on this process.

Finally, the results of this study are limited to the sessions studied, and to the levels of strength of feeling and experiencing examined. Using a larger data base with more levels of experiencing or strength of feeling could clarify some of the questions under study.

The findings of this study, while non-significant in a statistical sense, are not lacking in significance for research in counselling. The issue of client emotional involvement, and the manner in which it relates to counselling and therapeutic process, continues to be an important one. While the results of this study are not conclusive, the fact that we failed to make a connection between either strength of feeling or experiencing and the types of responses generated by counsellors suggests that response type may only be a small part of what counsellors are doing in their sessions. It seems that how interventions are formulated has a relatively small impact on client emotional involvement. Clients may be largely unaware and unaffected by this level of counsellor response. By examining this variable in interaction with other variables such as client readiness or the quality of the therapeutic relationship, we may be better able to understand the impact of the counsellor in the process of client emotional involvement.

Note

References

Casriel, D. (1972). *A scream away from happiness*. New York: Grosset and Dunlop.

Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement, 20*, 37-46.

Elliott, R. (1983). "That in your hands": A comprehensive process analysis of a significant event in psychotherapy. *Psychiatry, 46,* 113-29.

Ellis, A. (1979). The practice of Rational-Emotive therapy. In A. Ellis & J. M. Whiteley (Eds.). *Theoretical and empirical foundations of rational-emotive therapy* (pp. 61-100). Monteney, CA: Brook/Cole.

Foa, B. E., & Kozak, J. M., (1991). Emotional processing: theory, research, and clinical implications for anxiety disorders. In L. S. Greenberg & J. Safran (Eds.). *Emotion, psychotherapy and change.* New York: Guilford Press.

Freud, S. (1955). Project for a Scientific Psychology. In J. Strachey (Ed. & Trans.) *The standard edition of the complete works of Sigmund Freud* (pp. 295-343). Volume 1. London: Hogarth Press. (original work published 1895)

Friedlander, M. L. (1982). Counselling discourse as a speech event: Revision and extension of the Hill Counselor Verbal Response Category System. *Journal of Counselling Psychology, 29,* 425-29.

Greenberg, L. S. (1983). Toward a task analysis of conflict resolution in Gestalt therapy. *Psychotherapy, Theory, Research and Practice. 20*(2), 190-201.

Greenberg, L. S., & Safran, J. D. (1987). *Emotion in psychotherapy.* New York: Guilford.

Greenberg, S. L., & Safran, D. J. (1991). *Emotion psychotherapy and change.* New York: Guilford Press.

Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating emotional change: the moment-by-moment process.* New York: The Guilford Press.

Greenberg, S. L., Ford, L. C., Alden, S. L., & Johnson, M. S. (1993). In-session change in emotionally focused therapy. *Journal of Consulting and Clinical Psychology, 61*(1), 78-84.

Guilford, J. P. (1954). *Psychometric methods.* New York: McGraw-Hill.

Haase, R. F., & Tepper, D. T. Jr. (1972). Non-verbal components of empathic communication. *Journal of Counseling Psychology, 19,* 417-24.

Hackman, A., & MacLean, C. A. (1975). A comparison of flooding and thought stopping in the treatment of obsessional neurosis. *Behaviour Research and Therapy, 13,* 147-69.

Hekmat, H. (1973). Systematic versus semantic desensitization and implosive therapy: A comparative study. *Journal of Consulting and Clinical Psychology, 40,* 202-09.

Hill, C. E. (1992). An overview of four measures developed to test the Hill process model: Therapist intentions, therapist response modes, client reactions, and client behaviors. *Journal of Counselling and Development, 70,* 728-39.

Karle, W., Corriere, R., Hart, J., & Woldenberg, L. (1980). The functional analysis of dreams. *Journal of Clinical Psychology, 36,* 5-78.

Klein, M. H., Mathieu, P. L., Gendlin, E. T., & Kiesler, D. J. (1970). *The experiencing scale: A research and training manual.* Madison: University of Wisconsin Extension Bureau of Audio-visual Instruction.

Klein, M. H., Mathieu-Coughlan, P., & Kiesler, D. J. (1986). The Experiencing Scales. In L. Greenberg and W. Pinsof (Eds.). *The psychotherapeutic process: A research handbook* (pp. 21-71). New York: Guilford Press.

Mahoney, M. J. (1991). *Human change processes: The scientific foundations of psychotherapy.* New York: Basic Books.

Mahrer, A. R. (In press). Discovery oriented research on how to do psychotherapy. In W. Dryden (Ed.). *Research in counselling and psychotherapy: Practical applications.* London: Sage.

Mahrer, A. R., & Gervaize, A. P. (1984). An integrative review of strong laughter in psychotherapy: What is it and how it works. *Psychotherapy, 21*(4), 510-16.

Mahrer, A. R., Lawson, C. K., Stalikas, A., & Schachter, H. M. (1990). Relationships between strength of feeling, type of therapy, and occurrences of in-session good moments. *Psychotherapy, 27,* 531-41.

Mahrer, A. R., & Stalikas, A. (1988). *Client Strength of Feeling Scale.* Unpublished manuscript. University of Ottawa, Ottawa.

Mahrer, A. R., Stalikas, A., Boissonneault, M., Trainor, K., & Pilloud, L. (1990). A scale for assessing degree of strength of feeling. *Canadian Journal of Counselling, 24,* 107-15.

Mahrer, A. R., Stalikas, A., Fairweather, D. R., & Scott, M. J. (1989). Is there a relationship between client feeling level and categories of "good moments" in counselling sessions? *Canadian Journal of Counselling, 23*, 219-27.

Mahrer, A. R., White, M. V., Howard, M. T., & Lee, A. C. (1991). Practitioner methods for heightening feeling expression and confrontational strength. *Psychotherapy in Private Practice, 9*, 11-25.

Mills, K. C., & Wooster, A. D. (1987). Crying in the counselling situation. *British Journal of Guidance and Counselling, 15*(2), 125-31.

Moore. D., & Haverkamp, E. B. (1989). Measured increases in male emotional expressiveness following a structured group intervention. *Journal of Counseling and Development, 67*, 513-17.

Nichols, M. P. (1974). Outcome of brief cathartic psychotherapy. *Journal of Consulting and Clinical Psychology, 42*, 403-10.

Perls, F. (1969). *Gestalt therapy verbatim*. Lafayette, Cal.: Real People Press.

Rogers, C. R. (1965). *Client-Centered Therapy*. Boston: Houghton-Mifflin.

Safran, J. D., & Greenberg, L. S. (Eds.). (1991). *Emotion, psychotherapy, and change*. The Guilford Press: New York.

Shostrom, E. L. (Producer) (1966). *Three approaches to psychotherapy*. Santa Ana, CA: Psychological Films.

Shostrom, E. L. (Producer) (1977). *Three approaches to psychotherapy II* [film]. Santa Ana, CA: Psychological Films.

Stalikas, A. (1990). *Interrelationships between client strength of feeling, in-session client change events, and type of therapy*. Unpublished doctoral dissertation, University of Ottawa, Ottawa, Ont.

Stalikas, A. (1992). Interrelationships between client strength of feeling, in-session client change events and type of therapy. [Summary] *Proceedings and Abstracts of the Annual Meeting of the Eastern Psychological Association, 63*, 24.

Stalikas, A., & Fitzpatrick, M. (1995). Client good moments: An intensive analysis of a single session. *Canadian Journal of Counselling, 29*, 160-75.

Taurke, E. A., Flegenheimer, W., McCullough, Pollack, J., & Trujillo, M. (1990). Change in patient affect/defense ratio from early to late sessions in brief psychotherapy. *Journal of Clinical Psychology, 46*(5), 657-68.

Wexler, D. A. (1975). A scale for the measurement of client and therapist expressiveness. *Journal of Clinical Psychology, 31*, 486-89.

About the Authors

Anastassios Stalikas, Ph.D. is Assistant Professor in the Department of Educational and Counselling Psychology at McGill University.

Marilyn Fitzpatrick, M. Ed., is completing her Ph.D. in Counselling Psychology at McGill University.

Address correspondence to: Anastassios Stalikas, Ph.D., Department of Educational and Counselling Psychology, Faculty of Education, McGill University, 3700 McTavish Street, Montréal, Québec, H3A 1Y2.

Note. For the Kruskal-Wallis ANOVA by ranks, ties were handled by assigning average scores for the different ranks corresponding to the tied values.

Les livres qui servent d'outils en matière de psychothérapie

Christine Charlebois
Université d'Ottawa

Résumé

Ce compte-rendu fait état brièvement d'une étude dont l'objectif était de vérifier d'une part s'il existe une préférence chez les psychothérapeutes de langue française à prescrire à leurs clients des livres d'initiative personnelle et, d'autre part, de connaître quelles sont les références les plus recommandées par ces psychothérapeutes. Une courte discussion concernant la bibliothérapie comme outil d'intervention en counseling termine ce compte-rendu.

Abstract

This short article briefly reviews the results of a study, whose objective was to examine whether counsellors do recommend self-help books to their clients and, if so, what books are more commonly suggested by therapists. A short discussion about the use of self-help books as a tool of intervention is presented.

Cette étude relative à la bibliothérapie a été réalisée à partir d'un sondage effectué par la poste auprès de professionnels oeuvrant en pratique privée. Soixante-dix des répondants étaient des psychologues, des psychiatres et des conseillers/conseillères d'orientation provenant majoritairement de la région de l'Outaouais. Ils ont été recrutés à partir des répertoires des membres des Ordres et des Associations professionnelles. Le but de l'étude est de vérifier d'une part s'il existe une préférence chez les psychothérapeutes de langue française à prescrire à leurs clients des livres d'initiative personnelle et d'autre part, de connaître quelles sont les références les plus recommandées par ces psychothérapeutes.

L'article de Warner (1991) suggère avec évidence que les professionnels utilisent la bibliothérapie ou les livres d'initiative personnelle comme complément au traitement (thérapie). Il semble d'ailleurs que ce soit une pratique courante en psychologie clinique aux États-Unis (Strakes, 1988). Plus précisément, Warner (1991) rapporte que Strakes (1988) a effectué une étude concernant la prescription que font des psychologues cliniciens de ces livres d'initiative personnelle à leurs clients anglophones. Selon l'étude de Strakes (1988), seulement 2,5% des réponses provenaient du Québec.

MÉTHODE

Le questionnaire[1] utilisé pour l'ensemble de l'étude présentée ici contient trois questions ouvertes relatives à la pratique de la psychothérapie.

Seule la troisième question fait référence à bibliothérapie. Il s'agit de: "Quels sont les trois livres (français) que vous recommandez le plus souvent à votre clientèle..." Il est à noter que certains sujets n'ont pas répondu à cette question et que d'autres ont cité moins de 3 livres.

RÉSULTATS ET DISCUSSION

Des 70 professionnels qui composent l'échantillon, soit 44% des 160 envois, 56 (80%) disent recommander des livres à leur clientèle au cours de leur traitement thérapeutique. En tout, 110 titres de volumes ont été cités. Les neuf titres les plus souvent cités par les professionnels de cette étude sont énumérés au tableau 1. Il y a une variation de 11 citations (20%) pour le livre occupant la première position, 5 citations (9%) pour la deuxième position, 4 citations (7%) pour la troisième position, 3 citations (5,4%) pour la quatrième position et enfin de 1 à 2 citations (1,7%) pour la cinquième position, qui est constituée de titres divers et non listés. Il est à noter que 30% des livres cités se retrouvent dans cette cinquième position.

Les résultats de l'étude présentée ici fournissent un aperçu général de l'utilisation de la bibliothérapie de source française par les profession-nels en pratique privée de counseling ou de psychothérapie. Le fait que 80% des professionnels de cet échantillon utilisent des livres dans leurs interventions rejoint les conclusions des études de Strakes (1988) et de Warner (1991), et suggère une utilisation relativement courante de la bibliothérapie dans la pratique du counseling ou de la psychothérapie par les intervenants de langue française. Toutefois l'analyse des livres recommandés ne nous permet pas de juger de la valeur des livres prescrits ni de l'efficacité de la bibliothérapie dans la pratique du counse-ling et de la psychothérapie. D'autres études sur cette question nous apparaissent nécessaires pour mieux comprendre cet outil particulier d'intervention qu'est la bibliothérapie.

TABLE 1
Citations des livres prescrits par les professionnels
en pratique de counseling ou de psychothérapie

Position:		(Titres par nombre de fois cités)—et en %.
1:(11)	20%	Le chemin le moins fréquenté.
2:(05)	9%	S'affirmer et communiquer.
3:(04)	7%	Aimer, perdre et grandir;
	7%	Chercheurs d'emploi, n'oubliez pas votre parachute.
4:(03)	5,4%	Les mots pour le dire;
	5,4%	La danse de la colère;
	5,4%	Etre bien dans sa peau;
	5,4%	La connaissance interdite;
	5,4%	Les enfants d'alcoolique à l'âge adulte.
5:(1-2)	1,7%	Autres titres diversifiés, (30%).

Note

[1] Le questionnaire est disponible en contactant l'auteure.

Références

Boivert, J-M., & Beaudry, M. (1979). *S'affirmer et communiquer*. Montréal: Les éditions de l'homme.

Bolles, R. (1984). *Chercheurs d'emploi n'oubliez pas votre parachute*. Laval: Guy St-Jean Éditeur.

Burns, D. (1985). *Etre bien dans sa peau*. Montréal: Les Éditions Héritages Inc.

Cardinal, M. (1977). *Les mots pour le dire*. Montréal: Édition Québec Livre.

Geringer Woititz, J. (1991*). Les enfants d'alcoolique à l'âge adulte*. Montréal: Édimag.

Golder Lerner, H. (1990). *La danse de la colère*. Montréal: Édition Québec Livre.

Miller, A. (1990). *La connaissance interdite*. Édition, Agence de Distribution Populaire.

Monbourquette, J. (1994). *Aimer, perdre et grandir*. Ottawa:Novalis, Université Saint-Paul.

Peck, S. (1987). Le chemin le moins fréquenté. Paris: Editions J'ai Pu.

Strakes, (1988). Psychologists and Self-help books: Attitude and prescriptive practice of clinicians. *Américan Journal of Psychothérapy, 42*, 448-55.

Warner, R. (1991). Self-help book prescription practices of Canadian university counsellors. *Revue Canadienne de Counseling, 25*, 359.

À propos de auteure

L'auteure, Christine Charlebois, détient une maîtrise en counseling de l'Université d'Ottawa. Elle est conseillère et psychothérapeute en pratique privée. Ses intérêts portent aussi sur l'intégration socio-professionnelle des personnes dans notre société et sur les droits d'égal accès aux ressources en matière de santé, d'éducation et de travail.

Adresse de correspondance: Christine Charlebois, 807, Boul. Maloney Est, app.5, Gatineau, Québec, J8P 1G5. (819) 663-2827.