

## **Therapists' experiences of alliance formation in short-term counselling.**

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### **Abstract**

While therapeutic alliance formation has been widely researched over many sessions of psychotherapy, the question of alliance formation in short-term counselling has been less explored. Given the increasing evidence in the literature for the positive impact of alliances on therapy outcomes, providing counsellors - who may work with clients for a limited number of sessions - with enhanced insight into alliance formation will be of value. This qualitative study investigated the experiences of eight counsellors forming alliances with clients over short periods. Semi-structured interviews were analysed using interpretive phenomenological analysis. Five major themes emerged, that while congruent with the alliance literature, add some details relevant to day-to-day practice. These themes included: the importance of strong alliances; the need for psychologically comfortable environments; the timing of alliance formation; and the impact of counsellor personal qualities - such as being real - in strengthening and maintaining alliances. In addition, an unexpected sixth theme revealed that body language was highly valued as an indicator of strong or weak alliances. Implications for increasing the use of body language to enhance counselling practice and education are discussed.

*KEY WORDS: Body language, Counselling, Phenomenology, Therapeutic alliance, Rapport.*

### **Therapists' experiences of alliance formation in short-term counselling.**

The therapeutic alliance concept evolved throughout the development of Western psychotherapy, first appearing in 1912 in Freud's early work (Elvins & Green, 2008). Alliances have been defined as "the collaborative and affective bond between therapist and patient" (Daniel, Garske, & Davis, 2000) and "the degree to which the patient experiences the relationship with the therapist as helpful or potentially helpful in achieving the patient's goals in psychotherapy" (Luborsky & Luborsky, 2006, p. 63). Over many decades the influences on, and the value of, strong working alliances in the context of long-term psychotherapy have been researched.

Psychotherapists tend to see clients over longer periods and counsellors usually see clients over fewer sessions (Psychotherapy and Counselling Federation of Australia, n.d.). For example, counsellors working in social support agencies often find clients attending once, twice or even three times, whereas psychotherapists may be accustomed to clients attending for one or more years. Research on therapeutic alliances has emerged predominantly from long-term data in the field of psychotherapy (e.g. Barnicot et al., 2012; Hersoug, Høglend, Havik, von der Lippe, & Monsen, 2009; Langhoff, Baer, Zubaegel, & Linden, 2008; Munder, 2010). Through analysing the experiences of eight counsellors and their observations of clients' alliance signals, this study identified specific issues that can emerge in short-term counselling.

### **Counselling and therapeutic alliances**

It is generally considered conclusive that counselling is effective (e.g. Lambert, 2004; Rosenthal, 1990). An influential factor contributing to this effectiveness is the strength or depth of the counsellor-client relationship. Reviewers of the research are "virtually unanimous in their opinion that the therapist-patient relationship is crucial to positive outcomes" (Lambert & Ogles, 2004, p. 174). Interest in the importance of alliances to the psychotherapeutic process has recently grown, and in the "robust empirical literature the therapeutic alliance consistently predicts psychotherapeutic outcome" (Arnd-Caddigan, 2012, p. 77).

While there is some diversity in the therapeutic alliance construct, there is widespread agreement that the relationship is crucial (Lambert & Ogles, 2004). There is also a significant correlation between therapeutic alliance and the level of clients' improvement (Bottella, et al., 2008). Lower levels of strength of counsellor / client relating in early sessions proved a stronger risk factor for client termination of therapy than the seriousness of the client's problem (Bottella et al.), hence the current study focused on early alliance experiences.

Clients perceive relational depth within counselling as contributing to enduring positive outcomes (Knox, 2008). The term "working at relational depth" was originally used by Mearns (1996) when discussing the depth and quality of contact between client and therapist. Mearns and Cooper (2005) describe it as "a state of profound contact and engagement between two people" (p. xii), where each is able to be real, and able to understand and value the other's experiences at a high level. For counsellors who work with clients for only a few sessions, efficient development of this relational depth may be crucial to positive outcomes.

There are some differing views in the literature as to exactly when an alliance forms and when it can be reliably measured. This is not surprising given that clients' attachment styles may have a strong influence on how and when a connection can form (Smith, Msetfi & Golding, 2010). However, Sexton, Littauer, Sexton, and Tømmerås (2005) found that clients in their study considered that good alliances were usually established early in the first session. This suggests that counsellors might make the development of connection, trust, and relationship central aims of early sessions.

In this phenomenological study, participants were interviewed and asked to share their lived experiences relating to alliance formation in their daily counselling practice in order to provide detail into the process of developing the therapeutic alliance in the vital early stages.

### **Method**

This study utilized a qualitative, phenomenological design, that places individual experiences as central to the process and seeks to gain the unique perspectives of participants (Finlay, 2013), rather than gathering findings to generalize to the wider field. Qualitative methods can capture lived experiences by not imposing a pre-determined construct of

perception, thus allowing themes, insights and findings that may be unexpected to emerge (Finlay, 2013). This method was chosen in order to strengthen practice-based evidence, and to determine the ways alliances are identified and responded to by counsellors predominantly working with short-term clients. The data obtained from semi-structured interviews with counsellor-participants became the raw material that underpins the study.

The study was conducted after full ethical approval was granted by a university higher research ethical committee, and all stages of data gathering and analysis were supervised by a highly experienced researcher.

### ***Sample and sampling***

The participants were eight experienced Australian counsellors, with tertiary qualifications, working in a range of social welfare agencies and in private practice. They had an average of 5.6 years in practice. Since phenomenology seeks an in-depth understanding of a particular group it is appropriate to recruit individuals who can relate to the research focus, and purposive sampling was used (Gideon, 2012). Although counsellor licensing is not yet required in Australia, the participants were all members of professional counselling associations, which have ethical and training standards in place. This assured consistency in regard to levels of training and rigor in the standard of counselling practice.

For data gathering in phenomenological research sample size recommendations range from six (Morse, 1994) to 10 (Creswell, 1998). Achieving a reliable level of thematic saturation is the ideal (Bowen, 2008), and this was confirmed during the process of coding themes, in that new themes or patterns were no longer generated (Marshall, 1996), and the research questions were sufficiently answered (Onwuegbuzie & Leech, 2005).

### ***Data collection***

The counsellors were asked to participate in a semi-structured interview of approximately 45 to 55 minutes duration. The recommendations of Sexton, et al., (2005) for developing a good therapeutic alliance within the counselling context were consulted in developing an open-ended interview schedule that was designed to gather data on the counsellors' ways of working and their perceptions of alliances. Nonetheless, care was taken

to frame questions and interview prompts in a way that did not make presuppositions, and allowed participants to revisit their responses, extend topics of interest to them, and digress in ways that might enrich the data.

### ***Bracketing***

In order to “reveal engaged, lived experience” (Ashworth, 1999, p. 707) researcher presuppositions were suspended as much as is possible, or ‘bracketed’. The procedure of bracketing has the purpose of “allowing the life-world of the participant in the research to emerge in clarity” (Ashworth, 1999, p. 708). What researchers believe about therapy has been found to influence research findings (Berman, 2010). The first author, an experienced counsellor, conducted the interviews and is familiar with much of the literature on the therapeutic alliance. To achieve effective bracketing, the interviewer was challenged, during interviews, to not make comments or frame questions that revealed suppositions, attitudes, biases or opinions.

However during data analysis the IPA researchers’ own conceptions are required to make sense of the “personal world being studied” (Chapman & Smith, 2002, p. 126), and personal knowledge, according to hermeneutic scholars, is both useful and necessary to phenomenological research (Lopez & Willis, 2004). Reflexivity – a feature of qualitative methodologies – requires an awareness and analysis of the researcher’s contribution to the construction of meanings throughout the research process. At the analysis stage the first author’s experience with the topics was used to support the coding of themes

### ***Data Analysis***

Analysis of interview transcripts was conducted using interpretive phenomenological analysis (IPA) (Finlay, 2011). IPA provides a means to understand the perceptions and reflections of participants and the themes that emerge from their common experience. Interpretation of transcripts transformed counsellors’ comments into themes, and common themes were identified across cases, with major themes emerging (Chapman & Smith, 2002).

There are four stages of the IPA methodology used (Willig, 2008). Stage One involves reading and re-reading the interview transcription, with significant responses from

the reader; statements, sentences, or quotes will be identified in the transcripts (open coding). In Stage Two themes are identified and labelled. Stage Three involves structuring the analysis: clusters of themes are labelled in a way that captures their essence. Stage Four results in the production of a summary table of the themes, with quotations that illustrate them, also, themes that are not well-represented are then abandoned.

## **Results**

The six major themes relating to the therapeutic alliance that emerged from the interviews are described. Pseudonyms have been used when quoting participants. The major themes are identified as: working eclectically, establishing swift rapport in a safe place, being real helps the alliance, perceiving and responding to weak alliances, perceiving and forming positive alliances, and body language as an alliance signal.

### ***Working eclectically***

This theme illuminates background commonalities in the therapeutic methods used by participants. It became clear that they all worked eclectically, drawing from a range of more than two, and in most cases more than four, methods and theoretical frameworks. Within an eclectic style, the use of a person-centred way of being with clients was a theme that emerged.

Jenny explained: “I don’t believe that you can have one approach that fits all - because it just doesn’t”. She then provided more detail: “It’s person centred at first, then after that I get on to identifying the issues, working on the issues and then usually use solution-focused or CBT”.

Alexandra provided another insight into use of an eclectic approach: “Well, I use narrative, that seems to be the technique I use a lot. Sometimes I bring a Gestalt approach into it. I also do a lot of the emotional focus work.” Harriet also expressly described her work as eclectic and indicated she worked in a flexible way: “I’m a little bit eclectic. Mostly it’s CBT because that’s how I operate. But once again I let the client lead. For some clients a softer approach works better. I allow them to lead me and I follow them.”

### ***Establishing swift rapport in a safe place***

Another major theme to emerge was the intent to support rapport-building at the initial meeting by creating a psychologically comfortable and safe environment for the client. This was needed so that clients could relax and “open up”, in order that rapport could develop. Lorraine put this succinctly: “To me the most important thing is for my client to feel comfortable enough with me and to feel safe enough to disclose part of their experiences”. An effort that was seen to contribute to this was the use of an accepting, non-judgmental way of relating. Harriet says it clearly: “It’s about creating some sort of safe place - it’s safety that’s needed, and an openness and an ‘acceptingness’ of what they have to say”.

The therapeutic alliance was seen as “vital” and “essential”. In order to develop it a range of suggestions were made, including being indirect at first, showing understanding, helping clients feel “equal and heard”, being warm and showing confidence.

There was a high level of awareness of the links between developing alliances and therapeutic success. “If you have created that alliance and that person for that hour felt that someone validated him, listened to him and made him feel that he is worth being listened to, to me that alone is quite therapeutic” (Lorraine). Jenny’s comments could almost act as a summary of responses: “It’s vital. It’s absolutely crucial. Without it you’ve got nothing. You’re wasting your time.”

Early in the first session was the most often noted time-frame for alliance formation, with several participants suggesting that it began in the first ten minutes. While several participants experienced the time it takes for the alliance to develop as being very variable, depending on the individual client – with variables depending on client differences, gender and generational differences – the overall consensus was that it should develop in the first or second session.

### ***Being real helps the alliance***

The development of the alliance was seen as generated through personal qualities more than methods or activities. As Emily said: “When I have to start that connection, it’s really, way more about who I am than anything I have to offer”. The counsellor’s ‘way of being’ was perceived to be as significant as their working methods. The main ways of being,



considered to contribute most to developing the alliance, were: being non-judgmental, empathic, compassionate, encouraging, honest, and being humorous. Overall the theme of “being real” emerged as the most significant contributor to alliances. Participants used the term “being real” to summarize personal states ideally displayed in the therapeutic relationship, such as genuineness, congruence and use of self-disclosure.

Genevieve evoked the importance of the counsellor’s way of being: “If you’re going to be working with clients then it is about being committed. It’s not just a half-hearted role that you play and to build those alliances you need to really be right in there.” Elaine adds: “Building trust is one of the very, very significant roles that a counsellor needs to play – and that has been huge.”

### ***Perceiving and responding to weak alliances***

Experiences of weak therapeutic relationships emerged in two distinct ways: the impact on participants and how they behaved in the session, and the client behaviours they have observed that indicate low alliance. Counsellor responses to a weaker connection included seeking supervision, needing to be more respectful of the client, and to repair the alliance, requiring more patience, calming self and slowing down the session.

The main client behaviours that were seen as signs of a weak alliance included “closed” body language, less eye contact, sabotaging behaviours, responding with closed answers, not engaging, an inability to listen, along with subsequent cancellations and non-attendance.

Genevieve described her observations of a weak alliance: “Generally you’ll get that lack of wanting to engage. They may still be quite anxious, possibly uptight. They’ll just not want to engage so they will sometimes just say look, I’ve got nothing to say, this isn’t going to work for me”. Jenny listed common indicators of weak alliance: “Oh non-attendance, cancellations of appointments. If they do come there is clear body language - and they say ‘Yes, but. Yes, but. Yes, but. Yes, but.’”

### ***Perceiving and forming positive alliances***

Client positive affect was seen as an indicator of a well-developed alliance, for example: more frequent expressions of gratitude, liking, trusting, and more warmth. Client behaviours that were interpreted as signs of the positive changes over time included client willingness to return, the client talking more, wanting a ‘friendship’, willingness to deal with more difficult issues, more self-revelation and a stronger sense of self.

A sense of trust developing was well described by Emily:

“... it’s just not knowing if you’re safe to challenge or if you’re safe to question, or how I might be around challenge. Then as they get more trust in me and see that I’m actually not too precious, then they’re more free to just say what they really feel. I hope that I encourage that”.

Counselling techniques recognised as contributing most to forming therapeutic alliances were very varied, with only one commonality emerging: that of providing validation for the client. Other techniques mentioned included the use of paraphrasing, making positive statements, using weekly session evaluations, helping with small practical steps, being an advocate, encouraging eye contact, and use of visual prompts.

Although the alliance was experienced as changeable, the connection generally deepened over time. Indeed, counsellors felt more secure as their connection with clients developed over time, time (in sessions) seemed to pass more quickly, and they looked forward to working with the client. Emily articulated observations of well-formed alliance:

“It just feels to be a deep and more real connection and - not even in so much of *what* they talk about but *how* they talk about things. There is less hesitation, they’re more receptive to hearing things that would be hard to hear earlier on. And more ready to talk about things that you know earlier on might have been difficult”.

### ***Body language as an alliance signal***

The way counsellors interpreted body language as a gauge of successful alliance formation was revealed as a major theme. Seven of the eight participants directly discussed their observations of body language as an indicator of increases – and sometimes a decrease – in the therapeutic alliance. Counsellors interpreted signs of the body relaxing, being “more

open”, being “softer”, “unfolding”, and having a sense of “lifting” as indicators that the alliance had developed and that clients felt safe.

Other somatic commonalities in how the participants experienced and observed a developing alliance included: increases in eye contact, warm handshakes initiated by the client, breath deepening and relaxing, and the emergence of smiles and laughing.

“Their body language is the first thing I notice, because they usually come in all closed up. I love to watch them unfold throughout a session” (Harriet). Emily echoed several perceptions of body language relaxing: “Sometime it’s very subtle. Sometime it’s just body language. It’s almost like you see them be more open in their body language. They start to be more relaxed.” Whereas Elaine noted the opposite way body language was seen as communicating: “I can see hands. I can see the eyes and the head dropping down. Clenching fists, maybe even gripping hard on to seats.”

Genevieve linked breathing and body language as a combined signal: “It’s like they come in holding their breath and then, over the session, I realize that they’re actually able to breath and by the end of the session their body language is a lot softer, their facial expression is a lot softer.”

## **Discussion**

Through studying the lived experience of therapeutic alliances in short-term counselling, six major themes emerged. Some connections between these themes and the research literature are discussed.

### ***Working eclectically***

Overall, participants worked eclectically and commonalities in methods used included: a person-centred approach, use of visual aids, use of cognitive-behavioural therapy, solution-focused therapy, narrative therapy, and some use of somatic approaches. The fact that eclectic practices were described by participants is not a surprise given that it correlates with the literature showing that eclectic practice has been growing, and therapists have realized “that one true path to formulating and treating human problems does not exist” (Lazarus, Beutler & Norcross, 1992, p. 11). However much of the psychotherapy literature

investigating alliance development is based on practice with a single therapeutic style. The theme of eclectic styles provides insight into the participants' flexibility in responding to clients.

### ***Establishing swift rapport in a safe place***

There was strong respect for therapeutic alliances amongst participants, with alliances described as “vital” and “essential”. The participants' views that therapeutic alliances are vital, and grow out of establishing early rapport, are in line with the extensive therapeutic alliance literature. The observations of rapport or alliances forming within the first ten minutes of a sessions indicate that the type of alliance most often referred to by participants was what Luborsky (1976) termed a Type 1 alliance, that is typical of the early stages of therapy, and is centred on the perception of the support clients believe they have received.

Early in the first session was the most often noted time-frame for the commencement of alliance formation, with several participants suggesting that it began in the first ten minutes. Although the relationship was defined as changeable, it generally appeared to deepen over time. The claims of early alliance formation may reflect the short-term nature of much of the participants' professional work, and is slightly different from the literature that suggest alliances can be accurately gauged by the third session (e.g. Munder, 2010).

### ***Being real helps the alliance***

Counsellor contributions to forming a strong alliance emerged as primarily positive ways of being, and included providing validation for the client. A solid alliance was considered to be generated through warm human qualities more than methods or activities. Research has indicated that alliances are rated more highly by clients when positive counsellor qualities are in evidence, for example, Duff and Bedi (2010) found that the enactment of warm human qualities accounted for 62% of the variance in alliance scores. Similarly, Littauer, Sexton and Wynn (2005) found that warm, human qualities were essentially what clients wanted from therapists. Ackerman and Hilsenroth, (2003) maintain that “therapists' personal attributes such as being flexible, honest, respectful, trustworthy,

confident, warm, interested, and open were found to contribute positively to the alliance” (p. 1).

The theme of “being real” emerged many times in the participants’ discussions as the main ingredient that helped develop alliances. A key ingredient that emerged from Roger’s early research was the need for a therapist to be congruent, and display a level of presence within the therapeutic relationship (Mearns, 1997). A more recent meta-analytic review of the empirical literature showed the relationship between congruence and therapeutic improvement (Kolden, Klein, Wang & Austin, 2011). These findings are described as providing evidence “for congruence as a noteworthy facet of the psychotherapy relationship” (p. 68). It is probably not accidental that almost all the participants identified that they worked in a person-centred way.

### ***Perceiving and responding to weak alliances***

Client behaviours that were seen as signs of a weak alliance included “closed” body language, sabotaging behaviours, and not engaging, along with cancellations and non-attendance. Counsellor responses to a weaker alliance included seeking supervision, needing to be more respectful of the client, and to repair the alliance. Weeks (2002) identified several trends in practitioners seeking supervision, two of which were “affirmation seeking” and “knowledge seeking” (p. 38). Participants in the present study sought supervision when they perceived the alliance to be weak primarily for these two reasons. Client behaviours connected to a weak alliance included somatic signs - such as “closed” postures - described as the opposites of the positive body language discussed further on page 14.

### ***Perceiving and forming positive alliances***

While client affect and behaviours were seen as indicators of positive alliances, counsellor contributions to forming a positive alliance emerged as both counselling techniques employed, and ways of being. Counsellor activities of noting past therapy success, and reducing client self-hatred predict a stronger alliance (Muran & Barber, 2010). In terms of techniques, clients have been shown to want their therapists to be prepared, have a plan and also balance their questions and comments with listening (Littauer, Sexton, & Wynn,

2005). Furthermore there is evidence that counsellors can be trained to improve their alliances (Crits-Cristoph, et al., 2006). Wider inclusion of alliance-building techniques and ways of being within counsellor education may be recommended here.

### ***Body language as an alliance signal***

The major theme of body language as an indicator of alliance strength, and also as an indicator of weakening alliances was unexpected. Counsellors' awareness of positive somatic signs, primarily body language, as well as positive emotional expressions, such as more frequent expressions of gratitude, mutual liking, and the development of deeper trust, were seen as indicating the alliance had begun to be formed.

The theme of somatic indicators has some confirmatory links with recent observations that body language plays an even more significant role in reading strong emotions in others, than facial expressions (Aviezer, Trope & Trodorov, 2012). The practical relevance of observing nonverbal interactions to gain an awareness of the emotional aspects of the alliance, as noted by De Roten et al. (1999), was highlighted by participants.

As this theme has not been identified in previous alliance research, it is worth more detailed discussion. Body language is defined as "the conscious and unconscious movements and postures by which attitudes and feelings are communicated" (Oxford English Dictionary, 2005) and has been studied (e.g. Leijssen, 2006; Mehrabian, 1981; Wachtel, 1967) and extensively described in the popular press (e.g. Fast, 1971; James, 2009) over several decades. As de Gelder (2006) has noted, "Research on emotional body language is rapidly emerging as a new field in cognitive and affective neuroscience" (p. 242). What de Gelder terms "emotional body language" is claimed to be a "less ambiguous signal and a more direct call for attention and action in the observer" than facial expression (p. 248). Apart from focused training in somatic (body) psychotherapy (e.g. Evertsen, 2012), body language skills have not been widely utilized in counsellor education or research.

While research on the recognition of "whole-body expressions" has been sparse, the importance of body expression in communication has been supported (Van den Stock, Righart, & de Gelder, 2007, p. 487). "The face and the body both normally contribute in

conveying the emotional state of the individual”, however, observation is biased toward the emotion expressed by the body (Meeren, Heijnsbergen, & de Gelder, 2005, p. 16518). Furthermore, recognition of emotion from facial and bodily expression does not emerge from elaborate cognitive analysis, but is based on “fast global processing” outside the focus of attention (p. 16521). This suggests that a counsellor may gain insight into client emotional states very quickly, and, of course, clients may become aware of counsellor emotional states very quickly, at a level just below conscious awareness.

The clinical relevance of observing nonverbal interactions to gain an awareness of the emotional aspects of the alliance has been noted (De Roten et al., 1999). As far back as 1967 Wachtel noted that there was a need for therapists to be trained in the skills of observing clients’ body signals, and more recently Leijssen (2006) recommended that therapists add the body perspective to their work.

Body language observation is not included within alliance measures or literature, and it has not been suggested as an information source for therapists. While not intending to focus on body language, this study revealed that it was frequently used by participants, as an informal tool to gauge alliance strength, and to subsequently guide relating with clients. Paying attention to body language and somatic signs emerged as one topic not previously developed in the quest to develop a solid therapeutic alliance.

### **Limitations**

Participant numbers were small and although acceptable within a qualitative methodological framework, render the findings difficult to expand to more broadly generalized conclusions. However, the insight gained through interviews with counsellors provides some detailed findings regarding important issues as perceived by this profession in regard to the early establishment of the therapeutic alliance.

### **Implications for Practice, Education and Research**

As observation of body language as a way to gauge alliance strength stood out as an unexpected theme, and is rarely discussed in the counselling education literature, this might be an area requiring the establishment of objective markers. As a result, recognition and

interpretation of body language could then be included as a basic skill within counsellor education, and utilized more widely within practice. Further research is recommended into ways of developing sensitivity to, and understanding of, body language and other somatic signs, that may indicate increases or decreases in the level of trust, rapport and alliance.

In the light of the experiences of these counsellors, other areas of interest for professional helpers, counsellor educators and researchers might include: further development of respect for, and understanding of, the development of therapeutic alliances, the cultivation of the positive human qualities that appear to generate alliance, developing practitioner awareness of alliance formation over time, and exploring the personal development that can lead to “being real” within the counselling relationship. Counsellors whose work with clients is typically over short periods may particularly gain direction, support and encouragement from these findings.

### **Conclusion**

While many of these themes will be familiar to experienced counsellors and counsellor educators, in general they provide further practice-based evidence for several foci. The themes of the need to “be real” and to cultivate positive human qualities, reinforce the current trend in counsellor education to require trainees to undergo personal development and self-awareness training. In particular, the strength of the theme of clients’ body language as an indicator of the level of alliance formation, may signal an area for revived interest and further investigation.



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