Women as Counselling and Psychotherapy Clients: Researching the Therapeutic Relationship

Theopoula Kastrani*, Vassiliki Deliyanni-Kouimitzis*, Christina Athanasiades*

[a] Department of Psychology, Aristotle University of Thessaloniki, Thessaloniki, Greece.

Abstract

The present study explores women clients’ experiences of the therapeutic relationship and their meaning making of the effective therapeutic dyad. The participants of the study were 27 female psychotherapy and counselling clients. Individual, semi-structured interviews were conducted and the data was analysed with the use of Interpretative Phenomenological Analysis. The findings indicated: (a) women clients’ attempt to define their relationship with their counsellor by comparing it to other interpersonal relationships, mostly to friendship or to family relationships; (b) their experience of the qualitative characteristics and the feelings associated with an effective therapeutic relationship; and (c) their experience of the counsellors’ role to the therapeutic outcome. The above results are fully discussed along with implications for practice.

Keywords: women clients’ experience, therapeutic relationship, interpretative phenomenological analysis, counselling, psychotherapy

The therapeutic relationship, as a qualitative characteristic of the counselling and psychotherapeutic practice, is considered to be inextricably bound to every theoretical approach. Indeed, over the last years, research has focused on this unique type of relationship in an attempt to find the common ground for effective treatment among the different approaches (Norcross, 2002, 2011).

Despite the therapeutic relationship’s centrality in the counselling process, defining and describing its structural characteristics has been problematic. One of the reasons may involve the various theoretical and epistemological foundations of the different approaches to counselling. In addition to that, as McLeod (2007) suggested, when discussing counselling, it is easier to use a language that involves techniques and methods than a language that involves relational context. However, removing the interpersonal for the instrumental could divert the attention from one of the most important aspects of therapy.

The different approaches to therapy use different paradigms to understand the therapy process and ultimately the therapeutic relationship. For example, in psychoanalysis the therapist’s goal is the creation of a transferential relationship, where feelings, assumptions and patterns regarding significant authority figures of the client’s past are projected to the counsellor (Corey, 2009). Person-centred approach understands therapeutic change as a process that happens inside an accepting and empathetic client-counsellor relationship (Barrett-Lennard, 2007). For feminist therapy, the focus is not only on the interpersonal, but also on
the socio-political aspects of the therapeutic relationship. Feminist counsellors consider power in the therapeutic relationship to be unequally distributed at the clients’ expense and, therefore, strive for an egalitarian relational experience (Brown, 2010).

The present study attempts to address the therapeutic relationship from the clients’ point of view. The focus is on female clients since, on the one hand, women constitute the majority of counselling and psychotherapy clients and, on the other hand, their experiences are often excluded from traditional psychological theories (Matlin, 2008). Thus, the study’s main goal is to give a voice to female clients and address their experiences of the therapeutic relationship.

At this point, we would like to clarify that the data of the study derived from Kastrani’s (2012) doctoral thesis, which explored women’s experience in therapy, adopting a qualitative methodology. From the same thesis, another article was produced, focusing on the clients’ experience of their counsellor’s gender and the role that it plays in forming a gendered therapeutic relationship (e.g. the choice of the counsellor’s gender, how a male and a female counsellor are experienced differently in the therapeutic relationship, etc.) (Kastrani, Deliyianni-Kouimtzis, & Athanasiades, 2015). The present study is concerned with the clients’ experience of their therapeutic relationship, which is about mapping the therapeutic relationship and explaining its effective aspects. Thus, gender in the present study plays a role only in that the clients of the study are women and they share their experiences as women.

Literature Review

Research on the Therapeutic Relationship

The therapeutic relationship has been steadily connected to counselling’s effectiveness by a number of studies (Baldwin, Wampold, & Imel, 2007; Cooper, 2008; Horvath, 2000; Horvath & Bedi 2002; Paul & Charura, 2014). In fact, Paul and Charura (2014) stated that “It is accepted beyond doubt that the therapeutic relationship is the most significant in-therapy factor for positive outcomes” (p. 43).

Lambert and Barley (2002), in their research review, concluded that the different aspects of the therapeutic relationship are related, to a larger degree, with the therapeutic outcome when compared to specialized therapeutic techniques. Also, the effectiveness of each approach is bound to the relational context between the counsellor and the client (Norcross, 2011). In the study of Barber et al. (2006), the results suggested that techniques did not relate to the therapeutic outcome for clients with a strong therapeutic alliance with their counsellors. Whereas, for clients who did not experience a strong therapeutic alliance, an average level of technique was related to better results.

In spite of the evidence that considers the therapeutic relationship as an important factor for the effectiveness of therapy, a challenge in researching this relationship is the difficulty of specifying the different relational elements (Cooper, 2008). Thus, few treatment manuals specify the exact therapist qualities or behaviours that lead to a therapeutic relational outcome (Norcross & Lambert, 2011). In order for the healing qualities of the therapeutic relationship to be determined, the American Psychological Association (APA) appointed a task force aiming at the empirical investigation of the counsellor-client relationship. In the second, more recent edition of this thorough investigation (Norcross, 2011), which is based on over 12 meta-analyses, the therapeutic relationship elements proven to be effective were the working alliance in individual and family psychotherapy, cohesion in group therapy, responsiveness to the client’s needs and empathy. The elements
that were probably effective were goal consensus, collaboration and positive regard and the elements that were promising, but there was insufficient research to judge, were congruence, repairing alliance structures and managing countertransference (Norcross & Wampold, 2011). In contrast, the elements that were proven to be non-effective were confrontations, negative behaviours like judgement, aggression or rejection, unfounded assumptions and not listening to the clients’ experiences, rigidity or flexibility that is not grounded by well-documented therapeutic approaches (Norcross & Wampold, 2011).

Norcross’s work, though thorough and informative, was considered to focus more on the therapists’ viewpoint and less on the clients’ (Bozarth & Motomasa, 2008; Cornelius-White, 2002). On the other hand, clients’ perceptions of the quality of the therapeutic relationship are associated, to a greater degree, with positive outcome than therapists’ perceptions (Henkelman & Paulson, 2006; Horvath, 2000; Horvath & Bedi, 2002; Horvath & Luborsky, 1993; Lambert & Barley, 2002).

In Keijser, Schaap, and Hoogduin’s (2000) research review of five studies, cognitive-behavioural therapy clients reported that their relationship with their counsellor, and more specifically having someone to listen and understand them, was more helpful than the techniques implemented.

Thompson’s (1995) grounded theory study recorded 12 clients’ views of the elements that make the relationship effective. Clients found the therapeutic relationship effective when counsellors displayed characteristics such as being understanding, unbiased, friendly, trustworthy, gentle, non-judgmental, caring, open and supportive. When illustrating the type of relationship, most participants likened it to friendship, while also noticing the differences and all participants noted the importance of trust and comfort.

In Manthei’s (2007) qualitative study, 20 clients talked about their experience of the therapeutic relationship as an important factor for therapeutic change. The clients appreciated the counsellors’ skills and experience and the counsellors’ respect and understanding. They also found helpful the explanations or interpretations provided by the counsellors, the positive feedback and the ability to self-disclose personal information. Likewise, Oliveira, Sousa, and Pazo Pires (2012), in their phenomenological study with three ex-clients of psychotherapy, found that the participants preferred a collaborative, nonjudgmental therapeutic relationship with a knowledgeable and competent counsellor.

Sackett, Lawson, and Burge (2012) also examined 12 clients’ perceptions of the therapeutic relationship qualitatively and found the relationship to be significant for clients, especially when it came to their counsellor’s behaviour and characteristics. Thus, having an understanding counsellor who they could trust and open up to was imperative for the clients. Finally, in a similar qualitative study of 16 participants, Sackett and Lawson (2016) found that clients valued a substantial and authentic bond with their counsellors, where they felt trust and, also, understood and accepted.

Women as Clients in Therapeutic Relationships

Women constitute the vast majority of clients seeking help from counselling and psychotherapy (e.g. Sheu & Sedlacek, 2004). Despite the fact that differences between women are not to be overlooked (Crenshaw, 2003), women’s relational patterns and needs need to be addressed by therapists since both counsellors and clients bring their gendered self in counselling (Stevens-Smith, 1995). Research addressing gender bias in therapy shows that, although the blatant adoption of discriminating behaviours against women has dropped, therapists’ value systems may still be influenced by traditional gender roles (Seem & Johnson, 1998; Thorn & Page,
Indeed, researchers and authors call for a gender inclusive therapeutic process and relationship, emphasizing the need for awareness in areas such as: the socio-political environment in which genders are fostered, the power dynamics in society and in the counselling context, the intersectional character of equality and the need to value women’s experiences (Worell & Remer, 2003).

In the therapeutic context, women’s experiences of their counsellor suggest a more effective therapeutic relationship with female counsellors. For example, Bhati (2014) addressed the role of gender in therapeutic dyads and pointed out that across all stages of therapy, female clients who worked with a female therapist reported higher therapeutic alliance ratings in comparison to female clients who worked with a male therapist. Likewise, Landes, Burton, King, and Sullivan (2013) researched the preferences of 187 female college students and found that the participants reported higher levels of anticipated comfort self-disclosing to a female therapist.

Concerning the therapeutic process, Ogrodniczuk, Piper, Joyce, and McCallum (2001) found that female clients who were randomly assigned to either interpretive or supporting therapy had better outcome in supportive therapy, which was less challenging and encouraged a more collaborative and trusting relationship. Likewise, in Lin’s (2010) study, gender was associated with a preferred counselling style. More specifically, female clients preferred counsellors who were supportive when dealing with emotional issues, whereas on relationship issues, women tended to like a more directive approach, in which the counsellor advised them on what to do.

The Present Research: Goals and Questions

Taking into account that the therapeutic relationship is one of the most important elements of therapy’s healing character and the frequently supported finding that clients’ perspectives are a significant factor in predicting the effectiveness of the relationship, the present study attempted to further address the clients’ experiences of their relationship with their counsellor. The study specifically focused on female clients’ experiences addressing gender as a factor that shapes the therapeutic relationship. Women constitute the majority of clients in the therapeutic context, although, the traditional therapies have been critiqued for not addressing women’s experiences in their practice. Thus, listening to female clients and the way that they construct relationships in therapy was a main goal of the study.

Since qualitative investigation of the issue is relatively scarce, the attention of this study is placed on investigating the clients’ frames of reference. Listening to the clients’ experiences of their relationship with their counsellor is a way of gaining access to a discourse that is almost solely defined by theorists and researchers in academic terms. The therapeutic relationship is a relationship that happens outside of the everyday social context of each person involved. Therefore, the descriptions generated by the clients are usually overlooked.

On the grounds of listening to the clients, aiming to study their lived experiences and exploring their point of view of the counselling relationship, the study was approached by using interpretative phenomenological analysis (Smith, 1996). In this way, the focus is on exploring individual, subjective experiences and on understanding the patterns that form when clients share the ways that they relate to their counsellors. A second theoretical approach that informed the present study was feminist research. Feminist research is concerned with gender aware praxis, focuses on women’s knowledge and experience, acknowledges the role of power and politics in the research process and addresses the power relations between the researcher and the participants (Boonzaier & Shefer, 2006; Letherby, 2003).
Thus, the main goals of the present study were: (a) to explore the experiences and meanings that female clients give to their relationships with the counsellor, (b) to understand the elements of the therapeutic relationship that these clients find to be effective and (c) to illustrate the way that female clients talk about the dynamics developed between the therapeutic dyad.

**Method**

**Participants**

The participants of the study were 27 counselling and psychotherapy female clients. The participants were drawn from both public and private counselling centres and individual therapists/counsellors of Thessaloniki, Greece. The duration of the sessions was between 2 months and 5 years, with a prerequisite of at least 8 sessions. The goal of this choice was to allow the participants to form and develop a therapeutic relationship that could be properly discussed and analysed (Thompson, 1995).

Seventeen of the clients visited a female counsellor and 10 a male one. The study had no restrictions concerning the issues discussed in therapy. Some of the most prominent issues defined by the clients were anxiety and anxiety-related problems, depression, interpersonal relationships, self-awareness and specific events that needed sorting out. Moreover, there were no restrictions on the professionals' clinical approach.

The participants’ ages were between 21 and 51 years and the average age was 32 years. In terms of their occupation, 11 participants were employees of the private or the public sector, six were self-employed, five were university students and five were unemployed. Thirteen of the participants were single, eight were married, two were engaged and four separated or divorced. Nine of them had children.

Participants were recruited through an invitation letter that was sent to counselling services and counsellors and psychotherapists in private practice. The letter invited participation in the study and the purpose of the study and the anonymous character of the research were fully explained. The participants’ names were altered and any indicator of their identity has been erased.

**Interviews**

The data for the present study was collected with the use of individual, semi-structured interviews. The interview question regarding the present study was the following: “What is your experience of your relationship with your therapist/counsellor?”

In order to address the power relations of the research process (Boonzaier & Shefer, 2006), the participants chose the place of the interview and were given the opportunity to read the interview schedule beforehand. An informed consent letter explaining the goals of the study and its anonymous character was distributed and signed by all participants. All the interviews were conducted by the first author of the article, while the digital records were transcribed verbatim according to Smith (1996). For the purpose of the present article, back translation was used for every extract included.
Analysis

Interpretative Phenomenological Analysis (IPA) was used for the data analysis. IPA focuses on lived, subjective experiences and, at the same time, acknowledges the influence of the researchers’ standpoint and views (Smith, 1996; Smith & Eatough, 2007). While analysing the data, the first author repeatedly read the transcripts, made notes and then transformed the notes into specific themes, which were confirmed by the other two authors. The scope was a gradual immersion with the data and an attempt to make sense of the participants' experiences (Smith, Flowers, & Larkin, 2009). The themes were examined in relation to one another and grounded within the transcripts. After this circular process, the super-ordinate themes and the sub-themes were produced. The themes and the sub-themes were produced based on the clients' lived experiences of their therapeutic relationships. Concepts such as empathy, unconditional positive regard, congruence and transference are being studied regardless of the theoretical approaches that introduced them since they are generated by the clients’ accounts.

The criteria used, in order for the methodological rigour of the study to be determined, were the systematic consideration of the themes, investigator triangulation, and reflexivity. The systematic consideration of the themes is the circular process of identifying themes, which is informed by the data in every part of the research (Smith & Osborn, 2003). The triangulation was carried out with the help of two independent researchers who analysed the data and produced similar results. The researchers’ reflexive accounts involved an endeavour to value women’s experience, a feminist standpoint and the researchers’ counselling experience, which informed the interview process, the way that the data was approached and the way that the results were discussed. More specifically, the valuing of women’s experiences and the feminist standpoint, as expressed by feminist research (Letherby, 2003), were, in a way, the lenses through which the researchers approached the study and the value systems that informed it. The researchers’ counselling experience informed the way that the therapeutic relationship was approached and helped shape the focus in the participants’ phenomenological experience.

Results

The three super-ordinate themes that originated from the data analysis were the following: (a) Comparing the therapeutic relationship to other interpersonal relationships; where the participants tried to define the therapeutic relationship mostly in comparison to other interpersonal relationships; (b) Experiencing the therapeutic relationship; where the participants discussed the qualitative characteristics of the therapeutic relationship, which they consider to be effective; and (c) the counsellor’s role; where the participants pointed out the characteristics of the effective counsellor.

Comparing the Therapeutic Relationship

This super-ordinate theme focused on the definition that 17 participants gave to the unique relationship with their counsellor. In their attempt to define this relationship, the participants did not engage with terms used in the literature but, maybe in loss of a structured definition, they compared the therapeutic relationship to other interpersonal relationships. These comparisons were not part of an interview schedule but were generated by the participants themselves. The comparisons included similarities, differences or analogies that the participants found with friendship, family relationships or other professional relationships. In their attempt to
offer a definition, the participants also offered a depiction of the therapeutic relationship’s dynamics and of the way that the relationship functions in the counselling process. Thus, the three subthemes that were produced addressed the comparison of the counselling relationship to friendship, to family relationships or to other professional relationships.

**Comparing the Therapeutic Relationship to Friendship**

The most common comparison that 11 participants used in order to define the therapeutic relationship was that of friendship. An example is that of Ioanna, who hesitantly proceeded to liken the relationship with her therapist to friendship:

I couldn’t dare to say that she is like a friend to me, because there should not exist this kind of relationship between a psychologist and the client. It’s just, I feel very comfortable when talking to her and generally… For example if I have something in mind I say that to her and then other issues emerge.

We discuss so naturally. That’s why I say that she is like a friend to me. For example how does it feel when you are with a friend of yours and you chat about your news, and the discourse is very natural, it has a very natural flow, without you pressuring yourself to say or not to say things? It’s like that, although I don’t consider her to be exactly my friend. Did you understand what I mean?

Although Ioanna hesitated to name her therapist her friend, maybe because she was well aware of the boundaries that are drawn in the therapeutic context, she described a relationship that is like a friendship, where she felt comfortable to talk. Ioanna’s account also provided some insight as to what she considered friendship to be.

Another participant who seemed ambivalent about the definition of her relationship to her counsellor was Antonia. For Antonia, initially, there was a negotiation whether or not to characterize this relationship as friendship, but she ended up accepting this definition because of the equality and the comfort that she experienced:

[It’s] friendship. But you cannot name it friendship. I think it is friendship. Although, you cannot open up yourself like this to a friend… But I would consider it friendship because we are equals, because we can comfortably discuss with each other.

The reason why Antonia did not actually define her therapeutic relationship as friendship did not seem to be because of the boundaries, like in the experience of Ioanna, but because she could open up more freely to a counsellor than to her friends. Nevertheless, she accepted friendship as the closest definition.

In the following examples, the participants used the comparison in order to offer an analogy between the two types of relating, while also noting the differences. For instance, Danai seemed to experience the therapeutic relationship as the best version of friendship. As she stated in the following extract:

I can talk very comfortably. Not friendly, not with that sense. But [I experience my counsellor to be] better than a friend, because I won’t be criticized nor will I be misunderstood. This is something very freeing.

Danai, like Antonia, talked about the best qualities of the therapeutic relationship in comparison to friendship, but instead of linking the two, she emphasized the differences. In this contrast, the counselling relationship was
the one that appeared to be more favoured. In the same vein, Kaiti contrasted the two kinds of relationship and found the therapeutic relationship to be better, although, similar to friendship:

My relationship… I would say friendship. Something more than friendship. She is a person that I feel very close to, to whom I could say my inner truths and this is very important. For most people who are very busy with their problems it is very important to be able to discuss your inner truths with a stranger.

What is interesting in the above extract is that Kaiti simultaneously considered the therapeutic relationship to be better than friendship because of the closeness that she experienced, and also characterized her counsellor as a stranger. Her experience, in a way, very much described some of the qualities of the therapeutic dyad, where the counsellor is a professional with whom there is usually no prior socialization but he/she is also a person with whom the clients experience a certain relational depth (McLeod, 2005).

Another example of the way that the counselling relationship is likened and contrasted to friendship was the experience of Aliki. Aliki defined this kind of relationship as an “egotistical friendship”. She expressed that in this situation, she was the one who was the center of attention and her problems were the priority, whereas, in other friendships, her issues might be disregarded and the focus would soon be elsewhere:

When you talk with your friend, you will sit down and talk about your problems and she will say: “It’s ok. Things will be sorted out eventually”. Then she will start talking about herself. Here it is a little like an egotistical friendship [laughs]. This is the nature of this profession. The psychologist will not say that I have no reason to worry. She will say: “Come here Aliki. Why did this happen? How did this and how did that… Look the issue from all different angles and you will find the solution that you are seeking for”. She won’t say: “Let’s not talk about that, I will tell you what happened yesterday.”

On the other hand, Chara seemed to liken the therapeutic relationship to friendship in order to separate the two types of relationships. Thus, she certainly did not experience her counsellor as her friend:

There are boundaries [in the relationship with the counsellor], which means that she is not your friend. I don’t know but I have the impression that if things become too complicated the balance has been lost a little.

In order to make sense of the participants’ meaning making behind the comparison of the therapeutic relationship to friendship, it is imperative to aggregate the characteristics that accompany this comparison. Almost all of the participants that attempted to define their relationship to their counsellor as a friendly one described characteristics such as closeness, equality, being able to talk easily, self-disclosure and being listened to and also the sense of an informal environment when it comes to sharing. These characteristics are a part of the way that these participants perceived friendship while, at the same time, depicted the clients’ experience of the therapeutic relationship.

Comparing the Therapeutic Relationship to Family Relationships

Another way that participants illustrated the type of relationship that they experienced with their counsellor was by comparing the counselling relationship to family relationships. More specifically, for eight participants the counselling relationship was compared to a relationship with a parent or a sibling. For example, Theano appeared to be saying that her counsellor provided the necessary support and acted like a person on whom she could lean on, like she would do with a father:
With the male presence it’s like it’s been triggered in me an identification with the role of a parent, a father. I was feeling that he had a strong presence, where I could feel relaxed, where I could lean on to, where I could ask for his support. I could be a little more like a child, let’s just say it like that. Something that I don’t experience with women.

Theano, here, seemed to talk about a gendered relationship, where her counsellor was being experienced in accordance to his gender. The fact that her counsellor was male dredged up feelings of comfort, emotional support and strength. These were the characteristics that she associated with a father figure and could make her feel like a child. Thus, her experience of her counsellor’s gender was what mostly defined her therapeutic relationship and the main reason why she likened this relationship to a parental one.

Another participant who paralleled her counselling relationship to a parental one was Kleio. For Kleio, her therapist seemed to constitute the best version of a parental relationship. Therefore, she compared her relationship with her therapist to a father-daughter relationship, but also to a good father-daughter relationship. In her experience, her therapist was like a father who provided safety and unconditional acceptance and who reacted in a way a good father would. As she stated in the following extract:

He [the therapist] is not going to leave whatever I do, even if I say things that he doesn’t like. He is like a father, he supports me. Ok I think that your biological father supports you too, but it’s not the same, because he is not a therapist and he reacts in ways that I don’t often like. Whereas the therapist who acts like a father or has that role… hm I can’t imagine a better combination. He [the therapist] is like a good father. He doesn’t scold me; he doesn’t impose his conditions on me.

Kleio appeared to experience her relationship with her counsellor in the same pattern as Theano. Thus, the counselling relationship was defined in comparison to a father-daughter relationship, where the parent provided support. However, Kleio did not distinguish between the genders, although she used some of the same qualities when describing this type of relating.

Another participant who seemed to liken the therapeutic relationship with family relationships was Stella. For Stella, her counsellor could resemble to both a mother and a sister:

…the experience that she has, because of her profession, made me look at her like a mother and like a sister. That is, she could advise me about something and at the same time I could trust her with anything, from the most significant to the most insignificant.

When talking about a parental relationship with her counsellor, Stella seemed to be using the same pattern as Kleio and Theano; she described her counsellor as someone who could give her advice. On the other hand, when she compared the counselling relationship to a sibling relationship, she talked about being able to talk more easily, a pattern which was prominent in the previous subtheme.

From a phenomenological standpoint, the three experiences described above focused on the real counselling relationship, where the participants defined their relationship with their counsellor mostly as supportive and close. Stavroura on the other hand, appeared to be describing the counselling relationship from a framework of transference:

I projected on him elements of motherhood, of fatherhood. I felt that I had to be good for example. Like I had to prove to my therapist that I am good. He was like my daddy, who gave me his wisdom and I
had to support that and to receive his approval. After some time this began to change and the projections stopped.

Stavroula experienced her relationship with her counsellor as a type of parental relationship but she also explained that this was a projection on her behalf. However, although she made a comparison, it was through a certain viewpoint and eventually she did not provide a description.

When observing the experiences that were shared between the present and the previous subtheme, one could distinguish a gendered dimension of the way that the different experiences are being described. More specifically, most of the participants who talked about the therapeutic relationship in terms of friendship worked with a female counsellor and all of the participants who likened the counselling relationship to a family relationship worked with a male counsellor or an older female counsellor. Taking in mind that friendship, as described by the participants, held the meaning of reciprocity and comfort, whereas, parental relationships held the meaning of support and acceptance, there emerge certain patterns concerning the role of gender in the description of the therapeutic relationship. Therefore, the pattern of friendship may manifest a more equal relationship of the female counsellor-female client dyad, whereas, the parental pattern could be shaped around a difference of power between the client and the counsellor.

Comparing the Therapeutic Relationship to Professional Relationships

Other interpersonal relationships that were used in order to describe the therapeutic relationship were those of the gynecologist-patient relationship or of a non-specific professional relationship. All these comparisons seemed to be made in order for the participants to determine the closeness or the distance that they felt towards their therapists.

An example of a participant who likened her counselling relationship to one with a gynecologist is Kaiti, who stated that:

The psychotherapist is the same as the gynecologist, she comes very close, she gets into you [laughs]. She gets into your core and learns everything about you. That’s why she has to be suitable, in order for you to be able to talk to a person, a stranger … which is very hard.

Kaiti, in her account, tried to describe an intimate relationship and a very personal one. She expressed that opening up to a stranger was very difficult and she used the comparison with the gynecologist because of its uniqueness and its intimate nature. The same example, but from a different viewpoint, was used by Danai, who experienced feelings of intimacy but considered them to be a reason that kept her away from a possible erotic relationship with her counsellor. As she stated in the following extract:

But I think that the relationship with the therapist resembles the relationship with the gynecologist. I could maybe see my gynecologist erotically at some point, but when he has seen me giving birth the chances are decreased.

In a previous subtheme, Danai compared her therapeutic relationship to friendship, expressing feelings of closeness. Here, she talked about how this closeness could also be the reason for setting internal boundaries. Thus, the way she experienced her counsellor made her feel less concerned about seeing him erotically.
Setting boundaries was the main pattern that six participants used in order to liken their therapeutic relationship to a strict professional one. The participants here seemed to emphasize the distance between a counsellor and a client. For example, Foteini stated:

First of all let me tell you that I am a person who has dependency issues, with people. So I knew from the beginning... I had said to myself that I would have with my therapist a strictly professional relationship.

The past experiences of Foteini may have shaped her need to keep a protective distance from her therapist, in order for her to feel safe. In a way, the description of her relationship as strictly professional underlined an ethical dimension of the therapy process.

On the other hand, Eirini talked about her need to experience distance throughout the development of her relationship with her counsellor:

I told her that I wanted to talk with her using our last names. I am not interested in some other kind or relationship, for example friendship... at all...just the professional type. I wanted for her to be distant, although I wanted a sweet and relatively communicative person, which she is, but apart from that my relationship with her is exactly as it was from the start.

Eirini appeared to be using the comparison of a professional relationship in the context of boundaries, although, she did not explain why she needed her distance. Her focus point was that this was something she needed in order for her relationship to be functional for her, albeit this counselling relationship lasted for almost two years. The pattern, though, remained the same; even though the counselling relationship is a professional relationship, when the participants described only that element of it, they made it in order to talk about boundaries.

Experiencing the Therapeutic Relationship

As long as the counselling experience was concerned, the majority of the participants stated that they were satisfied with their counsellor and shared mostly positive experiences and feelings about their counselling relationship. In the present super-ordinate theme, the experiences, the feelings and the dynamics of the therapeutic relationship are explained. The two sub-themes that were produced concerned (a) the feelings of trust and safety and (b) the experiences of the closeness - distance spectrum.

Trust

The feeling of trust was discussed by 11 participants and was focused both on the comfort, that the participants felt with their counsellor, and on the belief that their counsellor would help them with their issues. As Kleio stated in the following extract:

The strange thing is that I truly trusted him from the beginning. If he said that something would be good for me I trusted him (Kleio).

In Kleio’s account, the feeling of trust seemed to be built on the premise that her counsellor was a capable professional, who would guide her properly. For Kleio, this feeling emerged from the beginning of the counselling process. On the other hand, for most participants, it was a feeling that unfolded with the progression of the therapeutic relationship. Thus, for eight participants, trust developed gradually. An example
was that of Kaiti, who explained how her relationship with her counsellor helped her to overcome her initial reservations about therapy and to allow herself to be affected by it:

In the beginning I was hesitant, but I am very lucky because the person that I chose helped me a lot. This connection... Truly I was very cautious during the first days, but after that I was not shy anymore. Therefore the relationship plays a crucial role; you know the relationship between the psychotherapist and the patient.

Kaiti talked about trust as a gradual process, which was developed through a connection with her therapist. Kaiti also experienced a transition in her attitude from hesitant to trustful, which was imperative for the counselling outcome. It is as though she felt relieved that she was able to develop these feelings of trust. In a similar vein, Antonia discussed her feelings of hesitance, which in her case lasted for the first year of counselling. As she stated in the following extract:

Look, in the beginning I was hesitant, he was a stranger, I saw him for the first time. I can tell you that I was like this for the first year.

From both Kaiti’s and Antonia’s account, a trusting therapeutic relationship appeared to be a process; albeit a necessary one in order for it to be successful.

As a result, from feeling trustful towards their counsellor, 13 participants discussed the issue of self-disclosure in the therapeutic relationship. The level, that is, they felt comfortable in sharing their feelings and revealing parts of themselves to their counsellors. Indeed, the participants that talked about self-disclosure highlighted the capability of the counselling relationship to serve as a unique context where they could share sensitive information and experiences, in contrast to other interpersonal relationships. For example, Christina stated:

I have disclosed to her things about myself that even my husband didn't know. I couldn't dare talked about these things to him.

In the above extract, Christina appeared to be talking about a very unique relationship with her counsellor and self-disclosing played a primary role in that. These feelings were unlike the feelings that she had about self-disclosing to her husband, for the verb that she chose to use perhaps manifested the lack of security to reveal experiences or thoughts that she considered to be sensitive.

Another participant who talked about self-disclosure was Lena. More specifically, Lena discussed the depths of self-disclosure. Her account, as quoted below, appeared to illustrate, in a somehow poetic manner, the level of trust that she experienced in her counselling relationship:

But I talked to him very openly. I talked about my parents, their relationship to one another, how they influence me, how foolish I am, how incompetent, how smart, how competent. All the pieces of my self-awareness, I testified all to him.

Thus, for most participants the formation of a trusting relationship with their counsellor seemed to be important for the counselling process and also something that they enjoyed in their therapeutic relationships. There was, however, an experience where the difficulty of self-disclosure was prominent. As Chara stated in the following extract:

Look, talking to a person who is basically a stranger, and telling her your inner truths and whatever craziness you have in your head... I mean you want to be helped but it's kind of strange to me. […]
feel like I’m being exposed. Exposed in the way that… if you want to get help; you would have to disclose a lot of stuff, which you would not discuss in different circumstances. This upsets me. Undressing in that way upsets me; I feel tension [cries]. Yes, this wears me down [cries].

For Chara, the safety to self-disclose was a quality that did not exist in her relationship with her therapist, although she visited the same therapist for almost a year. She expressed feeling uneasy and upset when discussing how difficult it was for her to talk freely during her sessions. Not only did she not self-disclose freely, but she reported feeling exposed and worn down during that process. Her experience, although hurtful, highlighted the central role of trust in building a strong therapeutic relationship and the consequences of its absence.

Closeness – Distance

Apart from feelings of trust and safety, a number of participants discussed issues linked with closeness and boundaries in the counselling relationship. On the one hand of this spectrum, five participants talked solely about how close they felt to their counsellor and about how helpful they found this closeness. Closeness, here, was not being discussed as an abuse of boundaries, but rather as a sense of an intimate therapeutic relationship. Christina, who was one of them, stated in the following extract:

I feel very close to her. She is a really nice person. I am very pleased with that and I wait impatiently for our next appointment. A lot of things in my life have been upset and I believe that I have a person to support me.

For Christina, closeness seemed to be perceived almost as a need. Bearing in mind that in the previous subtheme she stated that she did not dare to disclose even to her husband some of the issues that concerned her, the relationship with her counsellor appeared to be one that she cherished and needed. Therefore, she expressed feeling pleased because she had developed a therapeutic relationship based on trust and closeness.

On the other hand, six participants talked about both the closeness they felt towards their therapist, but also about the boundaries and the distance inherent in their experience of the therapeutic relationship. Iro, for example, described a distanced interpersonal relationship while also expressing feelings of closeness:

I like this distanced relationship. Certainly there is closeness, I cannot hide that, but I don’t want to consider my counsellor as my crutch. No I like this distance. On the other hand, I can phone her at any time … you know in moments of crisis [laughs]… it helps me. I feel close to her.

For Iro, this distanced relationship appeared to have positive connotations. She explained that, although the distance was necessary to her, she felt close to her therapist because she could call her at any time. This therapeutic relationship, which, at the same time, was experienced as distant and close, highlighted the unique character of the therapeutic dyad, where boundaries do not necessarily prevent feelings of closeness.

In contrast to Iro’s experience, Despina seemed puzzled about the clear boundaries that her therapeutic relationship entailed. As she stated in the following extract, outside of the therapeutic context she felt a stranger towards her therapist, even though she enjoyed feeling close to her during the sessions:

The minutes that we are in the room together she is very friendly, she is close to me… I feel that… But when she receives me for our session or when the session is finished she is distant… Especially when
she has other people waiting for their sessions... But they are clear [the boundaries]; from the moment you leave her door you are a stranger.

In total, nine participants referred solely to the boundaries and the distance in the therapeutic relationship, although, their attitudes toward these experiences varied. For example, Eirini, who desired a professional type of therapeutic relationship, stated that distance was a big part of what she wanted from a counsellor:

I was interested in a distant relationship [...] I wanted her to be relatively distant and not at all congenial.

Whereas, Chara seemed more ambivalent towards her need to be closer with her counsellor and her concern whether closeness would disturb the therapeutic process:

There are boundaries; which means that she is not your friend. I don’t know, I have the impression that things may get a little complicated if you mix friendship with…I don’t think that a very close relationship can be better, I don’t know. With my previous psychologist, it was very friendly and she helped me…and I could talk to her like that. I didn’t have the impression that she was judging me and it was good that it was friendly. But I don’t know if this can always happen.

The feeling that Chara emitted was that of negotiating the right kind of closeness in the therapeutic relationship. She wondered whether a closer relationship with her therapist would be productive, but, at the same time, she described a previous therapeutic experience where she could feel close enough to her therapist in order to open up more and not feel judged. Based on her general experience of not feeling safe during the counselling process, it is as if Chara was negotiating whether her experience of her therapeutic relationship’s quality was effective.

Thus, whereas trust was expressed as a need in the relational context, closeness involved a plurality of different experiences. For some participants, closeness was a non-negotiable healing factor of the therapeutic relationship, some described a relationship where both closeness and distance were in hand, and others stressed solely the boundaries of their relationship with their counsellor.

The Counsellor’s Role in the Therapeutic Relationship

The third super-ordinate theme referred to the way that the counsellor was perceived by the participants as a person of the therapeutic dyad. More specifically, the present theme focused on the counsellor’s relational characteristics and on the clients’ experiences and feelings towards these characteristics. The three sub-themes that were formed included the counsellors’ empathic understanding, his/her non-judgmental attitude and the offer of a different viewpoint.

Empathy

For nine participants, the counsellor was perceived as a person who offered empathic understanding. An example is Ioanna’s experience, who shared that her counsellor understood her and empathized with her. Indeed, she declared that empathy is a condition that all psychologists should offer:

I can see that she empathizes with my problem; that she understands…and ok I believe that this is what psychologists should do.

Similarly, Despina described empathy in a very positive manner. As she stated in the following extract:
I wanted someone who would listen to me and would not reply “yes, but I would…” or “yes, but look at the others…” “But” was a word that I didn’t want to hear, I was tired of this word. I wanted someone who would really focus on me.

[I wanted] for her to listen to me, to feel me… and she did. Because I saw that she teared up… She got to be in my place and although she hadn’t experienced the same issue as me, my experience touched her.

In Despina’s experience, the need for a person to really listen to her and focus on her issues seemed very important. Although she did not use the word empathy, she described a counsellor who listened to her empathetically and who let herself be influenced by Despina’s experiences. It is as if a basic need from counselling was met.

Positive Regard – Non-Judgmental Attitude

The second sub-theme referred to the positive regard and the non-judgmental attitude demonstrated by the counsellors. In total, nine participants experienced their counsellor as a person who showed acceptance, either by providing the necessary space in order for the participants to express themselves or by keeping a non-judgmental attitude. For example, Stella discussed a positive regard expressed by her counsellor regarding her whole experience. As she stated:

Because the love, the acceptance she has for herself is being translated and emitted to the client. The fact that she accepts us so much, the fact that she loves us, she cares for us, she takes care of us, she thinks about us emerges from the healthy and balanced relationship that she has with herself; also from the fact that she is confident as a person.

Stella described her counsellor’s acceptance of her clients as a general attitude and a state of being that stemmed from the counsellor’s personal development. She experienced a deep and genuine care from her counsellor and feelings of love. Her enthusiastic description of her therapeutic relationship continued with Stella describing her counsellor’s non-judgmental attitude:

She is the person to whom you can say everything, whatever bothers you, whatever you are thinking. It is very important to never being judged by the psychologist. It is the only way for you to feel comfortable and to not feel that she is deceiving you:

I felt that she accepted me without judging what I do or what I don’t do. The fact that she was always by my side, the fact that I could always tell her whatever I wanted, that she listened to me with great attention without mocking me, without considering my feelings childish or exaggerated, without judging anything I said, the fact I felt comfortable talking to her like a friend, these made me feel her like my friend.

Stella attributed the feelings of safety, experienced in her therapeutic relationship, to her therapist’s non-judgmental attitude. She seemed to believe that feeling accepted was the only way to feel comfortable and to self-disclose. Thus, acceptance resulted to experiencing safety and comfort, which, in turn, resulted in Stella comparing her counsellor to a friend. Her account provided a causal connection between the different themes described in the present study. Also, it provided a framework for what is considered to be effective in the therapeutic relationship.
A different perspective

The present subtheme focused on a more active role of the counsellor. Apart from the purely relating qualities, for 11 participants, their counsellor offered an objective view in relation to their issues, which was considered helpful for the counselling process. An example is Eirini’s experience who, having said that she liked being in a strict professional therapeutic relationship, emphasized in the following extract her counsellor’s knowledge as an imperative quality of the counselling process:

The psychologist who I am seeing has no emotional involvement with me. She is very objective and of course she has the knowledge to do her job better than a friend, who may have good intentions and certain skills and logic, but the technique is very much needed.

For Eirini, the techniques used by her counsellor combined with the lack of emotional involvement seemed essential for her healing process. For her, these were the qualities that gave her counsellor a much-needed objectivity and distinguished the therapeutic relationship from any kind of other socialisation.

On the other hand, not all participants combined non-involvement with objectivity. In fact, for most participants the counsellor was experienced as a person who could offer an objective opinion without affecting the feelings of an intimate interpersonal relationship. Even for Christina, who experienced a very close therapeutic relationship, her counsellor’s advice and viewpoint were considered to be uninfluenced from personal interests:

I have a person to listen to... not necessarily an advice, but I want an opinion, which nevertheless would be unbiased. My husband could say some things about my parents who oppress me, but he never said them, because he didn’t have any interest in doing that.

Unlike her husband, Christina’s counsellor was experienced in offering an objective opinion, which was very much welcomed and needed. Taking in mind the whole of Christina’s experience, her counsellor’s role involved offering an empathic and caring relationship, but was also experienced as an objective professional. These qualities needed by Christina, who very clearly contrasted her counsellor’s helpful attitude to her husband’s and her parents’ unhelpful behaviour.

In Antonia’s experience, there was not so much the objectivity that her counsellor offered, but rather the different viewpoint. As she stated, it was her counsellor who shed light to the dark parts of herself:

He is there and he listens to me. He sheds light to my dark spots, you know those parts of you that are dark and he lights them and now there is this connection with him.

In her account, the counsellor’s different perspective was linked with the connection that she felt with him, which seemed to be making this quality an integral part of therapy. Thus, she experienced her counsellor as a person who could guide her and help her know herself better.

Other ways in which the counsellor had an active role in the counselling relationship was by helping the clients understand their feelings or certain experiences and offering interpretations. For example:

He has shown me a lot. He has shown me fears that I had and I didn’t want to face, he has shown angers, he has shown to me emotions that I knew I was feeling, but I was afraid to face. (Stefania)

She tries to make me understand what should... how I should react to a situation. This... Of course she also interprets. (Ioanna)
In the accounts of Stefania and Ioanna, the counsellor played an important role in offering a different viewpoint, but the connotations in each experience were different. Thus, in Stefania’s experience her counsellor served as a vehicle to help her understand and process her feelings, whereas, in Ioanna’s experience, the counsellor had an interpretative role.

Albeit the various angles in which the counsellors offered a different viewpoint, all the experiences that were shared in the present subtheme were positive ones. This different perspective that the counsellors offered seemed to contribute to the effectiveness of the counselling process and to feature therapeutic elements of the counselling role.

**Discussion**

A number of counselling and psychotherapy research points out that the therapeutic relationship is a core component of effectiveness in the counselling process (Baldwin et al., 2007; Cooper, 2008; Horvath, 2000; Horvath & Bedi, 2002; Lambert & Barley, 2002; Norcross, 2002, 2011; Sackett & Lawson, 2016). Also, seeking to understand the clients’ perspectives and factors to effective counselling is crucial in the therapy process (Henkelman & Paulson, 2006; Horvath, 2000; Horvath & Bedi, 2002; Horvath & Luborsky, 1993; Lambert & Barley, 2002). The present study supports these findings and illustrates the client’s input in building an effective therapeutic relationship.

More specifically, the participants of the present study tried to describe their lived experiences concerning their relationship in therapy. In this attempt, and maybe in a loss of a structured definition of the therapeutic relationship, they likened their relationship with their counsellor to other interpersonal relationships, like friendship, family or professional relationships. They also evaluated the therapeutic relationship by emphasizing the value of trust, closeness and boundaries and found counsellor characteristics such as empathy, acceptance and offering a different viewpoint effective. Their accounts offer a unique perspective on women’s relational needs from therapy. Thus, the need for a safe and warm environment is described as imperative for the effective therapy process, findings that are consistent with previous research (Lin, 2010; Manthei, 2007; Oliveira et al., 2012; Sackett & Lawson, 2016).

In defining the therapeutic relationship, one of the most prominent experiences that was shared was likening it to friendship, a finding that was also supported by Thompson’s (1995) qualitative research. The characteristics that participants used when trying to describe their counselling relationship as friendship were those of trust, intimacy and closeness. Those characteristics are typical of a friendly relationship (Eysenck, 2004) especially in relationships between women (Lips, 2006). Indeed, the most notable quality of friendship for women seems to be closeness, which is developed by sharing emotions and personal experiences and by receiving help (Candy, Troll, & Levy, as cited in Lips, 2006).

Furthermore, the therapeutic relationship was likened to family relationships, especially to parental ones. According to Bornstein (2006), although the types of parental relationships differ among different families and among different cultures, some common characteristics include advising and facilitating growth. Receiving advice and support were the main characteristics associated with the comparison of the therapeutic relationship to parental ones.
A pattern that appeared was that participants who described their therapeutic relationship in terms of friendship worked with female counsellors, whereas, participants who described their therapeutic relationship as comparing to parental relationships worked with male or older female counsellors. This tendency may be characteristic of the different power dynamics of the gendered therapeutic relationship, where a relationship that is described as friendly might be descriptive of a more equal relationship. Although the participants did not express a counsellor gender preference, they did experience their counsellors’ genders differently.

The third type of relationship likened to the therapeutic was the gynaecologist – patient relationship, which was used in order to describe the unique, intimate character of the therapeutic relationship. Moreover, the therapeutic relationship was described as a professional one in order for professional boundaries to be explained. The recognition of boundaries or the need for boundaries in the therapy context brings forth the issue of ethics in the counselling process. Boundaries are linked to ethical practice in most of the counselling and psychotherapy codes of ethics (e.g. American Counseling Association; ACA, 2005). Boundaries also constitute a necessary condition in order for the feeling of safety to be developed (e.g. Rave & Larsen, 1995) and their importance has been specifically appraised when working with female clients (Vasquez & Vasquez, 2017).

As far as the experience of the therapeutic relationship is concerned, the participants’ experiences highlighted the importance of a sound relationship between the counsellor and the client. The participants also indicated two patterns in which the effectiveness of the therapeutic relationship can be discussed, these are (a) feeling trustful and safe towards their counsellor and (b) experiencing closeness but also professional distance and boundaries.

More specifically, trust and safety, which can lead to self-disclosure, was considered to be effective by all participants who shared their experiences. This finding is consistent with studies that show that considering the counsellor to be trustworthy is one of the main factors of a good therapeutic relationship and of effective therapy (Sackett et al., 2012; Sackett & Lawson, 2016; Thompson, 1995). Likewise, the feeling of safety in the counselling context is considered to be an essential element of effective therapy, regardless of the counsellor’s theoretical approach (Gilbert & Leahy, 2007; McLeod, 2005; Thompson, 1995). Furthermore, opening up and being able to discuss intimate issues is, on the one hand, important for the clients (Manthei, 2007; Sackett et al., 2012) and, on the other hand, a central part of the counselling process, since it reinforces feelings of closeness in the therapeutic relationship (Fisher, 1990). Specifically, for women, these findings support Ogrodniczuk’s et al. research (2001), who found that being able to relate in a supporting rather than challenging way was beneficial for female clients.

As long as boundaries are concerned, Stevens (2001) reports that in western culture, properly set boundaries allow both the development of feelings of trust and the experience of feelings of flexibility and distance. The therapeutic relationship, although similar to other interpersonal relationships, is qualitatively different to any other kind of relating and uses clearly defined boundaries, which, when originating from an environment of care, are beneficial to clients (Kottler & Shepard, 2008).

In studying the counsellor’s role in the therapeutic relationship, participants talked about empathy, positive regard and being offered a different viewpoint. All of these qualities seemed helpful to the participants and corroborate with empirical data. For example, empathy is one of the therapeutic relationship’s qualities that is highly regarded in relevant meta-analytic reviews to contribute to the effectiveness of therapy (Elliott, Bohart,
One of the main motifs that was formed from the present study is that female participants considered a rather collaborative and guiding type of therapeutic relationship as effective, in comparison to a more challenging and confrontational one, a finding that can be paralleled with the study of Oliveira et al. (2012). The main need was for a safe environment rather than a stressful one, which is further emphasized by the negative experiences described by some participants. Thus, the female clients of this study expressed their need for safety rather than challenge or direction. Fostering feelings of safety and security is an integral part of working with women in feminist therapy (e.g., Vasquez & Vasquez, 2017) and is clearly expressed by the participants of the present study. These findings also accord with the relevant research concerning women’s needs in relation to the therapeutic relationship (Lin, 2010; Ogrodniczuk et al., 2001) and reinforce Kaplan’s (1986) call for a therapeutic relationship geared towards women’s needs.

In this study, we have attempted to provide an understanding of the way that female clients experience the therapeutic relationship. The experiences and patterns that were shared provided an insight of what aspects of the counselling relationship were considered to be effective by women. The results suggested that female clients were committed to the relationship with their counsellor and most of them considered this relationship to be an integral part of their healing process. Thus, feelings of closeness, trust and support were seen as core experiences of the relational self in therapy. Indeed, the importance of the therapeutic relationship to clients was highlighted as they likened their relationship with their counsellor to other important interpersonal relationships.

A crucial observation about the way that female clients experienced the relational dyad in therapy was that each characteristic and quality described was part of a holistic understanding of the relationship. Thus, all the characteristics were interdependent, creating a relational environment that was experienced by the participants more as a gestalt rather than a sum of certain parts. For the purposes of the present study, each theme and subtheme was categorized in order for a better understanding to be facilitated. However, the themes are connected to one another and affect each other in the formation and development of the therapeutic relationship.

The results of the present study were drawn from the experiences of female participants. This schedule allowed for the experiences of women to be shared and highlighted some of their counselling needs. Women constitute the majority of counselling and psychotherapy clients and their experiences need to be addressed and listened to.

On the other hand, this study did not address the experiences of male clients. This would be very useful in order to allow for a more complete understanding. Furthermore, it would be interesting to research the relational needs of clients taking into account factors such as gender roles and identities, sexual orientation,
age or ethnicity, all of which were not in the scope of the present study. Although different research seems to agree on some basic characteristics of an effective therapeutic relationship, addressing the clients’ social structures might add to the endeavor of understanding such a complex and dynamic phenomenon.

Addressing clients’ experiences of the therapeutic relationship is essential to every practitioner since it offers a rich environment to better understand the clients’ needs, their patterns of relating and some of the crucial components of the therapy process. Encouraging clients to share the way that they experience their therapeutic relationship and exploring the way that the relationship unfolds could inform or even unblock the counselling and psychotherapeutic practice. Both the client and the counsellor bring their relational self in counselling, thus, the interpersonal aspect of therapy can be used as an essential asset of the healing process, offering possibilities to improve practice.

**Funding**

The authors have no funding to report.

**Competing Interests**

The authors have declared that no competing interests exist.

**Acknowledgments**

The authors have no support to report.

**References**


