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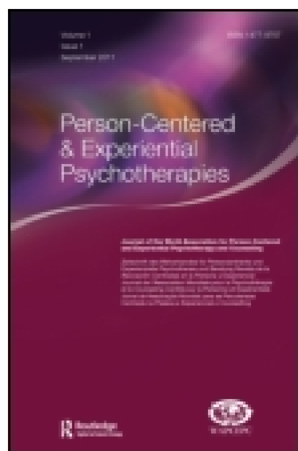

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Client experiences of agency in therapy

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Client experiences of agency in therapy

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This study sought an understanding of clients' experiences with psychotherapy from clients' own points of view. Eleven 18–23-year-old clients or former clients participated in in-depth, semi-structured interviews about their experiences and opinions of therapy. The interviews were transcribed, and themes were extracted, drawing on techniques from Grounded Theory. From the themes that emerged in this analysis, we focus in this paper on the major theme of *client agency*, by which we mean clients actively making and enacting choices regarding their therapy. Agency was consistently salient and highly valued by the participants; it encompassed participant accounts of (a) doing the work of therapy, (b) informing themselves about therapy, (c) different manifestations of agency in different therapeutic approaches, (d) their valuing of accomplishment and empowerment, (e) how experiences in therapy differed from expectations, and (f) experiences of compromised agency.

Keywords: client agency; self-healing; grounded theory; qualitative research

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Klienten erfahren sich als selbstwirksam Handelnde in der Therapie

Diese Studie zielte darauf ab, die Erfahrungen von Klienten mit Psychotherapie aus deren eigener Perspektive erfassen. Elf 18–23 Jahre alte Klienten oder frühere Klienten nahmen an halbstrukturierten Tiefeninterviews über ihre Erfahrungen und Meinung zu Therapie teil. Die Interviews wurden mit Hilfe von Techniken der Grounded Theory transkribiert sowie dann Themen extrahiert. Von den Themen, die in dieser Analyse auftauchten, konzentrieren wir uns in diesem Artikel auf das Hauptthema des *Klienten als selbstwirksam Handelndem*. Damit meinen wir Situationen, in denen Klienten bezüglich ihrer Therapie aktiv eine Wahl treffen und dementsprechend handeln. Selbstwirksames Handeln beurteilten Teilnehmende als etwas Besonderes und es wurde sehr geschätzt; es umfasste Berichte der Teilnehmenden zu (a) die Therapiearbeit tun, (b) sich über Therapie zu informieren, (c) verschiedene Manifestationen des selbstwirksamen Handelns in den verschiedenen therapeutischen Ansätzen, (d) dass sie es schätzten, etwas zu erreichen und bewirken zu können, (e) wie Erfahrungen mit Therapie sich von den Erwartungen zuvor unterschieden und (f) Erfahrungen, wo das selbstwirksame Handeln gestört wurde.

Experiencias de los consultantes de ser su propio "agente" en terapia

Este estudio buscó comprender las experiencias de psicoterapia de los consultantes desde sus propios puntos de vista. Once consultantes o ex consultantes de 18 a 23 años de edad participaron en entrevistas en profundidad y semi estructuradas acerca de sus experiencias y opiniones de la terapia. Las entrevistas fueron transcritas y se

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extrajeron los temas, basándose en técnicas del método Grounded Theory. De los temas que surgieron en este análisis, nos centramos en este escrito en el tema principal de la *Agencia de cliente*, es decir que nos referimos a clientes activamente decidiendo y poniendo en práctica lo visto y trabajado en su terapia. La ''agencia'' fue consistentemente destacada y altamente valorada por los participantes; engloba los relatos de los participantes de (a) hacer el trabajo de terapia, (b) informarse ellos sobre la terapia, (c) diferentes manifestaciones de ''agencia'' en diferentes enfoques terapéuticos, (d) su valoración de logros y empoderamiento, (e) cómo las experiencias en terapia difirieron de las expectativas y experiencias (f) experiencias de ser agentes comprometidos.

Auto-direction en thérapie – Une recherche à partir des expériences des clients

Cette étude vise à comprendre les expériences de la psychothérapie à partir du point de vue des clients eux-mêmes. Onze clients ou ex-clients, âgés de 18 à 23 ans ont participé à des entretiens semi-structurés approfondis concernant leur expérience et leurs opinions par rapport à la thérapie. Les entretiens ont été transcrits et les thèmes ont été extraits en utilisant les techniques de la Théorie Fondée. A partir des thèmes qui émergent de cette analyse, nous focalisons, dans cet article, sur le thème principal: *client agency*. C'est-à-dire des clients qui font des choix et les mettent en œuvre de manière active dans leur thérapie. Cette ''auto-direction'' ressort de manière forte et constante. Elle est valorisée très positivement par les participants. Elle englobe les descriptions suivantes des participants: (a) faire le travail de la thérapie, (b) se renseigner sur la thérapie, (c) manifestations différentes de l'auto-direction dans les approches théorique différentes, (d) leur valorisation de la réalisation et de l'autodétermination, (e) comment les expériences en thérapie différaient des attentes, (f) expériences de l'impossibilité de vivre l'auto-direction.

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A experiência como ''*agente*'' por parte do cliente em terapia

Esta investigação procurava a compreensão das experiências dos clientes em psicoterapia, do ponto de vista dos próprios. Onze clientes ou antigos clientes, entre os 18 e os 23 anos, participaram em entrevistas de profundidade, semiestruturadas acerca das suas experiências e opiniões sobre a terapia. As entrevistas foram transcritas e as categorias extraídas a partir de técnicas da Teoria Fundamentada nos Dados. De entre as categorias emergentes dessa análise, este artigo centra-se no tema fundamental do *cliente como agente*, o que significa para nós a tomada ativa de decisões e sua colocação em curso, por parte do cliente, em relação à sua terapia. O ser ''*agente*'' sobressaiu de forma consistente e foi altamente valorizada. Ela abrange: (a) fazer o trabalho de terapia; (b) informar-se acerca da terapia; (c) diferentes manifestações de ser ''*agente*'' em abordagens terapêuticas distintas; (d) a sua valorização de concretização e de *empowerment*; (e) como as experiências em terapia diferem das expectativas e (f) experiências de ser ''*agente*'' comprometida.

セラピーにおけるクライエントの主体性体験

本研究はクライエントの心理療法にまつわる体験を、クライエント自身の視点から理解する試みである。18歳から23歳のクライエントもしくは元クライエント11人が参加し、セラピーの関する自らの体験や意見について詳細な半構造化面接を行った。面接内容は逐語化され、グランデッド・セオリーの方法論を参考にテーマ抽出が行われた。この分析から浮上したテーマの中で、クライエントの主体性、すなわちクライエントが自らのセラピーにおいて能動的に選択・行為化すること、に本論では注目した。主体性は被験者にとって一貫して顕著なものであり

高く評価されるものであった。それは面接回答の：a）セラピーに取り組むこと、b）セラピーについて調べること、c）心理療法のアプローチの違いによって主体性の現れ方が異なること、d）達成やエンパワーメントに対する価値の付け方、e）セラピーの体験が期待とどのように異なっていたか、そして、f）主体性の傷つき体験、といった内容に網羅されていた。

Bohart and Tallman (1999, 2010) have argued that clients are active agents in the therapeutic process, capable of self-healing and of creatively using psychotherapy in their own therapeutic best interests (see also Bohart, 2000, 2006; Dreier, 2009; Mackrill, 2009; Orlinsky, Grawe, & Parks, 1994; Rennie, 1992, 1994, 2001, 2004; Tallman & Bohart, 1999). In this view, therapists' interventions do not, by themselves, cause change within clients. Rather, clients' active engagement with the interventions leads to therapeutic change. Therapists need not heal clients; clients have an innate ability to change and grow. Therapists may provide support, information, and resources for clients and a safe space in which clients can exercise their creative capacity to heal themselves. We use the term *client agency* to refer to clients' disposition to actively make and enact choices regarding their therapy. Agency is thus a powerful person-centered concept that has explanatory relevance for all therapists, but especially for therapists practicing person-centered or experiential approaches.

Bohart and Tallman (1999, 2010) cast client agency as just one component of the broader concept of people's capacity for self-healing. Other components include an autonomous capacity for making major life changes, drawing on social support and intimate relationships, self-help, resilience, and other manifestations of generativity and creativity. But self-healing's manifestation as client agency in psychotherapy is of particular salience and interest to therapists. Bohart and Tallman (2010) proposed that self-healing generally – and client agency particularly – entail the following hypotheses: that therapy works because of clients' active efforts; that, as a consequence, "clients ought to be able to make widely different approaches to therapy work as long as the therapy provides enough facilitative support" (p. 94); and that clients actively and creatively transform their experiences in therapy to heal themselves.

In this report, we focus on clients' experience of agency with regard to the therapy itself – their experience of making and implementing decisions that had a direct bearing on their therapy. Other investigators have considered agency more broadly: for example, as a capacity for reflexive consideration of and action on one's own psychological processes, or, alternatively, as how people encounter, live in, and deal with social structures (e.g., Dreier, 2009; Rennie, 1992, 2004). Of course, while focusing on agency with regard to therapy, we understand that clients, like all people, are agents everywhere.

Mackrill (2009) distinguished six approaches psychotherapy researchers have taken to client agency, from ignoring it by focusing on extra-therapeutic moderating variables to construing the client as a cross-contextual agent (cf., Dreier, 2009). Our construction of client agency resembles the approach Mackrill called *constructing client agency as what clients do in sessions*. Following Rennie (1992, 2004) and others

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who have taken this approach, we cast clients as active participants in therapy. In this report we deal with participants' experience of agency regarding the therapy itself. We do not, in this analysis, address additional agency-related issues in other parts of the client's life that were discussed in sessions. However, we do include clients' experience of therapy-focused activities even when they took place outside of sessions (e.g., agency in selecting a therapist).

Research on client *involvement* and *collaboration* in therapy provides convergent support for the importance of client agency in psychotherapy (Orlinsky et al., 1994; Tryon & Winograd, 2002). Orlinsky et al. (1994) reported that 70% of the studies they reviewed showed a positive relationship between clients' investment in therapy and outcome. Likewise, client cooperation and clients' collaborative style were positively associated with outcome in 69% and 64% of the studies, respectively. They concluded, "the quality of the patient's participation in therapy stands out as the most important determinant of outcome" (p. 361).

In this report, we aimed to take research on client agency forward by looking at how clients experienced their own agency in regard to their therapy. We drew data from a study that broadly explored client experiences with and perspectives on their psychotherapy through in-depth semi-structured interviews. The interviews, conducted with 11 former and current therapy clients, aimed to allow participants to explore and describe the nature of the therapeutic process, their relationships with therapists, what was helpful (or not helpful) and why, and so forth. Interviews were analyzed using methods drawn from grounded theory (Glaser & Strauss, 1967; Rennie, 1992; Seidman, 1998). From the categories that emerged in this analysis, we focused in this report on the theme of agency (doing the work in therapy, exercising control over therapy, actively collaborating with the therapist). Most of the participants, at their own initiative, chose to discuss this topic at length. Thus, this report's focus on how clients experience and exercise their own agency in therapy emerged after (and as a result of) the grounded theory analysis, whereas the study's initial purpose was more open and general.

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Method

Participants

Participants were 11 current and former clients who were students at a small, liberal arts college in the Northeast United States. Six participants were women and five were men; nine identified as American Caucasian, one as half Caucasian and half Puerto Rican, and one as European (Spanish); all were between the ages of 18 and 23, $M = 20.4$. Data collection was approved by the local ethics review board, and all participants provided informed consent for the interviews. Socioeconomic status was not assessed, but private colleges in the region attract young adults from upper-middle-class, well-educated families. Seven of the participants had experience with two or more therapists and four had experience with three different therapists. Five were currently in therapy; the remaining six had ended their last therapy within the preceding three years.

Participants voluntarily disclosed that they had consulted therapists to address concerns including the following: eating disorders, borderline personality disorder,

suicidal and self-harming behavior, post-traumatic stress disorder, and mood and anxiety disorders. Two of the participants had been hospitalized, one participant on two separate occasions.

Time spent in therapy varied from six months to 11 years, $M = 3.8$ years, $SD = 3.2$ years. Table 1 provides information on the 11 participants. The names used for participants are pseudonyms, selected collaboratively by the principal investigator (PI) and the participants. The descriptive classifications of treatment approach shown in Table 1 were inferred by us from participants' descriptions; the therapists might have described their approaches differently.

Investigators

The PI, who conducted the interviews and did the primary grounded theory analysis, was a 22-year-old Caucasian woman in her final undergraduate year. Her theoretical preference was humanistic, influenced by the work of Carl Rogers (e.g., 1951, 1957). The other three investigators were academic advisors and supervisors, who participated in conceptualization and design, consulted on the interviews, audited the analysis, contributed to the interpretation, and assisted in writing and editing this report.

Procedure

Participants were recruited through fliers and advertisements that called for individuals who had experienced any form of psychotherapy within the last five years to be interviewed on their experiences with therapy. Fourteen people responded and were emailed consent and confidentiality information and a list of topics and questions to be addressed in the interview. After receiving this information, three people declined to participate. For those willing to participate, a time was scheduled to meet at the interviewing room in the psychology building at the participants' college. None of the participants was previously known to the interviewer.

Twelve in-depth, semi-structured interviews were conducted with the 11 participants (one participant, Jennifer, was interviewed twice). Eleven of the 12 interviews were completely audio-recorded. The second half of Julia's interview was not recorded due to technical difficulties; the interviewer instead took notes. The interviews lasted approximately one hour and included a series of open-ended questions on the participants' background with therapy, relationships with their therapists, what they experienced as helpful (or not helpful), and why, for example,: "How did you decide to go into therapy?" "What did you expect from therapy? What were you hoping for?" "What was a typical session like?" and "How would you describe your relationship with your therapist?" Participants were free to address any issue they felt was relevant and the interviewer was free to pursue any line of inquiry that seemed pertinent.

Grounded theory analysis

The 11.5 hours of audio recordings were transcribed verbatim by the PI. Analysis drew upon grounded theory (Glaser & Strauss, 1967; Rennie, 1992), and methods outlined by Seidman (1998). As in Rennie's (1992) application of grounded theory,

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Table 1. *Participants' Background Information.*

Interview Number	Name	Age	Gender	Presenting problems	Number of Therapists	Therapy lengths	Therapy Type
1	Jessica	18	F	Depression	1	1.5 years	?
2	Julia	23	F	Eating disorder	3	2 years	CBT
						3 months	
					1	?	
3	David	21	M	Sexuality issues		6 years	Exploratory
						1 year	
4	Ruben	22	M	Depression	3	2 years	?
						4 months	Group Prescriptive
						3 months	
5	Miguel	20	M	Depression	1	6 months	Exploratory
6, 8	Jennifer	19	F	Suicidality & self-harm, BPD	2	5 months	Exploratory DBT
						4 years	
7	Carrie	21	F	Body image & relationship issues	2	2 months	?
						8 months	Group
9	Jay	20	M	Depression	2	3 years and 4 months	Exploratory Group
10	Susan	18	F	BPD, OCD	3	5 years	Play therapy
						4 years	?
						2 years	Family therapy
11	Belle	21	F	PTSD	2	2 years	?
						6 months	Exploratory
12	Nick	22	M	Depression	3	3 years	Exploratory
						1 year	
						?	

Note. The participants provided all information. Presenting problems and therapy type, if not explicitly stated by a participant, were inferred from his or her statements about therapy. Presenting Problems: BPD = Borderline Personality Disorder; OCD = Obsessive-Compulsive Disorder; PTSD = Post-Traumatic Stress Disorder. Types of therapy: CBT = cognitive behavioral therapy; Exploratory = humanistic or psychodynamic therapy; Prescriptive = unspecified directive therapy; DBT = dialectical behavior therapy; ? = therapy type could not be confidently inferred.

the interview transcripts were divided into *meaning units* (MUs) comprising information on a specific subject. MUs could range in length from a few lines of text to a page or more.

Following Rennie (1992), MUs were summarized by descriptive phrases, or *codes*, which were kept as close as possible to the language of the transcript. For example, one MU from Nick's interview was:

> I wanted to know what was going on. And I think a lot of that was I just didn't know what therapy was. I just, I didn't know what we were doing here. I didn't know where we were going. I wasn't against it because I didn't know about it. But I had a lot of questions. I had no clue how we were gonna go about solving my, you know, depression issues. I don't know how you do that.

The code for this MU of Nick's was: *didn't know what therapy was*. Codes were then compared within and between interviews in search of commonalities, called *categories*. Each MU was placed in as many categories as possible to represent its complexity of meaning. For example, the MU cited above was categorized as: *expectations of therapy, being critical about therapy*, and *desire for knowledge of therapy*. Categories were then compared and commonalities among them gave rise to higher-order categories. Thus, a hierarchical structure emerged, leading eventually to a single highest-order category called the *core category*. Categories on lower levels served as properties of the category that subsumed them. Conversely, abstract, higher-order categories were grounded in the categories they subsumed, which in turn were grounded in the individual MUs, thus keeping theoretical abstraction tied systematically and explicitly to the raw data.

Following Seidman (1998), the PI first carefully read the material, marking passages that stood out as striking, meaningful or significant in some way. She then read through a second time, focusing on primarily the previously marked passages, demarcating them into MUs and creating descriptive codes for them. Next, she read only the MUs and organized the descriptive codes into categories. Finally, she compared and consolidated the categories and organized them into a hierarchy. The goal of analysis was to organize and understand the content in a way that might not have been evident previously (Howe, 1996).

The PI sent each participant a draft of the analysis and asked if it accurately captured their experiences and intended meanings. Three participants did not respond. Those who did respond corrected some details in the report (e.g., when a therapy relationship began) but agreed that, overall, the analysis captured their stories truthfully.

Results

All 11 participants spoke of the importance of their agency, though with varying degrees of emphasis, and we have made it the focus of this report. *Client agency* was a major category but not the core category, which was *the client's appraisal of the therapeutic experience*. The other two major categories were, *clients' conceptions of their therapists* (therapist as a guide; therapist as a professional/expert; therapist as a friend) and *fruits of therapy* (conception of self; behaviors and mood; interpersonal relationships). We chose to focus on client agency for this report because it seemed (to us) the most interesting and distinctive of the three major themes.

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Client agency subsumed six lower-order categories and many MUs. The six lower-order categories of experiences of agency included: (a) *doing the work* of therapy, (b) *being informed* about therapy, (c) agency in *different therapeutic approaches*, (d) the value of *accomplishment and empowerment*, (e) how *experiences differed from expectations*, and (f) experiences of *compromised agency*. Table 2 shows which participants made statements in each of these six categories.

Doing the work

All 11 participants mentioned the importance of his or her role in doing the work of therapy. Jessica described therapy as difficult and felt that her motivation to improve enabled her to actively try and to work at getting better.

Jessica: I did go in there with a willing attitude and I really wanted to get better. And I think that was helpful because I was very active in the process of getting better. I was very involved in it, kept trying and did a lot of hard things.

Later in the interview, Jessica said she sometimes became frustrated and wanted to quit. She recalled that support from her therapist and her desire to improve helped her to continue therapy. That is, she thought her success was partly, but not entirely contingent on her drive to actively engage with the therapeutic experience.

Julia suggested that a therapist can help the client only so much without the client's motivation to help him- or herself:

Julia: I think a therapist is very good to tell you what's going on, to help you to realize what happens. And then you need motivation and then you need to change yourself. And that I think a therapist cannot give to you.

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Table 2. *Categories in which Each Participant Had Meaning Units.*

Participant	Doing the work	Being informed	Agency differed across approaches	Empowerment and accomplishment	Experience different from expectations	Compromised agency
Jessica	✓	✓	–	✓	✓	✓
Julia	✓	–	–	✓	–	–
David	✓	–	–	–	✓	–
Ruben	✓	–	✓	✓	✓	✓
Miguel	✓	–	✓	✓	✓	–
Jennifer	✓	–	✓	✓	–	✓
Carrie	✓	–	–	✓	–	✓
Jay	✓	✓	–	–	✓	–
Susan	✓	✓	–	–	✓	–
Belle	✓	–	–	✓	–	✓
Nick	✓	✓	–	✓	–	–

Jessica used an analogy with physical therapy, suggesting clients must engage with treatments actively by wanting to improve and exercising a great deal of effort.

Jessica: The person who needs the therapy needs to exercise it themselves. It's like physical therapy – if you just sit there and let the person bend your arm, you're not going to get better. You have to build up your muscles and strengthen – it's like strengthening your mind and soul. You have to be involved in it; you have to care about yourself.

Carrie described group therapy as challenging work, an experience that she both dreaded and valued:

Carrie: ... group is something that you kind of dread and kind of look forward to. You know, both. Because it is that place where who knows what is gonna happen there. And I dunno.
PI: Why do you both dread and look forward to it?
Carrie: Mm, you dread it because you know you're gonna have to pull out your junk and ... that you're going to have to work on your own self and your own emotions and stuff. But it feels good. ... It's the kind of thing that feels bad, but you know absolutely for certain that you wanna do it and that you should.

Similarly, Jay and Miguel understood their role in therapy as active and agentic and considered improvement and therapeutic change as partly their responsibility.

Jay: (pause) Well, [therapy is] a remedy in a different sense in that how far it goes to fix things and how far, like how far therapy stops and you have to take the rest.
PI: I see. So there's work on you involved?
Jay: Oh yeah. And I think that's something that has to happen. Because I don't think that someone else can come in there with metaphorical hands and rearrange your head for you, rearrange your brain.

***

Miguel: I did a whole lot of the work. (laugh) Yeah, inside and outside of the therapy room. I mean, it got to the point where I was just sitting in my room a couple of times and I was like, OK, well what would, what would my therapist ask me right now and I would try to like psychoanalyze myself (laughs). I dunno, it worked sometimes. Sometimes, sometimes I still do it.

Being informed

Three participants expressed their agency by researching and selecting their therapists (see Table 2). As noted earlier, Nick articulated his confusion before beginning therapy and his desire to better know and understand what therapy was:

Nick: I wanted to know what was going on. And I think a lot of that was I just didn't know what therapy was. I just, I didn't know what we were doing here. I didn't know where we were going. I wasn't against it because I didn't

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> know about it. But I had a lot of questions. I had no clue how we were gonna go about solving my, you know, depression issues. I don't know how you do that.

Some clients independently researched information about their specific treatment. For example, after starting antidepressant medication, Jay sought more detailed information regarding the drug's effects and mechanisms:

> Jay: Often [the counseling center] loans this book out to people called Prozac Backlash. It talks about effects of Prozac that you don't really know and why you don't know them. Why they're hard to find, why literature about this sort of thing is normally hard to find. ... [I] also looked around in some psychopharmacological and neuropsychological journals and found a few things about serotonin boosters that supported what was said in the book.

Although taking medication may sometimes seem a more passive route to change, engaging medication as a treatment need not be passive. Seeking information to make informed decisions let Jay exercise control over his treatment. He eventually discontinued the medication after learning that some of the problems for which he sought therapy (e.g., insomnia) could be exacerbated by the medication.

Similarly, after ending a very positive therapeutic relationship and relocating to a new town, Nick investigated several therapists before deciding to stay with one. He had a specific conception of what he needed from a therapist, and those who did not provide the right atmosphere did not have a second session with Nick. Though no other participant in this study reported such a systematic screening process to select a therapist (but see McMillan & McLeod, 2006), Nick's efforts illustrate how clients may be therapeutically active even before formal therapy begins:

> Nick: Once I was going from [the counseling center] to [the town] I saw it as going from like sort of ... the home into the wild. You know, god knows what's out there. Because they gave me this huge list of names [of therapists] and I had no idea who they were gonna be. So I figured I need to check out everybody before I make my decision.

Nick said he screened so many therapists because he wanted to ensure that he would be regarded as the expert of his own life and that his sense of agency would not be compromised:

> Nick: ... the idea that you are being dealt with professionally will make you feel like there is no self. Like somebody is a professional. (pause) Yeah, I think this is it. I think you don't feel as much the professional of your own life and state. I feel like, you know, I need to really be telling you [the therapist] about how I feel, not that you know better.

Clients may experience agency differently in different approaches

Although agency seemed important to all of the participants, they experienced it in different ways, consistent with the view advanced by Bohart and Tallman (2010).

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Three of the participants said they preferred one therapy to some other (actual or hypothetical) therapy because of how it fostered their agency. For example, Miguel's therapy was exploratory and involved investigating and understanding himself. He described how his experience made him feel active and contrasted this with a (hypothetical) more prescriptive therapy in which he felt his sense of agency would have been compromised:

Miguel: You feel a lot more satisfaction when you're doing the work by yourself and a therapist is only just kind of standing behind you, gently pushing you along, rather than, you know, the therapist leading you around, saying you gotta do this and then you gotta do that. You know, because I'm thinking about that now and I'm like, I wouldn't have felt really good about that. You know, like, that's her making me better, not me making me better. (pause) I mean, having the ability to talk about my problems and really open up to somebody, it helps a lot more than just the step-by-step instructions.

PI: What about it makes it better? I mean, say both approaches would make you better.

Miguel: Ok, um. I mean, it makes you feel like you accomplished something and you walk away from the session and you're able to take that with you and say, you know I did something today and you know, this is really awesome. I feel better, I can do something. I'm able to help myself, I've been able to help myself all this time. ... you get, you know, this new sense of, like, wow, I can do this. I'm pretty awesome.

Part of what Miguel valued in this experience was feeling capable of helping himself. He believed that a more prescriptive therapy would not have produced this result.

In contrast, Jennifer had experienced an exploratory therapy similar to Miguel's, but also a much more prescriptive therapy, which she preferred. Unlike Miguel, she felt that she hadn't accomplished much in exploratory therapy. Rather, the more directive, step-by-step approach suited her better:

Jennifer: I think that one of the things I like about my present therapist as opposed to my old therapist was that I feel like there's more tasks at hand. Like, you need to do this, this week. And we're working on this. And, you know, like, this may not be what you necessarily want to ramble on about, but this is the next step, sort of thing. And I think that's more helpful than just going on and on about, I don't like this and I don't like that.

She felt the directive approach put more responsibility on her. She felt she exercised more agency in the therapeutic process; she needed to work, otherwise she would not improve:

PI: What did you mean before when you said um, there was more responsibility put on the patient?

Jennifer: Um, I mean, you have to work harder. Like, and you know there's always homework. And you (pause) you definitely have to work harder and spend

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more time. Like you're expected to practice all these skills and stuff. And if you don't practice them, you won't get good at them.

Thus, feeling they were active agents was common to these participants despite the contrasting therapeutic approaches.

Ruben had experienced individual therapy with two private therapists as well as group therapy. He described his first individual therapy as negative because the therapist was passive:

Ruben: I guess the main thing was, though she was very sympathetic and a very kind older lady, she, uh, offered no constructive criticism. Uh, no other than to say, ''Oh, that's too bad; I feel badly for you.'' Um, so it was virtually no help at all. (laughs)

In contrast, his second experience with individual therapy involved a much more active relationship with his therapist, in which he felt he was productive:

Ruben: I mean he really tried to engage me in a dialogue, rather than just sitting back and listening. He really did guide each session. Um, I mean he let it, he put up parameters where we could take certain routes, but he was always beside me every step of the way, offering, you know, giving me feedback, offering advice.

Thus, like Jennifer, Ruben preferred a more directive approach that involved skill building or direct feedback. Interestingly, however, in his group therapy, Ruben appreciated that the therapist played a secondary role and did not provide guidance or feedback:

Ruben: The way [group therapy] was conducted where [the facilitator] took a secondary role and let the group dynamic develop, um, really showed a lot of trust. . . . He was there as an interested observer. And just let things happen. And it was very interesting because we didn't feel forced or compelled to share these things, we just did. For lack, uh, of a better word, [it was] an empowering experience. I felt that I was able to face these things, um, that I was able to talk about them.

PI: It's interesting because one of the things you mentioned that you didn't like about your first therapist was how she didn't offer any sort of constructive criticism or guidance.

Ruben: Right, right. Um, and the more I think about it, the more I realize, . . . in that position, when it's a one-on-one thing with a, with an objective professional, it's much different than in a group of people with similar problems. I wasn't expecting these people in the group to fix my problems.

Whereas Ruben saw his individual therapist as an ''objective professional'' who was there to help solve problems by providing guidance and feedback, in group therapy, Ruben felt the purpose was to explore and share his experiences with others, not to solve problems. Thus, Ruben's experiences of agency and empowerment differed depending on the context and the perceived purpose of therapy.

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Clients may value agency for empowerment and accomplishment

In a passage quoted earlier, Miguel suggested that "me making me better" is superior to "her making me better" because of the feeling of accomplishment one achieves from helping oneself. All but three of the participants voiced similar feelings:

Belle: Once I figured [out why I was angry] I felt much better about letting myself be angry about it. But it was really good just to, to have her lead me on that path rather than telling me, well, clearly the reason you're so angry is that it's just, you know, the story of your life happening over and over again. It was good having her lead me in that direction but letting me figure it out on my own. And make it my own, I guess ... It makes it my own realization. There's like a sense of agency.

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Ruben: I felt that each session was very productive. I felt, leaving, that I had accomplished something. I wasn't better, but I had accomplished something. And that was a good feeling.

These participants seemed to experience genuine change in therapy as resulting from their own agency, not from outside forces. In contrast, some participants reported that changes or improvements in their mood that could not be attributed to their agency were regarded as artificial. Ruben, for example, described his experience of increased happiness while on medication as fake because he could not attribute this change to anything in his own agency:

Ruben: I was, you know, in a state of near bliss. I just hadn't felt that happy for a while and I knew it was a fake high, but I didn't care (laughs).
PI: What do you mean by fake?
Ruben: It was – it wasn't because I was doing anything. It was just life as normal, I wasn't doing anything particularly enjoyable, it was just the releasing of these chemicals in my brain.

Jessica expressed similar attitudes toward taking medication. She felt that it would have only covered up her problems. To solve them, she needed to actively work on herself:

Jessica: When I first started therapy I really wanted [medication]. And I told [my therapist] that but she was like, you know let's try and deal with it for a while. And I did go through a lot of pain but I'm really glad I did because I was able to work through my problems instead of just hiding them with a drug.
PI: So, taking a drug would've been hiding them?
Jessica: Yeah, hiding them or just like erasing them from your mind or just blocking them and not really dealing with the insecurities that I had.
PI: What's the difference? Like, if say the two paths both make the problem go away?

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Jessica: I would say that the pill doesn't make them go away. . . . On top of my hormone problem there were a lot of insecurities and a lot of self-hatred. . . . And if I hadn't dealt with those problems, I wouldn't have been able to really stand on my own two feet without the drug. I would've been dependent on it.

Experience in therapy differed from expectations

Six of the participants said they did not initially expect their own agency to play a primary role in therapy. When they began therapy, they expected or wanted the therapist to inform them of their problems and tell them what they ought to do – to provide them with a solution or in some way cure or fix them:

Ruben: I expected, I guess, a psychologist to be like a doctor. I go to the doctor, I tell them what my symptoms are, they prescribe a medication, or you know, do something to make me better. If I had a problem, I wanted her to fix it.

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Susan: I expected a cure, as I just said. Like, I felt like one day she was just gonna do something and I would be all better. That's really, I felt really strongly about that.

Jessica, who did not share this view, remarked that many clients do expect therapists to provide answers to their questions and solutions to their problems:

Jessica: I think a lot of people would expect the therapist to do everything for you, which is not, I don't think that's possible.
PI: What do you mean by "do everything for you"?
Jessica: Well I believe some people have the idea that a therapist is going to tell you what's wrong with you and tell you how to fix it and fix your life for you like that.

The participants who initially expected their therapists to fix them often found they were mistaken about how therapy operates. Miguel, for example, said that, "it wasn't like that at all":

Miguel: I was expecting someone who was going to be there, listen to me talk and kind of give me step-by-step instructions. Like, OK this is what you need to do in order to get your life back on track. And it really wasn't that at all. It was just (pause), wow, completely different. You know, when I had my first, like, real breakthrough, I was amazed that I'd actually come to that conclusion by myself. It was very enlightening for me. . . . I was kind of upset at first. Because I was just like, you're a therapist, you're supposed to tell me what I'm doing wrong. You know, and I couldn't have had a more incorrect perception of what therapy was gonna be.

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Experiences of compromised agency

Five participants experienced treatment situations in which they felt their agency had been compromised, including hospitalizations and being forced to attend therapy by their parents. They generally regarded forced therapy as ineffective and, in some cases, damaging. Belle described being taken to therapy by her mother for about two years as a very negative experience:

Belle: I had individual [sessions] but I also had ones with my parents. And um, (pause) I mean it was literally sitting in a room, from what I remember of it, it was sitting in a room being told what was wrong with me for an hour. And um, that I was completely wrong and my mom was completely right and this was why. It was really awful. It was maybe (laughs) the most upsetting experience ever. I really hated it a lot.

Belle contrasted that therapist with her current one:

Belle: I guess in comparing her with my therapist now, she was very, like, all about telling me what was wrong and telling me what I needed to do differently. There wasn't much room for exploration or working through things. It was more like it being dictated I guess. It was really uncomfortable. Really, really uncomfortable.

The aspects of the experience that Belle particularly disliked were being told what to do, being told that her views were wrong, and the lack of space for exploration. In other words, her capacity for agency was compromised – in contrast to the sense of agency she valued in her current therapy (quoted earlier).

This sense of compromised agency was also present in Jennifer's account of being hospitalized. Though she recognized some positive aspects of the experience retrospectively, she hated the hospital while she was there. Jennifer found the lack of agency under hospital supervision very upsetting; she had no privacy, control or freedom:

Jennifer: It was sort of intimidating that it was like you couldn't leave. Like, it was a locked ward. And they took everything away from you. Like, I remember I planned to do homework while I was there but, like, I couldn't have a sheet of paper like this because it has a staple in it. And I mean, you were not allowed to have shampoo bottles because you could break them and hurt yourself with it. ... I was kinda aggravated about it. Um, just that like you have no privacy and everything is being controlled for you. And you have no, like, freedom.

Discussion

The 11 clients and former clients interviewed for this study all described aspects of agency as central to their experience of therapy and to the gains they believed they had made. Their accounts overlapped and diverged in various ways, but a striking point of convergence was the importance attributed to playing an active role in the healing process. All felt that they were crucially responsible for doing the work of

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therapy – for being an active self-healer – and most expressed positive feelings of personal accomplishment and empowerment as a result of their agency. The experience of agency seemed central across the varied types of therapy these participants received and at varied points in the process. Some described demonstrating agency before formal treatment started, by informing themselves about the process, while for some, the experiences of agency were strikingly different from what they had expected. Several described strong negative reactions to situations in which they felt their agency had been compromised.

Although these participants perceived their agency as salient and important to their therapy, we did not examine objective measures of behavioral change or other external measures of the success of therapy. Thus, our results do not address the question of whether client agency is causally responsible for therapeutic outcomes beyond their subjective experience of satisfaction and empowerment. That said, our participants' descriptions of their experience were clearly consistent with models that conceive of the client as an active agent and a primary source of change in the therapeutic situation (Bohart, 2006; Bohart & Tallman, 1999, 2010; Rennie, 1992, 1994, 2001).

Our participants' accounts also converge with others' qualitative observations of client agency, such as Mackrill's (2008) case studies showing how clients' independent change strategies interacted with therapists' strategies over the course of therapy. We hasten to add that the participants did not attribute their success in therapy entirely to their own actions and efforts. We focused in this report on client agency, but participants also spoke at length about the importance of their relationships with their therapists.

The emphasis that these participants gave to their own agency suggests a reason for the often-reported lack of correlation between clients' and therapists' evaluations of therapy relationships, processes, and outcomes (Elliott & James, 1989; Gurman, 1977; Hannan et al., 2005; Hunsley, Aubry, Verstervelt, & Vito, 1999; Kiesler, Mathieu, & Klein, 1967; Orlinsky et al., 1994; Patton & Jackson, 1991). If therapists and clients each attribute therapeutic gains to their own agency, it is perhaps not surprising that their judgments often diverge.

Interestingly, although participants received and valued very different treatment approaches, the reasons why they valued the one they received were strikingly similar. Across approaches, they felt active, involved, and responsible for themselves. Jennifer, for example, found that prescriptive therapy suited her because there were explicit tasks at hand that she could accomplish, enabling her to take responsibility for herself, whereas she saw exploratory therapy as "rambling on" and not accomplishing anything. Conversely, Miguel appreciated his exploratory therapy because he felt he was coming to his own insights and healing himself, whereas he imagined that prescriptive therapy would be like someone else "fixing" him, which he would not find helpful ("that's her making me better, not me making me better").

These contrasting client perceptions of how their agency was facilitated seem to converge with observations by Williams and Levitt (2007), who interviewed 14 prominent therapists from various theoretical orientations and described two contrasting strategies by which therapists fostered client agency: (1) by teaching skills and conveying information, or (2) by encouraging introspective reflection. "Therapists ... guided and promoted introspection to enhance agency when they perceived clients as possessing the necessary skills to change and used

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skill-building interventions when clients were seen as deficient in vital skills'' (p. 72).

Several participants described initially expecting that an expert would provide a solution and wanting someone to ''fix'' them. However, they found that therapy was not like this at all. Even though they were not initially prepared to actively change themselves, the experience of being agentic, and the sense of empowerment and accomplishment that it brought, was something they valued highly in the end. Their changed views of therapy did not seem to be the result of preconceived notions of how therapy ought to be, but rather the result of their actual experiences in therapy and how they came to understand those experiences.

Limitations and conclusion

Some of the authors, including the PI, began this work with a person-centered orientation, so to the extent that client agency is consistent with this orientation, we may have been differentially sensitive to expressions of it in designing the study and analyzing the interviews. Other investigators might have found less evidence of it. On the other hand, our intent was to be open to whatever experiences the participants reported, including ones that challenged our preconceptions. As researchers, we find that the excitement of discovery usually outweighs the satisfaction of having been right all along.

The 11 participants sought therapy for varied problems, from mild depression to severe suicidal behavior, but they were similar in age, socioeconomic status, and intelligence, as students at a selective undergraduate college, demonstrating that they were able to cope in a demanding academic environment. Clients with fewer resources or with severe, incapacitating pathology might have a different view of their agency in therapy. Future research could explore the experiences of clients who are diverse with regard to ethnicity, age, socioeconomic status, and severity of problems.

All of the participants and investigators were drawn from a particular culture, which may have shaped their understanding of therapy as well as the analysis of the narratives. Notions of agency and responsibility for one's self are notably consistent with American middle-class cultural ideals, which traditionally value strong individuals who are self-made, take responsibility for themselves, and strive to change their lives for the better. In contrast, clients drawn from cultures or subcultures that value interdependency and acceptance over individual agency and struggle might provide narratives with qualitatively different content, leading investigators to extract different meanings grounded in a different framework of experience.

In conclusion, although the salience of agency in the experience of our participants does not necessarily show that their agency is responsible for observed change, it is consistent with Bohart and Tallman's (1999, 2010) contention that clients treat themselves. Neither do we mean to imply that therapists are unimportant. In concert with the observation by Knox and Cooper (2011) that moments of relational depth reflected clients' readiness and initiative as well as those of the therapists, our participants' testimony suggests that a realistic clinical understanding of the process and outcome of therapy requires considering both clients' and therapists' plans, intentions, and will. These studies demonstrate that there is scope for continuing research in the area of client agency.

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