



## ORIGINAL ARTICLE

WILEY

# Hindering events in psychotherapy: A retrospective account from the client's perspective

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**Abstract**

**Background:** Hindering events in the therapeutic process have been associated with client dissatisfaction, disagreements in therapy, and premature withdrawal from the therapeutic process. However, hindering events in therapy have not been extensively researched from the client's perspective and lack subjective details on how these events are experienced in therapy.

**Aims:** This study explored how hindering events are experienced by clients and their influence on the therapeutic process and outcome from the client's perspective.

**Method:** Nine individuals who previously attended therapy and experienced hindering events were interviewed using an in-depth semi-structured interview protocol created by the authors. Data were analysed using structured thematic analysis.

**Results:** Four major themes emerged, each containing themes and sub-themes to further expand on client experiences: (a) identified hindering events (felt mistreated by therapist, distracted/inattentive therapist, perceived clinical mistakes, tensions from the management of the therapeutic frame); (b) subjective experience of the event (negative emotional experience, making sense of the event, parallel personal dynamics); (c) response to the event (client response/decision to continue or end therapy, reaction to discontinuing therapy); and (d) handling/addressing the event (not handled/addressed, handled/addressed, interest in handling/addressing event, reasons given for not addressing/handling event). Results from this study contribute to the further understanding of client experiences of hindering events that occur in therapy as well as how these events influence therapeutic processes and outcomes.

**Conclusion:** The study adds nuance to the scholarly work that informs client experiences of negative events in therapy. Implications for therapeutic organisations, therapists/counsellors, and educators are discussed.

**KEYWORDS**

client experiences, client perspective, hindering events, psychotherapy, thematic analysis

## 1 | INTRODUCTION

The examination of experiences and change processes in therapy provides valuable information about why psychotherapy works or does not work for different clients (Swift, Tompkins, & Parkin, 2017).

Change process research (CPR) examines mechanisms of change in psychotherapy by identifying and describing the processes that occur in therapy and elicit therapeutic change in clients (Greenberg, 1986).

The significant events research approach is a type of CPR that combines multiple elements of other basic CPR approaches (i.e.,

process–outcome design, helpful factors design, and/or microanalytic sequential process design) to create more comprehensive strategies (e.g., task analysis; Greenberg, 2007). This facet of research examines the client's experience in therapy to develop a more realistic and subjective understanding of the therapeutic process (Corrêa, Ribeiro, Pinto, & Teixeira, 2016), while also examining the association between in-session processes and post-session outcomes (Elliott, 2010) through descriptive and non-comparative methodology.

Significant events research was introduced by Robert Elliott in the mid-eighties (Elliott, 1983, 1984, 1985) and was based on important events and/or moments research (Berzon, Pious, & Farson, 1963; Mahrer & Nadler, 1986). These events were defined by Elliott and Shapiro (1992) as every moment within a therapy session that serves as a specific intervention, response, reaction, interaction and/or an act that resonates deeply within the subjective experience of the client or therapist. These moments involve particular client actions in response to therapist performances (Greenberg & Pinsof, 1986), and they likely include effective ingredients for change (Elliott, Reimschuessel, Sack, Cislo, & James, 1984).

## 2 | LITERATURE REVIEW

### 2.1 | Helpful and hindering events

Significant events are categorised as either helpful or hindering to the therapeutic process. Helpful events have been conceptualised as the most productive moments of the therapeutic process that lead to positive impacts on therapeutic change and outcome (Elliott, 2010; Timulak, 2010). Client accounts of helpful events have been fairly consistent across studies, and common themes include the following: insight, awareness, problem clarification and/or solution (Elliott, 1985, 2010; Llewelyn, 1988; Timulak, 2010).

Conversely, hindering events reflect the most problematic moments of therapy that have been associated with limited or reduced therapeutic progress and therapeutic outcome (Elliott, 2010; Timulak, 2010). They have also been conceptualised as moments identified within therapy that have the potential to cause dissatisfaction or lead to ruptures in the therapeutic alliance and eventual withdrawal (Safran, Muran, Samstag, & Stevens, 2002). Some examples of client-reported hindering events include the following: misrepresentation, negative counsellor reaction, unwanted responsibility, repetition, misdirection and unwanted thoughts (Elliott, 1985, 2010; Timulak, 2010).

#### 2.1.1 | Perspective of the reporter

Significant events have been explored from the perspective of the client (Levitt, Pomerville, & Surace, 2016), therapist (Timulak, 2010) and/or observer (Castonguay et al., 2010). The types of events that are identified as significant vary depending on the reporter. Previous research has suggested that clients are better positioned to provide information about their process of change and that client perceptions of counselling are better predictors of outcome than therapist

perspectives (Elliott, 2010; Levitt, Butler, & Hill, 2006; Levitt et al., 2016). For instance, previous research has suggested that therapists may be inexperienced in effectively recognising and resolving negative experiences that clients have in therapy (Lietaer, 1992; Rhodes, Hill, Thompson, & Elliott, 1994).

Therapists tend to perceive therapeutic outcomes as significantly more positive than what therapeutic outcome reports demonstrate (Lambert, 2017). For example, Walfish, McAlister, O'Donnell, and Lambert (2012) had 129 mental health professionals in private practice complete a survey asking how they would rate their overall clinical skills, performance, and what percentage of their clients got better (i.e., significant symptom reduction). Clinicians reported their skills to be at the 80th percentile, rating their skills to be above average compared to clinicians with similar credentials (Walfish et al., 2012). On average, clinicians also reported that 77.01% ( $SD = 12.63$ ) of their clients improved as a result of attending psychotherapy with them, with only 3.66% ( $SD = 4.91$ ) of clients deteriorating (Walfish et al., 2012). While the study did not examine the actual progress of clients, the estimates of clinicians are very high regarding client improvement during treatment and the estimates of deterioration are very low compared to reported rates of change within previous research. For instance, Hansen, Lambert, and Forman (2002) found that one-third of clients improved and 8% of clients deteriorated (based on a 6,000 client sample from multiple treatment settings). Hannan et al. (2005) examined the ability of therapists to recognise and predict treatment failure. Only three of 550 clients were rated as likely to have a negative treatment outcome, while 40 clients ended up experiencing reliable negative change at the end of therapy (Hannan et al., 2005). Thus, examining hindering events from client accounts may render more accurate accounts for what stands out as hindering to clients in therapy and why these events are experienced as hindering.

#### 2.1.2 | Underreporting of hindering events

The majority of previous significant events research examines both helpful and hindering events (Timulak, 2010), while focusing more on the examination and analysis of helpful events than on hindering events such as difficult moments (Davis et al., 1987), relational ruptures (Safran, Crocker, McMain, & Murray, 1990) and misunderstandings (Rhodes et al., 1994). The limited accounts of hindering events within previous research have been associated with the methodology used to collect client accounts of experienced hindering events (Rousmaniere, Goodyear, Miller, & Wampold, 2017).

Most of the studies that have examined hindering events have used post-session questionnaires, such as the Helpful Aspects of Therapy Form (HAT; Llewelyn, 1988) and the Important Events Questionnaire (IEQ; Cummings, Martin, Hallberg, & Slemmon, 1992), to elicit information about client experiences in therapy (Richards & Timulak, 2012). The HAT questionnaire (Llewelyn, 1988), which is the most extensively used session report form for examining client-identified significant events (Timulak, 2010), has been criticised for not being predominantly sensitive to hindering aspects of therapy

(Rousmaniere et al., 2017). For example, Castonguay et al. (2010) found that only 2% of HAT forms included accounts of hindering events. Although Cummings, Hallberg, and Slemon (1994) suggested that the IEQ (Cummings et al., 1994, 1992) may be more effective in distinguishing between helpful and hindering experiences in therapy, the use of post-session questionnaires as a method for data collection of client accounts provides limited insight into the client's subjective experiences of hindering events in therapy.

The methodology used to categorise and analyse collected significant events has also been associated with the underreporting and lack of consideration for client experiences of hindering events (Gershefski, Arnkoff, Glass, & Elkin, 1996; Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988). For instance, predetermined categorical systems are typically used to code client responses. This approach allows researchers to identify and categorise client accounts based on predetermined categorisation and themes found in previous research. However, it has been argued that when approaching qualitative data with pre-constructed categories, the focus is on how consistent client experiences are with previous research instead of on the details of the subjective experiences of clients (Rennie, 1992, 1994). For example, Paulson, Everall, and Stuart (2001) suggested that when predetermined coding systems are used to classify aspects of therapy, the activity and reflexivity of the process can be reduced or overlooked.

Additionally, hindering events have been described as difficult to study due to reduced reporting (Henkelman & Paulson, 2006) and reduced consistency of reported categories of hindering events among studies. Clients typically find it difficult to talk about hindering experiences in therapy (Paulson et al., 2001) and have a tendency to hide negative reactions in counselling (Audet & Everall, 2003; Rennie, 1992). Several researchers (Grafanaki & McLeod, 1999; Rennie, 1994) have suggested that clients may hide what they perceive as hindering experiences in therapy rather than state their feelings and thoughts about these experiences (Paulson et al., 2001). Thus, despite a positive relationship between the client and therapist, clients have difficulty reporting hindering aspects of the therapeutic process to their therapist (Audet & Everall, 2003; Regan & Hill, 1992). Therefore, research that uses in-depth semi-structured interviews conducted by an objective researcher to collect retrospective client accounts of hindering events in previous therapy may allow clients to feel more comfortable discussing these difficult moments and how they may have influenced therapeutic processes and outcomes.

### 2.1.3 | Potential impact of hindering events

Although client-reported hindering events are not directly associated with dropout and premature termination, previous research has suggested that these events could be influencing the discontinuation of therapy. Considering that between 15% and 70% of clients drop out of therapy or do not complete a course of treatment to a satisfactory outcome (Luedke, Peluso, Diaz, Freund, & Baker, 2017; Swift & Greenberg, 2012), the fact that many clients are not receiving the recommended number of individual psychotherapy sessions

to see significant improvement (75% of clients see significant improvement in 14 sessions; Lambert, 2013), and increased incidents of clients who fail to change despite attending therapy, further understanding of the therapeutic process is required. Given some of the suggested negative influences of hindering events in previous research such as client dissatisfaction, ruptures in the therapeutic alliance and eventual client withdrawal from therapy (Safran et al., 2002), as well as the relative neglect of this topic, an in-depth exploration from the client's perspective is timely.

## 2.2 | Research Context and Questions

The study focuses on clients' experiences of hindering events. Our aim was to answer the following questions from the client's perspective: (a) "how are hindering events described and experienced in therapy?"; (b) "how do hindering event(s) influence the therapeutic process?"; (c) "how do hindering event(s) influence the therapeutic outcome?"; and (d) "was the hindering event resolved or addressed and if so, how?" This report offers a unique examination of the client's experiences in counselling, while attempting to further explore hindering events in therapy and the influence of those events on clients.

## 3 | METHOD

### 3.1 | Impact of researchers on results

The perspectives, assumptions and experiences of a researcher inspire the approach, process and analysis of the research that is conducted (Creswell, 1998, 2013). Therefore, these influences should be identified before the initiation of a research study. In order to elaborate on potential researcher biases, a researcher must recognise their worldview while engaging in, and self-reflecting through, an interpretive process (Creswell, 2013).

The main author was a student of a Master of Counselling Psychology programme during the completion of this study who had worked within the psychotherapy field as a counselling intern. The co-author, who supervised the study, is a professor and registered psychologist with over 20 years of clinical experience in private practice. The main author had experienced a hindering event as a client within therapy and had several individuals disclose previous hindering experiences in therapy. Thus, previous experience as a client and as a therapist had influenced the initial interest in collecting subjective interview data on hindering events and curiosity in analysing the data for emerging themes that reflected the influences of these events on participants.

By approaching the data from a dual-role point of view, as a past client and novice therapist, the interpretation of the results was conducted with a heightened curiosity and awareness of the unique experiences of hindering events reported by participants. The main research saw the value of exploring how participants described their experiences of hindering events, while also relying on strategies for dependability and credibility to evaluate the subjectivity of the

findings. For example, the researcher monitored her subjectivity by identifying codes from collected data based on the direct quotes of participants from the interview, while identifying themes that emerge from the codes that capture the unique experience of each participant.

The coding of collected information was also audited by the co-author to ensure that the themes accurately represented the codes that emerged from the transcripts. The research process details were recorded through an audit trail, while the transcriptions and conceptual ordering of collected data were audited and edited by the co-author.

### 3.2 | Participants

#### Criteria for involvement in the study

English-speaking individuals over the age of 18 who (a) had engaged in therapy with a therapist; and (b) had experienced a hindering event that involved some aspect of the client and therapist exchange were eligible to participate in the study. All genders were invited to participate.

#### Sampling

Participants were purposely recruited based on these criteria. Recruitment posters were put up that displayed information regarding the purpose of the study and asked interested participants to contact the main researcher by e-mail. A first-come, first-served selection basis was used for selecting participants. Brief telephone interviews were then conducted with interested participants to ensure that they meet the inclusion criteria of the study, and the recruitment letter was read to them. A recruitment letter was then sent to interested participants by e-mail, and a meeting time was scheduled to complete an interview. The consent form was provided and reviewed during the meeting.

#### Participant demographic data

The participants included eight women and one male whose ages ranged from 20 to 66 years old ( $M = 33.2$ ).

Participants recalled accounts of hindering events that occurred 2 weeks ago to 5 years ago ( $M = 2.4$  years ago). The majority of participants recalled hindering events from experiences they had with the first therapist they sought individual therapy from (67%). Participants reported that these events occurred during their first session to 15 years after they started seeing their therapist ( $M = 2.3$  years into therapy). Most of the participants recalled experiencing a hindering event in a private practice setting (55%), while other participants reported events occurring in counselling services offered through a university (33%), or in a hospital setting (22%). Five of the nine participants were seeing therapists for psychotherapeutic services at the time of the interview, while only two of those

individuals were continuing services with the same therapist that the hindering event had occurred with.

### 3.3 | Procedure

#### Data collection

A semi-structured interview protocol was used to conduct face-to-face interviews that asked participants about their past experiences in psychotherapy. The semi-structured interview protocol was developed using questions similar to those of the IEQ (Cummings et al., 1992) (see Appendix S2 for the interview protocol). Previous research has concluded that the IEQ was effective at distinguishing between helpful and hindering events in therapy, while also providing further information about client experiences (Cummings et al., 1994). However, these questions were modified within the present study to examine exclusively hindering events.

The initial interview protocol was piloted and audio-recorded with a consenting participant prior to data collection. The interview protocol was then edited to include additional contextual questions to better facilitate the memory of events, while also modifying the initial questions to be more effective at eliciting relevant information. The semi-structured interview protocol that was used guided participants through the exploration of previously experienced hindering events in therapy from their perspective.

#### 3.3.1 | Interviews

The first author interviewed nine participants once; interviews ranged from 19 to 52 min ( $M = 31.87$ ). The interviews were held at the co-author's research laboratory. The interviews were audio-recorded and later transcribed.

#### 3.3.2 | Data analysis

To analyse certain aspects of the data and code for information relevant to the specific research questions, the Braun and Clarke (2006) six-phase process approach to thematic analysis was used as follows: (a) *Familiarization and transcription of data*. The researcher transcribed the audio-taped interviews, read and re-read the transcription texts, while noting and identifying preliminary ideas relevant to the research questions along the transcription texts in the first phase. (b) *Generating initial codes across the data set*. In this phase, initial codes were generated while identifying, briefly describing and labelling concepts that were consistent with the aims of the present study. The identified codes were grouped into themes based on repeated patterns in explanations and themes described during interviews. Each transcription was audited by the researcher's supervisor, and feedback was provided regarding the coding of data. (c) *Searching for themes and collating codes*. All coded data and documenting patterns were reviewed in another document to re-focus the analysis of themes at a broader

level, while starting to identify and examine the relationship between codes.

Coded data were organised into tables based on emerging themes and sub-themes. The feedback was reviewed and integrated into the analysis of data. (d) *Reviewing themes and mapping the analysis*. Themes and sub-themes were developed, refined and reviewed to result in a clear and more accurate reflection of collected accounts. The co-author audited the themes for fit and accuracy. At times, she suggested new codes or etiquettes for the categories. The main author incorporated these into the scheme when appropriate.

Additionally, the prevalence or frequency of a particular data item within an interview did not necessarily dictate the importance of the theme of data (Braun & Clarke, 2006). The data were identified and examined based on the meaningfulness of themes instead of solely on the number of times a certain data item appears in an interview. Themes were identified within the data using an inductive or bottom-up approach to thematic analysis (Frith & Gleeson, 2004). Additionally, themes were identified at the semantic level (Braun & Clarke, 2006), where themes were identified within the explicit and/or surface meanings of collected data, while not examining or analysing further meaning beyond what a participant has said during data collection. Therefore, the research questions of the present study guided the areas of examination that were discussed in the interviews, but the reported experiences, meanings and realities of participants were used to develop themes.

After reviewing all collated data for clarity, importance and accurate representation, the researcher began (e) *Defining and naming themes*, as well as (f) *Producing a report of the analysis*, the results of which are presented in the following section.

## 4 | FINDINGS

The thematic analysis and conceptual ordering yielded four major themes: (a) identified hindering events; (b) subjective experience of the event; (c) response to the event; and (d) handling/addressing the event (see Appendix S1 for the complete conceptual order). Each major theme contains themes that emerged from codes within the collected data. Themes were also further divided into sub-themes to fully encompass participant accounts within the subjective experience of the event and the response to the event's major themes. The text will present the conceptual order from constructs with a higher level of abstraction to verbatim example. The nomenclature used to reflect the conceptual order is major theme, theme, sub-theme (when present) and code (one example of a code in italics) with verbatim demonstrating that code (see Appendix S1 for Conceptual Order).

### 4.1 | Major theme 1: Identified hindering events

The first major theme described specific moments and/or incidents that participants identified as hindering or unhelpful within their previous experiences in therapy. This major theme was divided into

four themes: (a) felt mistreated by therapist; (b) distracted/inattentive therapist; (c) perceived clinical mistakes; and (d) tensions from the management of the therapeutic frame.

#### 4.1.1 | Felt mistreated by therapist

The first theme identified events that participants attributed to the negligence or incompetence of their therapists in the performance of therapy. Some codes that emerged from participant accounts included the following: therapist broke confidentiality, and experiencing harm as a result of therapist response.

##### *Therapist broke confidentiality*

The participant's right to privacy was not protected, and the therapist disclosed information to other individuals without the participant's consent. Participant 2, for instance, described:

She sent a text message to the massage therapist without any consent from my part saying that she was allowed to do that or that I wanted someone to know about it. And she told her, that this is what we talked about in our therapy session, that's where she is going, and she was trying to guide her on how she should react to that.

(Participant 2)

#### 4.1.2 | Distracted/inattentive therapist

The second theme refers to events that stood out as hindering because the therapists appeared unfocussed and not fully present in sessions. Specific codes that emerged from participant accounts within this theme were as follows: therapist appearing unfocused/not looking at client, felt therapist did not respond to question, and therapist fell asleep.

##### *Therapist fell asleep*

The therapist closed their eyes and appeared to be asleep in session. For example, participant 5 identified an event where she noticed that her therapist was falling asleep, "Sometimes she'd slouch and close her eyes".

#### 4.1.3 | Perceived clinical mistakes

The third theme of identified events refers to the behaviours of therapists that were judged by participants as potential errors within therapeutic processes. Thus, participants perceived that therapists may have done something wrong within their roles as professional therapists. Specific codes that emerged from participant accounts included the following: therapist questions felt inappropriate, therapist delaying exploration experienced as neglect or abandonment, offering a solution when client wanted exploration, felt therapist made an incorrect assessment of client functioning, and felt a lack of validation/neutral response.

*Therapist delaying exploration experienced as neglect or abandonment*

The discussion of an emotional experience was put off until the next session when the participant wanted to unpack and potentially resolve the issue in the current session. Participant 6, for instance, said:

I felt like I started talking about it and then I started to get emotional, because it was an emotional event. And she kind of was like, it's okay, we can save that, save that for maybe a future session... And then I kind of felt like, okay she doesn't want to, talk about that more. But I wanted to.

(Participant 6)

#### 4.1.4 | Tensions from the management of the therapeutic frame

The last theme of identified hindering events represented issues identified by participants within the organisational aspects of offered therapeutic services. Specific codes that emerged from participant accounts were as follows: felt pressure to schedule future sessions, perceiving the cancellation policy as inflexible and constant reminder of fee.

*Perceiving the cancellation policy as inflexible*

The therapist enforced a cancellation policy and charged for a cancelled appointment, despite having stated flexibility on that issue. For example, participant 8 said:

In the beginning he had told me that cancelling an appointment without 24 hours' notice resulted in a fee. However, the first time he is lenient about it. So there was one time I had to cancel. Um, so I left a message that morning and it was for the afternoon and he did charge me for it.

(Participant 8)

## 4.2 | Major theme 2: Subjective experience of the event

The second major theme that emerged from the analysis of participant accounts refers to how participants described their emotive and perceptual experiences of the hindering events, while also identifying parallel personal dynamics that may have influenced their experiences. This major theme was divided into three themes: (a) negative emotional experience, (b) making sense of the event, and (c) parallel personal dynamics.

### 4.2.1 | Negative emotional experience

The first theme refers to unpleasant and/or adverse feelings that participants recalled experiencing during or after hindering events. Two sub-themes were apparent within this theme: specific feelings associated with event, and emotional essence of the experience.

*Specific feelings associated with event*

The first sub-theme describes the explicit emotions identified by participants that occurred during the hindering event. Some of these reported emotions included the following: let down/disappointed, and uncomfortable/awkward.

*Emotional essence of the experience*

The second sub-theme represents what participants recalled as the nature of the experienced feelings they had after the event that hindered the therapeutic processes. These reported emotions included the following: out of control/taken advantage of, unheard/therapist empathic failure felt, and vulnerable/powerlessness as client.

### 4.2.2 | Making sense of the event

The second theme refers to how participants explained how they perceived the events, while reporting on their thoughts, understandings and interpretations of how the events influenced their therapeutic processes. This theme was divided into three sub-themes: questioning therapist capabilities, difficulties within the therapeutic process, and issues within the therapeutic alliance.

*Questioning therapist capabilities*

Some participants doubted the therapist's capacity to provide services that meet their needs in therapy. Specific codes identified by participants included the following: wondering if therapist was experiencing burnout, viewing therapist as unprofessional/inexperienced, and experiencing therapist as unhelpful/disinterested in helping.

*Difficulties within the therapeutic process*

Numerous participants experienced dissatisfaction with certain aspects of the therapeutic processes. These codes included the following: unsatisfied with therapeutic progress, difficulty in problem identification/exploration, and questioning effectiveness of therapeutic approach/intervention.

*Issues within the therapeutic alliance*

Certain participants perceived a lack of therapeutic connections and/or therapeutic relationships with their therapists. Codes for this sub-theme included the following: felt reduced trust in therapy, and experiencing limited therapeutic relationship/connection.

### 4.2.3 | Parallel personal dynamics

The final theme of the subjective experience of the event major theme that emerged refers to the interface and/or overlap between what happened in therapy and the participant's own issues present outside of therapy. Participants identified that their experiences of hindering events in therapy amplified or negatively reinforced some of the issues they were dealing with in their personal lives. The codes that emerged included the following: denial of experience, internalizing fault, external stressors, feeling lonely, feeling insecure and feeling out of control.

### *Denial of experience*

Participants' preexisting tendency to doubt experiences and question the appropriateness of their thoughts and feelings was evoked in therapy. For example, participant 7 mentioned:

That was sort of like, that stage in my life was where I was like, at my most self-doubting...I think it definitely made it like, more difficult for me to actually figure out what was going on.

(Participant 7)

While reporting on experiences and associated influences on therapeutic processes, participants also identified the repercussions following the events, which is discussed in the next section.

## **4.3 | Major theme 3: Response to the event**

The third major theme that emerged from the analysis of data was what participants identified as their responses to the events and their decisions on how to react. Two themes emerged from the major theme response to the event: (a) client response/decision to continue or end therapy; and (b) reaction to discontinuing therapy.

### **4.3.1 | Client response/decision to continue or end therapy**

The first theme emerged from the choices made by participants regarding whether to continue or terminate therapeutic services. These choices were reinforced by participants' perceptions of the effectiveness of therapy. Two sub-themes were identified within this theme: continuing therapy and client initiated premature termination.

#### *Continuing therapy*

A few participants decided to stay in therapy because they thought they could still benefit from therapeutic services. Codes that represent this sub-theme included the following: continued therapy/no overall change in trust, and limited therapeutic connection/depth of therapy.

*Continued therapy/no overall change in trust.* Participants decided to stay in therapy, and the event did not influence the overall confidence in the therapist. For example, participant 1 disclosed:

I do trust him. Uh, he has helped me a lot in my life. I'll go back to him until he retires.

(Participant 1)

#### *Client initiated premature termination*

The majority of participants stopped therapy before experiencing therapeutic improvements and completing the recommended length of therapy because they felt that the therapy they received was not effective. Codes within this sub-theme included the following: no need for therapy, and free from unhelpful therapist.

*Free from unhelpful therapist.* Participants decided to end therapy with the therapist they were seeing when they experienced the hindering event because they thought the therapist was not helpful, but still perceived that they could benefit from different therapeutic services. The majority of participants identified this code as their reaction to the events. For example, participant 8 disclosed:

He never really provided me any practical ideas or reasons why or, you know we didn't, it didn't give me anything I didn't already have... I think these moments probably led to a faster, realization of that.

(Participant 8)

## **4.3.2 | Reaction to discontinuing therapy**

Several participants recalled experiencing certain emotions, thoughts and/or realisations after choosing to discontinue therapy. Two sub-themes developed from the analysis of the data: pursuing future therapeutic services and seeking new sources of support.

#### *Pursuing future therapeutic services*

Some participants identified that the event influenced how they would pursue future therapeutic services. Relevant codes that arose from participant accounts contained the following: recognition of desired therapist traits, recognition of desired aspects of therapy, recognition of importance of openness/deep therapeutic interaction, and distrust/difficulty developing future therapeutic connections.

#### *New sources of support*

Several participants described that they sought out alternative resources to assist them with their presenting problems. Codes that emerged from participant accounts in this sub-theme included the following: found helpful new therapist, and receive support from friends/family instead of therapy.

While examining the influence of hindering events on the effectiveness of therapy and the decision to continue or end therapy, how the events were managed or resolved was also identified as relevant to therapy outcomes. These findings are outlined in the following section.

## **4.4 | Major theme 4: Handling/addressing the event**

The fourth and final major theme describes how the event was managed. The participants recalled if the hindering events and/or their hindering experiences were identified, discussed or resolved. Therefore, this major theme provides additional information on hindering experiences and identified barriers within therapeutic processes that may have limited the management and resolution of these events in therapy.

The themes that emerged from the major theme handling/addressing the event included the following: (a) not handled/addressed, (b) handled/addressed, (c) interest in handling/addressing event, and (d) reasons given for not addressing/handling event.

#### 4.4.1 | Not handled/addressed

The majority of participants identified that they did not feel that the hindering events were managed in therapy. Codes that emerged from this sub-theme were as follows: not handled/addressed in-session, and dissatisfied with therapist solution.

##### *Not handled/addressed in-session*

The events were not talked about or resolved with the therapist. For example, participant 9 described:

I don't know that it was really handled, I don't know that I directly confronted it, like I just said. You know that's really not what I am looking for, could we go in a different direction, or, um. I think I might have sort of switched topics to something more of what I wanted. And I don't think we, we didn't end up addressing it. Like oh you know something happened there, and you went quiet, what was that about? That didn't happen.

(Participant 9)

#### 4.4.2 | Handled/addressed

Some participants recalled that the events were discussed and resolved in ways that satisfied them and reduced the overall influence of the events on therapy outcomes. The codes within this sub-theme were as follows: handled/addressed by client in therapy, and resolution outside of therapy by client.

##### *Handled/addressed by client in therapy*

The event was identified and resolved due to a conversation that the participant initiated with the therapist. For example, participant 3 recalled that she went back to see her therapist to tell her about her hindering experience: "I just wanted to clear my heart. And put everything on the table".

##### *Resolution outside of therapy by client*

Participants felt that the event was addressed outside of therapy through their own actions and/or use of alternative resources. Participant 9, for instance, described: "Maybe not coming back, and it seems very passive, but in a way it is standing up for what I want".

#### 4.4.3 | Interest in handling/addressing event

Some participants disclosed that they wanted to discuss the events with their therapists. The code that emerged from this theme was as follows: handling/addressing event with therapist.

##### *Handling/addressing event with therapist*

The event was experienced recently, and there was interest in initiating a conversation with their therapist in the next session to manage the event. For example, participant 1 said:

Now I am thinking that it'd be a good idea. I think it's only fair on him as well. Really, because it, we've lost our trust. And interestingly enough I am now thinking about it. I may feel that that trust can come back.

(Participant 1)

#### 4.4.4 | Reasons given for not addressing/handling event

The final theme included aspects that participants identified within themselves and therapeutic processes that influenced why the events were not managed in therapy. This theme represents codes such as uncomfortable discussing event/lack of assertion, lack of therapeutic support/relationship, forgiving of unhelpful events with supportive therapeutic relationship, empathy for therapist, and overreacting to event/judgmental of therapy.

##### *Uncomfortable discussing event/lack of assertion*

The event was not discussed because the participant felt uneasy about standing up for themselves and stating their feelings or concerns to their therapist.

Thus, the findings provide subjective knowledge about hindering events from the client's perspective, while accounting for other aspects of the events not considered within previous research, such as the reactions and resolutions to the events.

## 5 | DISCUSSION

The participants revealed information about what events were considered hindering, why the events were hindering, how they reacted to the events, and if they felt that the events were managed or resolved. Therefore, the collected data examined how participants subjectively experienced moments in previous therapy sessions that limited their therapeutic processes and/or therapeutic outcomes.

### 5.1 | Identified hindering events

The majority of existing significant events research has examined both helpful and hindering events (Swift et al., 2017), while reporting significantly fewer hindering events and focusing more on the analysis of helpful events (Castonguay et al., 2010). Additionally, the majority of previous studies have used post-session questionnaires instead of in-depth interviews (e.g., HAT; Llewelyn, 1988) and pre-determined categorical systems developed by investigators to code client responses (see literature review). Therefore, the diversity and amount of detail on what events were identified within previous research is limited.

In the present study, in-depth interviews were conducted, revealing subjective and detailed accounts of hindering events that have not been documented before within existing literature (e.g., harmful therapist response and therapist fell asleep, etc.). There were also similarities found in the findings of the present study and

the Paulson et al. (2001) study, which seems to be the only previous study to exclusively examine client accounts of hindering events through in-depth interviews. Some consistencies between the studies included the following: therapists disclosed information to other individuals without consent (i.e., therapists broke their confidentiality), counsellors asked strange questions (i.e., the therapist questioning felt inappropriate code), clients did not like where they were going in counselling (i.e., the postponed exploration/solution instead of exploration code), and that the counsellors were not doing what they expected (i.e., the lack of validation/neutral response code) (Paulson et al., 2001).

## 5.2 | Subjective experience of the event

Previous significant events research has not examined both the hindering occurrence and the phenomenological angle of events separately. This study was the first to code identified hindering events (what happened) and subjective experiences (how that was experienced) separately during data analysis. Therefore, some of the codes and sub-themes within the data were more subjective and were not fully represented within existing literature. For example, codes within the specific feelings associated to event sub-theme (e.g., humiliated/insulted, continuous anxiety, let down/disappointed) were not described in previous research.

However, some similarities were found between existing literature and the current study in identified themes that were relevant to the therapeutic process. For example, Castonguay et al. (2010) identified that participants felt that their therapists were deflecting them or leading them away from important topics (i.e., digression), which was similar to the unheard/therapist empathic failure felt code that was reported on in this study. Additionally, the perceptions and thoughts reported by participants in the making sense of the event theme were represented within previous research. For instance, Paulson et al. (2001) found that participants perceived negative counsellor behaviours and insufficient counsellor directiveness. These codes are similar to the sub-theme questioning therapist capabilities (i.e., viewing therapist as unprofessional/inexperienced, and experiencing therapist as unhelpful/disinterested in helping).

Finally, Radcliffe, Masterson and Martin (2018) also found that the interactions participants had in therapy repeated and/or reinforced dynamics that they were struggling with in their personal lives. Other commonalities included the following: fear of losing control (i.e., feeling out of control) blamed themselves for the failure of therapy (i.e., internalizing fault), had low self-esteem and worthlessness (i.e., feeling insecure), and felt lost and desperate (i.e., feeling lonely) (Radcliffe et al., 2018).

## 5.3 | Response to the event

Previous research has suggested that hindering events can increase the likelihood of negative outcomes such as dissatisfaction, ruptures

in therapy, and eventual withdrawal from therapy (Paulson et al., 2001; Safran et al., 2002). This finding was supported by the majority of participants who disclosed that they prematurely terminated therapy after hindering experiences and their associated perception that therapy was not helpful.

## 5.4 | Handling/addressing the event

The management and resolution of hindering events in-session has not been documented in previous research (Paulson et al., 2001). The present study was the first to attempt to explore the resolution of hindering events from the client's perspective. However, similar content has been well documented within literature pertaining to alliance ruptures and repairs (Larsson, Falkenström, Andersson, & Holmqvist, 2018; Safran, Muran, & Eubanks-Carter, 2011; Safran et al., 2002).

As previously mentioned, hindering events have been conceptualised as moments identified within therapy that have the potential to lead to ruptures in the therapeutic alliance (Safran et al., 2002). The majority of participants who reported that the hindering events were not managed also reported limited therapeutic progress (e.g., unsatisfied with therapeutic progress) and that they decided to discontinue therapy because they did not perceive therapy to be effective to therapeutic progress (e.g., client initiated premature termination). Similarly, rupture patterns (without repair) within therapeutic alliance literature have been associated with inferior treatment outcomes (Flückiger, Re, Wampold, & Horvath, 2018; Larsson et al., 2018). These findings are consistent with participant reports that they did not resolve hindering events and experienced negative treatment outcomes.

### 5.4.1 | Reasons given for not addressing/handling event

Previous research findings suggest that clients may hide or not discuss hindering experiences in therapeutic processes (Grafanaki & McLeod, 1999; Levitt, 2010), while choosing not to disclose their negative reactions including their own thoughts and feelings (Audet & Everall, 2003; Paulson et al., 2001). Most of the participants in this study reported that they did not discuss the hindering experiences with their therapists because they felt uncomfortable discussing the event and asserting their feelings.

Additionally, participants who reported positive therapeutic relationships with their therapists were more forgiving and more likely to dismiss and not discuss their negative experiences with their therapists. Participants who reported that they did not have a positive relationship with their therapist also did not disclose their hindering experiences with their therapist. These findings are consistent with the Audet and Everall (2003) study which found that clients did not want to give "negative feedback" to their therapists regardless of their therapeutic relationship. Therefore, there appears to be a reluctance to discuss negative aspects in therapy regardless of the therapeutic relationship (Henkelman & Paulson, 2006).

## 6 | LIMITATIONS

This study provides research on the hindering experiences of nine individuals in previous counselling. All of the participants resided in Ottawa, Ontario, and were recruited from posters displayed across the University of Ottawa campus. Additionally, the majority of participants identified as Caucasian (78%) and as female (89%). Therefore, the results may not be representative of individuals within other settings and do not represent saturation in the account of hindering experiences in previous therapy.

Additionally, participants reported on events that occurred on average 2.4 years prior to the interview. Therefore, the retrospective reports of participants may not fully represent the initial experiences of the events due to the limited recollection of details and the alteration of experiences as participants make sense of the events over time (Rhodes et al., 1994).

Also, it should be considered that previous significant events literature often refers to hindering events as “unhelpful” events and uses these terms interchangeably. Therefore, the interview protocol asked participants to report on “unhelpful or hindering” events. This vagueness of the conceptualisation of terms led to some confusion for participants, where hindering events often had to be defined and redefined during the interview. Thus, the terminology used to describe the type of events that were to be examined may have led to confusion for the participants and influenced the type of events that were reported.

Finally, there is a possibility that speculations of participants on how the events influenced the therapeutic process and outcome may not be accurate. The majority of participants conceptualised their decision to drop out of therapy as a therapy outcome, where they chose to leave because therapy was ineffective. However, outcome research conceptualises therapeutic outcomes as post-therapy results of therapeutic intervention (Elliott, 2010). Therefore, the perception of therapeutic outcome in the retrospective accounts of participants may not be completely accurate or applicable to existing outcome research.

## 7 | IMPLICATIONS

This study fills a void within significant events research that lacks subjectivity and in-depth details in the reported accounts of what happens in therapy that stands out as hindering to clients. The terminology used was close to the descriptions of participants to identify codes and develop themes within the data set without the influence of therapist and researcher biases. Therefore, the derived conceptual order from the study offers a unique representation of hindering experiences from the perspectives of clients, which provides information that is relevant to further understanding how these events may influence the clients' decisions to stay in or end therapy.

These findings can be translated into practical suggestions for professionals within the practice of psychotherapy and counselling. For instance, the findings suggest that the unspoken nature of clients' experiences of hindering events may be contributing to the

lack of resolution and progression in therapy. Efforts to encourage clients to talk about what stands out as negative in therapy would benefit both client and therapist. This could be accomplished by checking in with clients on how they feel about the progression of therapy in either face-to-face conversations or with questionnaires such as the Session Rating Scale (Duncan et al., 2003). The provision of client feedback provides an opportunity for clients to discuss their experiences in therapy, potentially resolving any lingering hindering events that have occurred, while also allowing therapists to identify areas of improvement within their practice.

It should also be considered that some of the events experienced by clients as hindering may be unavoidable in therapy. Thus, it is important that therapists observe changes in the session and the client's verbal and non-verbal cues which may suggest that a hindering event has occurred so that these events can be recognised and resolved in therapy. Additionally, previous research suggests that providing therapists with information about the progress of their clients will increase therapist awareness of negative treatment outcomes and negative moments or changes (Koementas-de Vos, Nugter, Engelsbel, & De Jong, 2018). Therefore, certain structured outcome measures such as the Outcome Questionnaire-45 (OQ-45; Lambert et al., 2004) and self-report instruments such as the Working Alliance Inventory (Horvath & Greenberg, 1989) could be useful in guiding constructive conversations between the therapist and client on progress in therapy and/or the therapeutic alliance.

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

**How to cite this article:** Burton L, Thériault A. Hindering events in psychotherapy: A retrospective account from the client's perspective. *Couns Psychother Res*. 2020;20:116–127. <https://doi.org/10.1002/capr.12268>