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# British Journal of Guidance & Counselling

Publication details, including instructions for authors and subscription information: http://www.tandfonline.com/loi/cbjg20

# Young clients' narratives of the purpose and outcome of counselling

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To cite this article: Kerry Gibson & Claire Cartwright (2014): Young clients' narratives of the purpose and outcome of counselling, British Journal of Guidance & Counselling, DOI: <u>10.1080/03069885.2014.925084</u>

To link to this article: <u>http://dx.doi.org/10.1080/03069885.2014.925084</u>

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# Young clients' narratives of the purpose and outcome of counselling

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(Received 1 November 2013; accepted 13 May 2014)

This study explores how adolescent clients construct the purpose and outcome of counselling. A narrative analysis was performed on interviews with 22 clients (aged 16–18) who had used a school-based counselling service. The aim was to identify the purpose and outcomes that participants attributed to their counselling experience. The analysis identified four narrative forms that young clients used to describe counselling. These included 'transformative', 'supportive', 'pragmatic' and 'disappointed' narratives. Each narrative form constructed a different purpose and outcome for counselling. Engaging with clients' narratives about the purpose and intended outcome of counselling may allow counsellors to better match their expectations and approach to fit with their young client or to work with them to co-construct more flexible narratives that support helpful outcomes.

Keywords: adolescence; counselling; client factors; narrative research; school counselling

There appears to be agreement that greater knowledge of the client's perspective on counselling would enable counsellors to engage more effectively with the potential that this creates for positive change (Binder, Holgersen, & Nielsen, 2009; Bohart, 2000; Carey et al., 2007; Clarke, Rees, & Hardy, 2004; Levitt, Butler, & Hill, 2006). But while this perspective is well-developed in the adult literature, there has been little research which acknowledges children and young people as active agents in the counselling process (Duncan, Miller, & Sparks, 2007). The relative absence of children's voices in mental health research may be based on long-held beliefs that children and young people cannot offer legitimate commentary on their experience (Prout, 2007; Zirkelback & Reese, 2010). Yet, it has been recognised that listening to young people's own perspectives on mental health services is essential to understanding how best to engage with them (Claveirole, 2004). The limited research that has been conducted in this area suggests that young people might well have strong ideas about what they want from counselling. Research has indicates that opportunities to talk, express emotion and relate to the therapist may be more important for young people than for adults with correspondingly less concern for problem solving (Dunne, Thompson, & Leitch, 2000). For example, in a review of research across a range of helping professions, Freake, Barley, and Kent (2007) conclude that some of the main concerns of adolescents are confidentiality, being listened to, kindness and caring, trustworthiness, not being patronised or judged, feeling comfortable and being treated as an individual. Young people have also been found to

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have strong requirements for a therapist who respects their independence and autonomy (Binder, Moltu, Hummelsund, Sagen, & Holgersen, 2011). While this research offers a tantalising glimpse into some of the factors that may be important to young people in counselling, we do not know how these priorities are shaped by the way that young people understand the intended purpose and outcomes of counselling.

Accessing young people's experiences of counselling through research may be challenging given the inequalities of power between the adult researcher and participants. Research interviews, for example, are often strongly influenced by the researcher's agenda rather than that of the participant (Claveirole, 2004). A narrative approach to exploring young clients' views of counselling was used in this study because the method does not require participants to respond to particular questions generated by the researcher but instead gives young people the opportunity to tell their own stories of counselling in their own words and to demonstrate how they make sense of this experience.

#### **Client narratives**

Narrative research methods are widely used in the social sciences, relying on the assumption that people actively create meaning from experience by structuring it into a story-like form (Riessman, 2008; Squire, Andrews, & Tamboukou, 2008). From a narrative perspective, the stories people tell about their experiences do not so much reflect reality as their attempt to make meaning of this reality through their own interpretive frameworks. Nonetheless, narrative meaning-making is very important in so far as it helps to make sense of the past and give some direction for the future (Hänninen, 2004). There are a variety of ways of analysing the meanings reflected in narrative accounts. Some of the key strategies, however, involve looking at the overall form of the story. This includes the plot of the story with its development towards an end point. Hydén (1997) notes that narratives usually involve some temporal ordering of events and are often associated with change of some kind. The plotlines may be progressive, regressive or stable in accounting for the teller's movement towards a particular goal or outcome (Robinson, 1990). Researchers have used this kind of approach to identify the range of forms that narratives might take in accounting for various phenomena (e.g. Frank, 1993). Narratives are also held together by narrative themes that run through a story and help to create coherence out of the different elements (Habermas & Bluck, 2000). As Angus and Scott (2011) note, narrative themes are reflected not only in repeated ideas but also in the emotional tenor of the story expressed through consistent metaphors that occur and reoccur through the narrative. This helps to give each narrative its particular tone and meaning.

While each individual may use storytelling as a unique way of making sense of their own experience, the stories they tell also often reflect the narratives available in society – described as 'stock' stories (Crossley & Crossley, 2001). These stories are shaped by cultural priorities and expectations. But although our narratives are shaped by socially available options, they are also resisted and recreated as individuals seek to make sense of their own experience (Bruner, 1990). While story telling is generally seen as a useful way of distilling meaning from experience, the way narratives are structured may offer more or less helpful ways of defining experience and possible responses to it.

Narrative methods are being increasingly used in research in counselling and psychotherapy. Most research using narrative methods has focused on how clients speak about their lives within or after psychotherapy (Angus, 2012). There is, however, also a

growing body of work which explores how the process and outcome of therapy itself are described. Kühnlein (1999), for example, used a narrative approach to identify how clients described therapy as a way of learning to cope with life events, becoming normal and learning skills in areas of psychological deficit. Valkonen, Hanninen, and Lindfors' (2011) more recent research reinforces the idea that there may be a variety of narrative 'outcomes' produced by clients about their therapy. Adler and McAdams (2007) and Adler, Skalina, and McAdams (2008) note that these narratives may, in fact, define what it is that clients take away from their therapy experience:

Regardless of the specific therapeutic techniques their counsellors employ, clients will construct stories about their therapy in order to understand how and why it worked (or did not work), and theory suggests that these stories may provide the foundation for the maintenance of treatment gains. (Adler et al., 2008, p. 719)

In general, narrative research has been used less with young people because of doubts about their ability to construct meaningful narratives. There is, however, now widespread agreement that by mid- or late adolescence most people can provide a reasonable narrative account of their experiences (Habermas & Bluck, 2000; McLean, 2005). Prior (2012), however, appears to be one of the only examples of a study which uses a narrative methodology to explore young people's narratives related to counselling although this focuses on the process of help seeking rather than the experience of the counselling itself.

This study analyses the narrative accounts of 22 young clients who made use of a school counselling service to explore how they understood their counselling experience. A previous study using this data looked at how young clients constructed their agency. This was done using a narrative thematic analysis which explored the different ways client agency was reflected through the content of participants' narrative accounts (Gibson & Cartwright, 2013). The current study provides a different perspective on the data with a categorisation of the over-arching narrative forms reflected in participants' accounts. This focus on the form of the narrative is used to illuminate the way that young clients ascribe different purposes and outcomes to their experience of counselling.

#### Method

# The research setting

This research was conducted in two counselling services based in New Zealand high schools where young people attend from the age of about 13–18 years. Schools that can afford it provide on-site counselling to their students which are intended to offer a lower level of psychological support than government-funded mental health services. However, at the time the research was conducted, child and adolescent mental health services were only funded to meet the top 3% of severity of problems in any six-month period (Mental Health Commission, 1998) which meant that counsellors often dealt with a wide array of more or less serious difficulties amongst their clients. School counselling functions somewhat differently to most other mental health services available for young people in so far as students can make an appointment with the counsellors directly themselves. Also, unlike many other services, young people do not have to inform their parents that they are receiving counselling. Confidentiality in relation to parents and teachers is prioritised except in cases where there are assessed risks to the young person. Counsellors who work in these settings are usually trained in a range of models and draw on these as needed.

# **Participants**

Criteria for participation in the research included that participants had attended counselling sessions within the previous year, were not currently undergoing regular counselling and were between the ages of 16 and 18 years. The head counsellor at each school was asked to send an initial letter to all students who met these criteria to inform them of the research. Information about the research was also displayed in the waiting areas of the counselling services. Those who were interested in participating were asked to contact the researcher directly via email or mobile phone text message (both of which are easily accessible to young people in New Zealand) for more information about the research. For ethical reasons, counsellors remained unaware of which former clients chose to participate in the research although they were active in providing feedback on key analytic ideas as they were developed. It is not known how many students received information about the study but all of the young people who responded to the invitation were interviewed for this research.

As the participants were above 16 years old, they were able, in terms of New Zealand law, to give consent for their own participation without their parents' involvement. The age range had been chosen specifically in order to honour the counselling services' strong emphasis on their clients' rights to confidentiality in relation to their parents. In terms of the requirements of the University of Auckland research ethics committee, consent to conduct the research was also sought from the school counsellors and from the school principal of each school. The researchers provided participants with information on a range of supports available to them should they need this.

Of the 22 participants who agreed to participate, there were 7 young men and 15 young women who were between 16 and 18 years old and who had used a school counselling service within the previous 18 months. Most participants identified as New Zealanders of European ancestry (11), a small number identified as Maori or Pasifika (5) and some described themselves as immigrants from other English-speaking countries (6). There was quite considerable variation in the amount of counselling that participants described having: 12 estimated that they had attended over 20 sessions, 7 participants had attended between 5 and 19 sessions and 3 participants had attended less than 5 sessions. We had requested that participants speak to us after they had concluded their counselling sessions, but it appeared that in the school counselling context many participants moved in and out of counselling in a way that did not allow a clear differentiation between those who had 'finished' counselling and those who saw themselves as still being in a relationship with a counsellor. Some participants had been to a number of different counsellors at both the school and elsewhere and included these in their interviews. All were encouraged to discuss at least one particular experience of school counselling in more detail.

# Data gathering

Participants were interviewed at school in a private room where they could not be seen coming or going by the counsellors. Interviews lasted for about 45 minutes which coincided with the school timetable. This was slightly shorter than most narrative interviews but seemed appropriate for the age of the young people being interviewed.

The interview followed guidelines provided by narrative researchers (Riessman, 2008). They were conducted as an open-ended conversation in which the participants were encouraged to construct their own account of their experiences. The interviewer

began by asking participants 'How did you first come to counselling?' and encouraging them to tell a story which explained what counselling had meant to them. The conversation was prompted through the use of minimal encouragers and follow-up questions asking for examples, elaborations or enquiring 'What happened then?' The interviewer was careful not to introduce new directions in the narrative through questioning, but rather to request elaboration of existing ideas brought by the participant.

All of the research interviews were conducted by the first author of this study who is experienced in talking to young people. However, as she is an adult woman and a mental health professional, this research relationship must be recognised to have suffered from the inequalities of power affecting the way that young people engage with other adults, especially in a school context. There may however have been some advantages in so far as the interviewer was from outside of the school hierarchy and assurances were provided of confidentiality in relation to the school and its counselling services. The young participants were also reminded of their right to withdraw their participation at any time during the interview and for a period of time afterwards. Nonetheless, the researchers remained mindful of the power imbalances between young people and adult researchers and the impact this has on what participants can say to researchers (Claveirole, 2004). Most participants, however, expressed appreciation for the opportunity to be treated as 'expert informants' on their own experience of counselling and a number spoke about how they hoped their input would benefit other young people.

#### Analysis

The framework for the analysis draws from analytic strategies used in narrative research. In general, this approach works by analysing each narrative individually before exploring any commonalities in the data. There are differences in the way that researchers treat a narrative; some focus on the interview as a whole and others on single piece of text within the broader interviewer. For our purposes, we identified the main experience of school counselling that the participant described in detail through the interview and used that as the primary focus of this narrative analysis.

While the process of narrative analysis is closer to an art rather than a science (Riessman, 2008), we attempted to be as systematic in our approach as possible. We began by transcribing and immersing ourselves in the data by both reading the transcripts and listening to recordings of the original interviews so we could better track the emotional tone and emphasis of each narrative (Hollway & Jefferson, 2013). We then focused on the overall form of the narrative by tracing the key elements of the plot from the beginning to the end of the narrative. We focused particularly on whether change was described as occurring through counselling and what the outcomes were as described by the participant (Robinson, 1990). To facilitate mapping the plot of the narrative as a whole, each account of counselling was translated into a written story. We were able, on the basis of this, to identify a pattern in which the start, middle and end points were clearly demarcated. The 'beginning' of the story inevitably involved some discussion of the circumstances or the participant's emotional state which initially led them into counselling; the middle related to what had happened in the counselling and the end of the narrative told of the participant's understanding of the outcome of therapy. Throughout this sketch of the 'plot', key events were noted, particularly any events or circumstances that signalled a 'turning point' for the client (Bruner, 2002). So, for example, the beginning of Abigail's narrative involves her explanation that before counselling she thought that there was something badly wrong with her, that she was

'weird' in some way. She was reluctant to go to counselling at first and was finally persuaded that she should. In the middle of the story, she provides detail about her initial contact with her counsellor and her fear that he might judge her. The turning point within this was when her counsellor began a discussion of popular music with her and offered to play some. She explained that this made her feel that he would be able to understand her youthful perspective and she was able to talk more freely. She concludes her story of counselling by emphasising how she came to realise that it was okay for her to be different and that she was not 'disturbed' as she had feared. In this example, it is possible to see how Abigail's story begins with negative experiences and there is a clear turning point when she discovers her counsellor is not judgmental as she had feared he might be. She describes a very positive outcome with a change in the way she saw herself. We borrowed the idea of a map to show the progression of the narrative, from negative to positive, on simple graph (Lieblich, Tuval-Mashiach, & Zilber, 1998). Other examples showed different progressions with no discernable turning points, little change or shifts from positive to negative which we also mapped out. After we had completed this coding of the progression within each narrative, we also identified relatively constant ideas and metaphors expressed through each account (Riessman, 2008) and particularly focused on the way that these conveyed the emotional tone of each story. Abigail, for example, spoke with intense feeling about she had not felt understood before counselling and how significant it had been in her life to have a counsellor who 'got her'. This level of analysis enabled us to include information about the key themes and associated emotional tone of the story and include this in our narrative type.

Only once we had completed this analysis for each of the stories were we able to search for similarities and differences between the narratives in terms of their progression, thematic content and their emotional tone. In this process, we were not only influenced by our knowledge of the narrative forms described in other narrative research, but also open to finding distinctive narrative forms which did not easily fit with existing conceptualisations. This process of comparison between the different narratives enabled us to identify the four different forms we describe in this study.

Our approach to the analysis was also informed by an understanding of the value of reflexivity in qualitative research (Morrow, 2005). Working together, we as the authors reflected on the way that our experience as clinical psychologists might both facilitate and limit our understanding of the experiences of young clients. We discussed themes and ideas between us and also shared our ideas with the school counselling teams as a way of challenging our own perspectives.

#### Findings

The narratives fell into four forms which we called 'transformative', 'supportive', 'pragmatic' and 'disappointed'. Each of these ascribed a different purpose to counselling and suggested different outcomes for participants. Because a narrative approach rests on a detailed analysis of a whole story, we have chosen to describe a single example which clearly captures the form, themes and tone of each narrative type with only brief references to other examples to highlight important aspects or variation in the particular form.

#### The transformative narrative

Nine participants described what we have termed a transformative narrative of counselling. These narratives showed a major a shift from a negative to a positive

outcome similar to that found in a redemptive narrative form which has been described by other authors (McAdams, 2006). These narratives began with a highly negative account of the problems the participant had faced before coming to counselling and went on to describe a profound transformation in the participant's sense of self as a result of the counselling.

Nick's narrative clearly fitted this type. He began by painting a picture of his early home life as being highly dysfunctional:

[My childhood] was shit. My mum blamed me for a lot of the time my dad left because he was still beating me in my first year at college pretty much

He describes how his relationship with his mother deteriorated and he hit rock bottom after being kicked out of home. He told how he had been forced to live out on the streets for months. In this account, he highlighted his feelings of rejection and anger. Although he was finally allowed to return home he spoke about how he felt rage building up inside him.

In his narrative, Nick described a dramatic turning point where even he realised he needed help to change his life. This occurred after an incident in which he recognised that he was becoming someone he did not want to be:

I saw myself, this kid that I pinned him to a wall and I was strangling him. I was actually killing him and I saw the look in his face and I saw the look in everyone else's faces and I just dropped him and I left. I think that was the turning point for me and then I started coming once a week and then twice a week. [I spoke to the counsellor saying] I've got this burning in my chest I feel angry all the time.

He described how through counselling he gradually learned the value of being able to speak openly and let his feelings of anger out:

In the beginning it was hard. I think I only spoke a few words but I realised after a few years I can speak openly. That's the change. I can speak openly about what happened. I feel emotional but I don't feel angry.

Nick's story described how his life was turned around as a result of counselling. Instead of remaining trapped in his own anger he had been able to let his bitterness go and become a different sort of person altogether. He spoke about how he had gone from always being trouble at school because of his anger outbursts, to excelling in a range of areas:

[My] Counselling experience has been good for me, it's changed me to the person I am today. I'm a leader. I play [a sport] as a team captain. I passed last year. I've got my own [car] license.

Nick used a story which paralleled the fight which propelled his seeking counselling to underline the significant changes he had experienced in himself as a result of counselling:

I got into a bit of trouble a couple of weeks ago with a mate of mine and I wanted to hit him so badly. But I said no I'm not going to do it. You deserve it but I'm not going to do it and I walked out. I don't want to be that violent person that everyone is scared of.

He explained that he no longer felt angry and wished to hurt people. Instead he saw himself as someone who had been helped and now wanted to help others:

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Yeah I think [counselling] made me a better person. I know it's made me a better person and I know that I can help people and I help people all the time.

Other transformative narratives described different kinds of positive change as a result of counselling, for example, in participants' ability to trust others, to 'like themselves' or to perform better in a range of social roles. However, the emphasis of all these narratives was on the role of counselling in finding an improved 'self' as Lucy put it:

Counselling made me realise there's so much more to life and just to appreciate everything. I think the counselling, it was almost at a personal level that made me want to be a better person.

For narratives in this category, the transformation was captured through an elaboration of a highly negative self and circumstance, a clear turning point which facilitated engagement in counselling and the beginning of the positive pathway and through this, the rebirth of a new self. For this group of participants the purpose and outcome of counselling were as a significant positive transformation of the self. This narrative form was often presented in a dramatic emotional tone.

# The supportive narrative

There were six participants who described a supportive narrative. These narratives recognised counselling as very valuable within the participant's life. However, instead of counselling being depicted as producing the dramatic positive change of the transformative narrative, it was described as a continuous lifeline that enabled the participant to keep functioning, sometimes in the face of high levels of ongoing emotional distress. This narrative has what Robinson (1990) calls a stable quality, showing neither progression nor regression in relation to a desired outcome.

Annabel's narrative was typical of this form. She described how she began counselling with the expectation that no one could really help her. In spite of this, she said that she had grown to like and respect her counsellor with whom she established a long-term relationship that had lasted over three years:

I saw a couple of other counsellors and I didn't like talking to them but Miss [Name] was the only one I liked and then pretty much from Third Form I stayed with her until still seeing her now and basically like at that time I would see her nearly every day.

Annabel explained how she had had significant psychological difficulties and she saw her relationship with her counsellor as the reason why she was able to keep coming to school at all. She described how it was her habit to pop in in the mornings just to check in with her counsellor before she felt able to attend classes:

Because I was barely ever coming to school and she just helped me like get to my classes, she'd just be there for me to talk to about everything and stuff or give me space in there if I just needed to be by myself. Yeah I saw her a lot, nearly like every day.

Annabel did not seem to have expectations of significant personal change as a result of counselling. Instead she her narrative expressed a hope to simply to survive the emotional challenges that she had become accustomed to:

I don't think I'm ever going to get like 100%. ... I still think I'm going to have always something there because that's just how it's been ever since I was little. So I've kind of gotten used to it. But I'm hoping and wanting to try and get through it all because it's so tiring.

Participants with support narratives did not appear to expect much beyond the presence of a caring counsellor as another participant, Katie, explained: '[My counsellor] didn't make me think any different. It was just ... I just knew she was listening'. Participants in this category emphasised the counselling relationship as fundamental and some, like Margie, seemed to have difficulty envisaging that it could end:

Obviously because I'll leave school at the end of this year ... but I know that if she was to stay she'd always be here for me even if I didn't even go to the school, if I just popped in to say hi or something.

Overall, this narrative form seemed to ascribe quite a different purpose and outcome to counselling than was evident in the transformative narratives. Counselling was seen as a valuable ongoing source of support but often without reference to lasting positive changes within the self. The emotional tone of these narratives was also very clearly different to the dramatic positive tone of the transformative narratives – saturated with a feeling closer to resigned acceptance of life's difficulties together with a sense of gratitude for the support found in the relationship with the counsellor.

## The pragmatic narrative

What we called the pragmatic narrative form seemed to describe counselling as an opportunity to address a focused and specific need. These narratives showed a progression from negative circumstances to positive outcomes. While the progression was similar to the transformative narrative form, the changes described were more modest and circumscribed and the emotional tone was matter-of-fact rather than dramatic. There were four participants who described their experience of counselling in this way.

Connor, for example, described how he had felt distressed after a close friend had committed suicide. He explained that he was not particularly accustomed to thinking about emotional issues and although this was not something he would normally have done, he agreed to go to counselling after his girlfriend suggested this would be a good idea. He spoke about how he had experienced his emotional distress as strange and unsettling:

That was just really freaky and I was kind of, I don't know how to explain it, but I couldn't think straight for a while. So then she took me there.

He only went to counselling only a few times and focused specifically on the particular event of his friend's suicide:

I went back a couple of times and each time I felt like I could talk more because I wasn't so traumatised or anything and got a lot more dealt with which was good.

Towards the end of his narrative, Connor made it clear that counselling was not really his chosen method of resolving issues and he preferred in general not to pay too much attention to things that distressed him. It was only the shocking nature of the event he had experienced which led him to take the unfamiliar step of going to counselling:

For me kind of that it's not the most effective way ... So my main thing is to just, I don't know, just put myself in a place that I am comfortable with or with one of my good friends and just hang with them, have a good time and then think of things that are more important or stuff like that.

But in spite of this he recognised that the unusual situation in which he found himself required something other than his usual strategies for coping. Overall, he felt that that counselling had met his needs and left him feeling positive about the experience:

It felt different and it was good, so I would consider going back there if something else happened.

This narrative form seems to describe counselling as a direct solution to a circumscribed problem. In the context of the participants' lives, counselling was seen as a short-term intervention designed to meet a particular need as was the case with Sian who came to get 'advice' on how to deal with a specific problem with her boyfriend and 'found out what [she] needed'. Sian, like Connor, had found the experience useful and was prepared to return to counselling if necessary: 'Times when I need help I'll think and then go to her'.

All the participants in this category had only attended a relatively small number of counselling sessions. The positive outcome of counselling was seen as the resolution of the specific problem for which help was sought rather than any more profound personal change or ongoing support. The emotional tone of these narratives was largely matter-of-fact.

# The disappointed narrative

This last set of narratives was somewhat different to the others in so far as they did not suggest the overall helpfulness of counselling. There was no positive change in the narrative and instead the participants described themselves as starting with difficulties which remained unchanged by the experience of counselling. Only three participants created a narrative of this kind.

Deanna's narrative provided examples of how her repeated attempts to seek help from counsellors had been disappointing. She explained that she had approached her first experience of school counselling with negative expectations based on her previous experience:

When I was younger, not school counsellors, but professional ones. I just don't think they helped me.

She spoke about how her experience of school counselling quickly confirmed these negative expectations:

I think, a lot of the time she doesn't really ask me about my problem. She's like 'Oh how's your family?' It's like oh well I want to talk about my problems not my personal life kind of thing. It was like, didn't even see the point in going.

Deanna described how a second counsellor at the school had been somewhat better than the first but quickly reiterated that in spite of the marginal improvement it had not been helpful

[Interviewer: Were you keen on going to that or not really?] Not really. Like counselling has never worked for me.

She described her ongoing disappointment as she experienced no benefit from counselling. If anything, her experience increased her unhappiness and she decided to stop:

I was glad that I stopped going because it was just putting more stress on me.

Deanna felt that her disappointing experiences had made it less likely that she would seek help from counsellors in the future:

It just put me off seeing counsellors really ... well I thought that it would be a lot better because they are supposed to be helping us and everything.

Towards the end of her account, she spoke about how she was reconciled to the idea that she would have to manage without help from counselling:

Just have my alone time just thinking about everything. I know there are people out there who have worse situations than me, so I think about that. But I kind of just ignore it. Just push it away.

Her narrative seemed to end on a note of futility and hopelessness:

I just feel like feel depressed. Don't want to, like I just want to kind of give up on life sometimes.

Other participants in this category shared the sense of disappointment in counselling but conveyed some hope that they might, through their own efforts, be able to find some way through their difficulties as Caroline explained:

Don't just take what the counsellors say. I mean just because they're trained doesn't mean they get everything right ... I think you've just got to have your own ideas and you've got to know what you think.

Participants who used this narrative structure emphasised the lack of impact that counselling had had on their lives and came away with the belief that a solution to their problems could not be provided by counselling. The progression of these narratives was either stable or somewhat regressive and the emotional tone ranged between despair and frustration.

#### **Discussion and conclusion**

This study shows that it is as important to recognise the active role that young people play in shaping the meaning of their counselling experience as it is with adult clients (Duncan et al., 2007). However, young people's understanding of counselling may be different to that of adult clients. This study seems to suggest that young people describe less nuanced and specific psychological impacts of counselling in contrast to adult clients

(Kühnlein's, 1999; Valkonen et al., 2011). In comparison with the research on adult narratives, the young people's accounts in this study seemed to highlight the 'felt' impacts of counselling on identity or the ability to manage immediate circumstances. It is likely that young people's constructions of counselling are influenced by developmental priorities such as identity construction (Habermas & Bluck, 2000) and by youth cultural expectations (Furlong & Cartmel, 2007), but more research is needed to explore in more detail the nature of differences between the counselling narratives of adults and young people.

The analysis also points to considerable diversity in the way that young people might make sense of the purpose and outcomes of counselling. There were at least four different ways of understanding the significance of counselling. The transformative narrative described the outcome of counselling as a dramatic positive change in the self of the client. Those who produced a supportive narrative depicted counselling as an ongoing source of care in the face of difficult circumstances rather than personal change. The pragmatic narrative saw counselling as being a focused process with the outcome being the resolution of a clearly identified problem. Finally, the disappointed narrative described no positive effects as a result of the counselling. This diversity suggests that it may be important to move away from the idea that young people can be seen as a homogenous group who all seek the same ingredients from counselling (e.g. Freake et al., 2007).

In general, these narrative accounts of counselling outcomes did not seem to match very well with the standard ways in which 'outcomes' of counselling are reported by counselling professionals or researchers. Certainly, the idea that a good counselling experience would produce a linear process of symptom improvement was not reflected in participants' accounts. This highlights a potential mismatch between medicalised understandings of outcomes in counselling and client experience (Wampold, 2001).

This research suggests that clinicians would do well to be aware of the different purposes and related outcomes that young clients may construct out of the counselling process and actively solicit these views from their clients, so that they are better able to align their own expectations to their young clients' views. Counsellors may, however, also need to be aware of the constraints posed by the different narrative forms through which clients construct their experience. A transformative narrative may provide an illusion of dramatic positive change, while glossing over areas of continued vulnerability. A supportive narrative not only may facilitate a positive counselling relationship but may also underestimate a client's capacity to cope alone. A pragmatic narrative may provide a rapid solution to a problem but may close down a client's ability to explore the complexity of a problem more fully. Disappointed narratives may of course reflect legitimate dissatisfaction with an experience of counselling but may also lock a client into negative expectations which close off opportunities for help. Engaging in dialogue about the helpful and unhelpful aspects of a client's narrative may provide an opportunity to evolve co-construct flexible narratives that allow the client to make the best use of their counselling experience.

As with all qualitative research, the findings of this study do not have statistical generalisability. However, theoretical ideas, particularly those related to the diversity of narrative constructions of the purpose and outcome of counselling, may have relevance for other young clients' experiences in similar contexts. It is likely that a larger sample would allow us to explore an even greater diversity in accounts than we saw in this data. There are also other potential limitations to this study. Given that the quality of a narrative has been found to depend to some extent on gains that clients have made through counselling, it is possible that this sample over-represents those clients who are more psychologically well than others (Adler & McAdams, 2007; Adler et al., 2008). This idea

would seem to be borne out by the largely positive stories participants told about the benefits they obtained from counselling. While the opportunity to participate in the study was open to all those who met the criteria, it is likely that those with more positive feelings about counselling were more likely to volunteer for a study such as this.

# Funding

This work was supported by the University of Auckland, Faculty Research Development Fund [grant number 3700347].

#### Notes on contributors

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#### References

- Adler, J. M., & McAdams, D. P. (2007). The narrative reconstruction of counselling. *Narrative Inquiry*, *17*, 179–202. doi:10.1075/ni.17.2.03adl
- Adler, J., Skalina, L., & McAdams, D. (2008). The narrative reconstruction of counselling and psychological health. *Counselling Research*, 18, 719–734. doi:10.1080/10503300802326020
- Angus, L. (2012). Toward an integrative understanding of narrative and emotion processes in emotion-focused counselling of depression: Implications for theory, research and practice. *Counselling Research*, 22, 367–380. doi:10.1080/10503307.2012.683988
- Angus, L., & Scott, J. (2011). At the "heart of the matter": Understanding the importance of emotion-focused metaphors in patient illness narratives. *Genre*, 44, 349–361. doi:10.1215/ 00166928-1407540
- Binder, P., Holgersen, H., & Nielsen, G. H. (2009). Why did I change when I went to counselling? A qualitative analysis of former patients' conceptions of successful counselling. *Counselling and Psychotherapy Research: Linking Research with Practice*, 9, 250–256. doi:10.1080/1473314 0902898088
- Binder, P., Moltu, C., Hummelsund, D., Sagen, S. H., & Holgersen, H. (2011). Meeting an adult ally on the way out into the world: Adolescent patients' experiences of useful psychotherapeutic ways of working at an age when independence really matters. *Counselling Research*, 21, 554– 566. doi:10.1080/10503307.2011.587471
- Bohart, A. C. (2000). The client is the most important common factor: Clients' self-healing capacities and counselling. *Journal of Counselling Integration*, 10(2), 127–149. doi:10.1023/A:1009444132104

Bruner, J. (1990). Acts of meaning. Cambridge, MA: Harvard University Press.

- Bruner, J. (2002). Making stories: Law, literature, life. Cambridge, MA: Harvard University Press.
- Carey, T. A., Carey, M., Stalker, K., Mullan, R. J., Murray, L. K., & Spratt, M. B. (2007). Psychological change from the inside looking out: A qualitative investigation. *Counselling and Psychotherapy Research: Linking Research with Practice*, 7, 178–187. doi:10.1080/147331 40701514613
- Clarke, H., Rees, A., & Hardy, G. E. (2004). The big idea: Clients' perspectives of change processes in cognitive counselling. *Psychology and Counselling: Theory, Research and Practice*, 77, 67–89. doi:10.1348/147608304322874263
- Claveirole, A. (2004). Listening to young voices: Challenges of research with adolescent mental health service users. *Journal of Psychiatric and Mental Health Nursing*, *11*, 253–260. doi:10.1111/j.1365-2850.2003.00688.x
- Crossley, M. L., & Crossley, N. (2001). 'Patient' voices, social movements and the habitus; how psychiatric survivors 'speak out'. *Social Science & Medicine*, *52*, 1477–1489. doi:10.1016/S0277-9536(00)00257-4

- Duncan, B., Miller, S. D., & Sparks, J. (2007). Common factors and the uncommon heroism of youth. *Counselling in Australia*, 13(2), 34–43.
- Dunne, A., Thompson, W., & Leitch, R. (2000). Adolescent males' experience of the counselling process. *Journal of Adolescence*, 23, 79–93. doi:10.1006/jado.1999.0300
- Frank, A. (1993). The rhetoric of self-change: Illness experience as narrative. Sociological Quarterly, 34, 39–52. doi:10.1111/j.1533-8525.1993.tb00129.x
- Freake, H., Barley, V., & Kent, G. (2007). Adolescents' views of helping professionals: A review of the literature. *Journal of Adolescence*, 30, 639–653. doi:10.1016/j.adolescence.2006.06.001
- Furlong, A., & Cartmel, F. (2007). Young people and social change: New perspectives (2nd ed.). Berkshire: Open University Press.
- Gibson, K., & Cartwright, C. (2013). Agency in young clients' narratives of counseling: 'It's whatever you want to make of it'. *Journal of Counseling Psychology*, 60, 340–352. doi:10.1037/a0033110
- Habermas, T., & Bluck, S. 2000. Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin*, *126*, 748–769. doi:10.1037/0033-2909.126.5.748
- Hänninen, V. (2004). A model of narrative circulation. *Narrative Inquiry*, *14*(1), 69–85. doi:10.10 75/ni.14.1.04han
- Hollway, W., & Jefferson, T. (2013). Doing qualitative research differently: A psychosocial approach. London, Thousand Oaks, New Delhi and Singapore: Sage.
- Hydén, L.-C. (1997), Illness and narrative. Sociology of Health & Illness, 19, 48–69. doi:10.1111/j.1467-9566.1997.tb00015.x
- Kühnlein, I. (1999). Counselling as a process of transformation: Analysis of post-therapeutic autobiographic narrations. *Counselling Research*, *9*, 274–288. doi:10.1080/10503309912331 332761
- Levitt, H., Butler, M., & Hill, T. (2006). What clients find helpful in counselling: Developing principles for facilitating moment-to moment change. *Journal of Counselling Psychology*, 53, 314–324. doi:10.1037/0022-0167.53.3.314
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). Narrative research: Reading, analysis, and interpretation (Vol. 47). Thousand Oaks, CA: Sage.
- McAdams, D. P. (2006). *The redemptive self: Stories Americans live by*. New York, NY: Cambridge University Press.
- McLean, K. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology*, 41, 683–691. doi:10.1037/0012-1649.41.4.683
- Mental Health Commission. (1998). Blueprint for mental health services in New Zealand. Wellington: Author.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. Journal of Counseling Psychology, 52, 250–260. doi:10.1037/0022-0167.52.2.250
- Prior, S. (2012). Young people's process of engagement in school counselling. *Counselling and Psychotherapy Research: Linking Research with Practice*, 12, 233–240. doi:10.1080/ 14733145.2012.660974
- Prout, H. T. (2007). Counselling and psychotherapy with children and adolescents: Historical, developmental, integrative and effectiveness perspectives. In H. T. Prout & D. T. Brown (Eds.), *Counselling and psychotherapy with children and adolescents: Theory and practice for school and clinical settings* (4th ed., pp. 1–31). New York, NY: Wiley.
- Riessman, C. (2008). Narrative methods for the human sciences. Los Angeles, CA: Sage.
- Robinson, I. (1990). Personal narratives, social careers and medical courses: Analysing life trajectories in autobiographies of people with multiple sclerosis. *Social Science and Medicine*, 30, 1173–1186. doi:10.1016/0277-9536(90)90257-S
- Squire, C., Andrews, M., & Tamboukou, M. (2008). Introduction: What is narrative research? In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing narrative research* (pp. 1–21). London: Sage.
- Valkonen, J., Hanninen, V., & Lindfors, O. (2011). Outcomes of counselling from the perspectives of the users. *Counselling Research*, 21, 227–240. doi:10.1080/10503307.2010.548346
- Wampold, B. E. (2001). *The great counselling debate: Models, methods, and findings*. Mahwah, NJ: Erlbaum.
- Zirkelback, E. A., & Reese, R. J. (2010). A review of counselling outcome research: Considerations for school-based mental health providers. *Psychology in the Schools*, 47, 1084–1100. doi:10.1002/pits.20526