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## Prevalence of Counselling Alliance Type Preferences Across Two Samples

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### ABSTRACT

A cross-sectional survey was conducted across two samples of counselling clients to estimate the prevalence of two sets of counselling alliance type preferences: (a) nurturant, insight-oriented, or collaborative alliance; and (b) personal or professional alliance. Results indicated that participants generally preferred an insight-oriented alliance type over a nurturant one and, in one sample, a collaborative type over a nurturant one. In addition, participants in both samples preferred a personal or professional alliance about equally. These findings support the existence of tangible alliance type preferences across clients.

### RÉSUMÉ

Une enquête croisée a été menée sur deux échantillons de clients de counseling pour estimer la prévalence de deux ensembles de préférences quant au type d'alliance de counseling : (a) alliance nourricière, axée sur la compréhension, ou alliance participative; (b) alliance personnelle ou professionnelle. Les résultats indiquent que les participants préféraient en général une alliance de type axée sur la compréhension à une alliance de type nourricière, et dans un échantillon, un type d'alliance participative à un type nourricier. De plus, les participants des deux échantillons ont préféré à peu près également une alliance personnelle ou professionnelle. Ces résultats appuient le concept de l'existence de préférences tangibles dans le type d'alliance chez les clients.

Defined as the quality and strength of the reciprocal working relationship that exists between a client and a counsellor, the counselling alliance includes both the affective and collaborative working elements of the relationship (Bedi, Davis, & Arvay, 2005). It can be seen as a distinct component of the more global *counseling relationship*, which includes the emotions and attitudes that counsellors and clients have toward one another, as well as the manner in which these emotions and attitudes are expressed in light of past relational experiences (Gelso & Carter, 1985). A small but growing segment of literature has supported the conclusion that the client's subjective understanding of the counselling alliance and its formation tends to differ from that of researchers and counsellors (e.g., Bachelor, 1995; Bedi, 2006; Bedi, Davis, & Arvay; Bedi, Davis, & Williams, 2005; Mohr & Woodhouse, 2000, 2001). The importance of this finding is magnified when considering that the client's perspective on the strength of the alliance appears to be the superior predictor of counselling outcome when compared to the perspective of the counsellor (Fitzpatrick, Iwakabe, & Stalikas, 2005; Horvath & Bedi, 2002; Horvath & Symonds, 1991).

While much of the literature on the alliance has focused on (or been established from) the perspective of counsellors, researchers, and theorists, a small subset has begun to focus on the perspective of the client (e.g., Bachelor, 1995; Bachelor & Salamé, 2000; Bedi, 2006; Bedi, Davis, & Arvay, 2005; Bedi, Davis, & Williams, 2005; Fitzpatrick, Janzen, Chamodraka, & Park, 2006; Henkelman & Paulson, 2006; Mohr & Woodhouse, 2000, 2001). From this small segment of literature that exists on clients' subjective perspectives on the counselling alliance, two sets of client-determined alliance preference typologies have emerged.

First, using a phenomenological content analysis of 66 descriptive accounts provided by 34 clients over three phases of counselling (pre-counselling, early counselling, and late counselling), Bachelor (1995) found that, overall, 46% of the accounts could be categorized as referring to a nurturant alliance, 39% an insight-oriented alliance, and 15% a collaborative alliance, while early in counselling (defined as sessions one to five), 47% preferred a nurturant alliance, 32% an insight-oriented alliance, and 21% a collaborative alliance.

In Bachelor's study (1995), a nurturant alliance largely emphasized the counsellor's facilitative personal characteristics (e.g., empathic understanding, authenticity, respectfulness, patience, friendliness) and was most characterized by trust in the counsellor, feeling at ease and comfortable, not rushing the client, and gently explaining the nature of interventions. An insight-oriented alliance emphasized the increased self-awareness and improved self-understanding that resulted from the clarification of client understandings and was most characterized by uninhibited self-expression and client disclosure of highly intimate information. A collaborative alliance emphasized the client's realization of his/her active involvement in the counselling work and was most characterized by the client consciously assuming shared responsibility for the process and by active client participation in the selection and evaluation of goals, strategies, and solutions. Despite Bachelor's call for replication in order to generalize the results of her study beyond the limited sample of predominantly female francophone clients who received services from counsellor-trainees, over a decade has passed without formally published attempts to reproduce these initial prevalence estimates.

Second, using a Q-technique factor analysis performed on the Q-sort data of 47 participants who were asked to sort 92 items largely derived from the raw results of Bachelor (1995), Mohr and Woodhouse (2000, 2001) found that 74% of the variability in clients' visions of psychotherapy could be attributed to two factors: a personal alliance (41%) and a professional alliance (33%). Both types of alliance factors were found to be highly correlated ( $r = .71$ ). The personal alliance factor resembled a close friendship and was most characterized by a very intimate climate, a feeling of shared emotional connection, and a warm and friendly mental health practitioner who self-discloses. The professional alliance factor was most characterized by an objective climate, an impartial and challenging mental health practitioner, and a collaborative working relationship

in which goals and activities were determined jointly rather than determined by either the client or the mental health practitioner alone. In such a professional relationship, the mental health practitioner provided ample psychoeducation and information. Certain elements were notably present in both the personal and the professional factors. These common characteristics included a trusting and comfortable climate and a respectful and non-judgemental mental health practitioner.

These two sets of client-determined counselling alliance preference typologies have been largely ignored in subsequent research (Bedi, 2006). Given the importance of the client's perspective and the lack of research on it (cf. comments of Bedi, Davis, & Williams, 2005), further attention should be devoted to client subjective experiences and preferences related to the alliance. This study investigated the prevalence of these alliance type preferences (i.e., nurturant vs. collaborative vs. insight-oriented; personal vs. professional) across two independent samples of clients in an attempt to replicate the initial prevalence estimates of Bachelor (1995) and provide initial prevalence estimates for the types suggested by Mohr and Woodhouse (2000, 2001).

Study 1 in this article attempted to replicate Bachelor's (1995) prevalence estimates and assess the differential importance afforded to each alliance type, while Study 2 employed another independent sample from a different location for an additional replication attempt. Neither was intended to be a replication attempt of Bachelor's full study, but rather only of her prevalence estimates by using self-report surveys, which are a more direct method of assessing preference than phenomenological content analysis. Considering that sampling variability is the rule rather than the exception (e.g., using a different sample will almost always lead to different statistical results), research replication is vastly underused and may be a better alternative than hypothesis/significance testing (Cohen, 1994; Thompson, 1999).

Replication is a means for determining whether a research finding is stable, not due to chance, and generalizable. The inferential statistical findings in any single research study, such as a very low  $p$ -value, do not directly speak to the likelihood that findings will be replicated. Inferential statistical results only refer to the likelihood of obtaining those particular statistical findings using that particular sample and conditions on the assumption that the null hypothesis is true (i.e., not to the probability that the null hypothesis is actually true or false). Consequently, more confidence in research findings and greater justification for changing one's counselling practice will be obtained if a replication demonstrates that the original findings were not likely due to random sampling error and that the results can be reproduced in other settings with new participants. In other words, replication of a research study using the same or similar methods and different participants not only provides greater assurance as to the validity and reliability of the original findings, but helps determine the generalizability of the findings to other individuals, settings, or circumstances (Cohen, 1994).

## METHOD

*Study 1*

*Participants.* A sample of 40 participants who either were currently participating in individual counselling or had stopped counselling within the last year were recruited from the Vancouver, BC, Canada area (metropolitan area of over 2 million individuals) using leaflets posted at postsecondary institutions, counsellor/psychologist offices, social service/community agencies, and mental health clinics. Participants received \$20 to complete a questionnaire for the current study and a research interview for a different study (Bedi, Davis, & Williams, 2005). To be included, participants must have considered themselves to have experienced a strong alliance (defined as a rating  $\geq 5$  out of 10) and had at least three sessions completed at the time of study participation.

Approximately 78% of the sample was female. In terms of ethnicity, 70% identified themselves as European, 15% as Asian, and 15% as various other ethnic groups. About 33% had completed at least a bachelor's degree. The mean age of participants was 34 ( $SD = 13.3$ ), and they had completed a median of 15.5 sessions with their current or last counsellor. About 80% of the sample were still actively engaging in counselling services, and 70% had attended their most recent session within the last 30 days.

Approximately 38% of the participants last received counselling at a university centre or clinic, 30% at an independent office, and about 23% at a community agency. The most common presenting concerns identified by clients included anxiety/stress, relationship issues, depression, anger management, posttraumatic stress, substance abuse, food-related issues, and educational issues. About 31% of the participants were unsure about their last counsellor's educational credentials, 36% believed it was a master's degree, 15% a Ph.D., 8% an M.D., 7% a bachelor's degree, and 3% a diploma/certificate. For additional details about this sample, please see Bedi, Davis, and Williams (2005).

*Procedures.* Participants completed a questionnaire about demographic information and about their "ideal working relationship" with a counsellor. In particular, participants were asked to identify their preferred alliance type, based upon the two empirically derived classification systems described earlier. The first classification system categorized alliance type as nurturant, insight-oriented, or collaborative (cf. Bachelor, 1995), and the second system categorized alliance type as either personal or professional (cf. Mohr & Woodhouse, 2000, 2001). Definitions for the alliance types were obtained by summarizing, in paragraph format, the variables most related to a particular alliance type based on either occurrence percentages (Bachelor) or factor loadings (Mohr & Woodhouse, 2000, 2001). A description of each alliance type is presented in the Appendix.

Although these systems were initially developed as categorical typologies, each type can also be conceptualized as a dimension present in all counselling alliances. As such, participants were also asked to rate the importance of each element in their ideal "working relationship" for both sets of alliance typologies on a scale

from 0 (indicating not important) to 10 (extremely important) in order to provide a dimensional profile of their ideal alliance type. Finally, participants were asked which of the two classification schemes (nurturant vs. insight-oriented vs. collaborative; personal vs. professional) was a better way of categorizing preference for a counselling alliance.

### *Study 2*

*Participants.* Study 2 recruited 42 participants from the Victoria, BC, Canada area (population of approximately 325,000 individuals) who either were currently participating in individual counselling or had stopped counselling services within the last 90 days. Participants were recruited using leaflets posted at postsecondary institutions, counsellor/psychologist offices, social service/community agencies, and mental health clinics. To be included, participants must have received counselling from at least two mental health professionals in their lifetime. Unlike Study 1, there was no stipulation that participants must have experienced a strong counselling alliance or have had completed at least three sessions at the time of participation.<sup>1</sup>

Approximately 86% of the sample was female. In terms of ethnicity, about 81% identified themselves as European, 10% as Asian, 7% as bi/multi-racial, and 2% as other. Approximately 38% of the sample had completed at least a bachelor's degree. The mean age of participants was 29.4 ( $SD = 10.9$ ), and they had completed a median of 11 sessions with their current or last counsellor. Most of the sample (43%) last received counselling at an independent office, 36% at a university clinic, and 12% at a community agency. The most common presenting concerns identified by clients included anxiety, self-esteem, depression, relationship issues, substance abuse, vocational issues, eating-related issues, and posttraumatic stress. About 38% of the participants were unsure about their last counsellor's educational credentials, 21% believed it was a master's degree, 21% a Ph.D., 10% an M.D., 5% a bachelor's degree, and 5% a diploma/certificate. A comparison summary of Study 1 and 2 sample demographics is presented in Table 1.

*Procedures.* Procedures for Study 2 were identical to those for Study 1 with the exception that participants in Study 2 received a \$10 stipend for completion of the questionnaire, and participants in Study 1 received \$20. A slightly different set of descriptions for the alliance types was also developed through feedback from participants in Study 1, additional pilot testing, re-review of the research findings of the corresponding two studies, and critical evaluation and auditing by research assistants. These descriptions are also presented in the Appendix.

## RESULTS

### *Study 1*

In speaking to Bachelor's (1995) typology, about 54% of the sample stated a preference for a collaborative alliance, 38% an insight-oriented alliance, and 8% a nurturant alliance. In speaking to Mohr and Woodhouse's (2000, 2001) typology,

56% stated a preference for a personal alliance and 44% for a professional alliance. Using chi-square analyses, all five percentages were significantly different from 0 at the  $\alpha = .05$  level. In addition, 46% of the sample believed that Bachelor's system was the better way of categorizing alliance types, 49% believed both systems were equally useful, and only 5% believed Mohr and Woodhouse's (2000, 2001) system was superior. The rated importance of each element in an ideal counselling alliance is summarized in Table 2. The only statistically significant difference found at  $\alpha = .05$  was that "collaborative" was rated as more important than "nurturant." Using a more liberal  $\alpha = 0.1$  cut-off (which may be considered acceptable on the grounds that this research is preliminary), "insight-oriented" was also rated as more important than "nurturant."

Table 1  
*Comparison of Study 1 and Study 2 Sample Demographics and Other Descriptive Information*

Variable	Study 1		Study 2	
	<i>M</i>	%	<i>M</i>	%
Age (years)	34.0			29.4
Gender				
Female		78		86
Male		22		14
Ethnicity				
European		70		81
Asian		15		10
Non-Asian/European		15		2
Bi/multiracial		—		7
University education		33		28
Sessions with recent counsellor	15.5		11	
Location of counselling				
University centre/clinic		38		36
Independent office		30		43
Community agency		23		12
Other		9		9
Counsellor education				
Master's degree or higher		59		52
Below master's degree		10		10
Unsure		31		38

Table 2  
*Rated Importance of Alliance Type in an Ideal Counselling Alliance, Study 1*

Type	<i>M</i>	<i>SD</i>	Min	Max
Nurturant	7.5	2.0	1	10
Insight-oriented	8.1	1.6	4	10
Collaborative	8.1	1.5	5	10
Personal	7.4	2.2	1	10
Professional	7.5	2.3	0	10

### Study 2

In speaking to Bachelor's (1995) typology, about 52% of the sample stated a preference for an insight-oriented alliance, 26% a collaborative alliance, and 22% a nurturant alliance. In speaking to Mohr and Woodhouse's (2000, 2001) typology, 55% stated a preference for a personal alliance and 45% for a professional alliance. Using chi-square analyses, all five percentages above were significantly different from 0 at the  $\alpha = .05$  level. In addition, 48% of the sample believed that Bachelor's system was the better way of categorizing alliance types, 43% believed both systems were equally useful, and only 9% believed Mohr and Woodhouse's system was superior. The importance of each element in an ideal counselling alliance is presented in Table 3. It was also found that "insight-oriented" was rated as more important than either "nurturant" or "collaborative" ( $\alpha = .05$ ).

Table 3  
*Rated Importance of Alliance Type in an Ideal Counselling Alliance, Study 2*

Type	<i>M</i>	<i>SD</i>	Min	Max
Nurturant	7.2	2.3	0	10
Insight-oriented	8.1	1.8	3	10
Collaborative	6.9	2.2	1	10
Personal	7.2	2.1	2	10
Professional	7.1	2.0	2	10

Independent sample *t* tests were also conducted to detect any significant differences between the specific alliance type rating given by participants from studies 1 and 2. These analyses revealed that ratings did not differ statistically significantly between studies except for the collaborative type, which was rated significantly higher in Study 1 at  $t(80) = 2.87, p = .005$ .

### DISCUSSION

The results describe the current beliefs of west coast Canadian clients in preferring different alliance types and builds upon prior research that has identified differential alliance type preferences across clients. Despite the fact that extant alliance theories are often applied uniformly across clients, it seems that clients cannot be considered a homogeneous group with respect to alliance type preferences. While participants' ratings of the importance of alliance types were quite similar across samples, participants from studies 1 and 2 did differ in a statistically significant way in their ratings of a collaborative alliance type, which was rated higher in the first study than in the second.

It is possible that certain variables characteristic of each sample may have played some role in this difference. For example, in order to be selected for participation in Study 1, clients must have experienced a strong counselling alliance with their last counsellor, while participants in Study 2 were not restricted from participat-

ing based on this criterion. Moreover, the median number of sessions attended by participants in Study 1 was 5 sessions (or 50%) more than those attended by participants in Study 2. Thus, that participants in Study 2 rated a collaborative type significantly lower than did participants in Study 1 may be reflective of a shorter duration of counselling and the potential for participants from Study 2 to have experienced a weaker alliance than did participants in Study 1. In other words, clients who may have experienced a weaker alliance with their counsellor or who are earlier in the counselling process may regard collaborative elements of the alliance as less important. In this way, it is possible that collaborative elements may be among other elements that differentiate the perception of a strong alliance from a weaker one. It is also conceivable that collaborative elements may be less present in early alliance formation rather than later.

Further research may shed more light on the relative importance that clients place on collaborative elements at different stages of (and levels of experience with) counselling. To this end, counsellor educators may eventually be able to train counsellors to identify when and under what circumstances these collaborative elements should be strongly emphasized.

Two key findings that were replicated across both studies were that a nurturant alliance was preferred by the fewest percentage of participants and that an insight-oriented alliance was found to be rated significantly higher than other alliance types. This latter finding indicates that more clients preferred a counselling alliance that is based on increased self-awareness, improved self-understanding, and highly intimate client self-disclosure rather than one mostly based on counsellor characteristics such as empathic understanding, authenticity, and respectfulness. The former finding is in contrast to prevalence estimates reported by Bachelor (1995), who found that participants identified a nurturant alliance type most frequently. This difference may be due to several factors.

First, Bachelor used phenomenological content analyses of participants' accounts of both their *expected* (prior to starting counselling; many for the first time) and *experienced* counselling alliance, whereas the present study asked clients to directly identify and rate the relative importance of only their experienced alliance. Therefore, collaboration may be somehow more related to what many clients expect prior to counselling but this preference changes after some counselling experience.

Second, Bachelor's (1995) study was conducted in French, and participants were recruited from a primarily French-speaking community in eastern Canada. Conversely, the participants from the present studies were recruited from primarily English-speaking communities in western Canada. The differential results reported in our two studies (as compared to Bachelor's) may consequently be reflective of cultural and geographical differences between the samples. For this reason, the results of the present study should be generalized with caution beyond west coast urban Canadian communities, as cultural and other demographic variables may play important roles in clients' alliance type preference.

Third, most of the counselling services received by participants in studies 1 and 2 were provided by counsellors with at least a master's degree, which stands in



stark contrast to the pre-master's degree counsellor trainees who were providing services to participants in Bachelor's (1995) study. Given that a nurturant alliance was preferred most by participants in Bachelor's study, it is plausible that clients may expect more of an insight-oriented focus when working with experienced counsellors (as was found by the present two studies) than when receiving services from a counsellor trainee or inexperienced counsellor.

In addition, the present two studies solicited clients' overall preferences for an alliance type, whereas Bachelor's (1995) study indicated that some clients preferred different types of alliances at different phases of counselling. Indeed, alliance type preferences may vary between (or be influenced by) the particular stage or phase of counselling (i.e., early, middle, or late). This possibility was not accounted for by the present study, which instead measured overall preferences for the entire counselling process. Consequently, future research can better establish the stability of these alliance type preferences across phases of counselling, and counsellors should be cognizant that clients may prefer a different type of alliance at different points in counselling.

The results from both current studies fit well with the results obtained by Mohr and Woodhouse (2000, 2001). In the present two studies, roughly half the clients expressed a preference for a personal alliance while Mohr and Woodhouse found that about half the variability in clients' perception of the alliance could be attributed to this factor. Moreover, clients rated both of these types as equally important to their ideal counselling alliance. This seems to suggest that many clients' ideal counselling alliance consists of elements from both professional and personal alliance types. Additional research may be able to determine whether a professional alliance, a personal alliance, or one that systematically combines features of both contributes more to the development and subsequent strength of the alliance.

Another important finding of both present studies is that clients preferred either Bachelor's (1995) typology or both Bachelor's and Mohr and Woodhouse's (2000, 2001) typologies as a way to conceptualize the alliance. This supports the notion that clients may experience the alliance as multidimensional. That is, clients could prefer to describe their experience of the alliance as falling within one of six dual-category descriptions of ideal alliance types (personal/nurturant, personal/insight-oriented, personal/collaborative, professional/nurturant, professional/insight-oriented, professional/collaborative).

For example, clients may experience the alliance as both professional and nurturant, or as personal and insight-oriented, rather than as either only personal or only professional. Indeed, mean ratings of the importance of each alliance type ranged between 6.9 and 8.1, indicating that participants rated each alliance type overall as "very important." Further research that investigates the potentially multidimensional nature of clients' perspective on the alliance may shed more light on the possibility that some combination of these two classification systems may be superior to either one alone.

The present study is not intended to identify causal factors in the creation of a manifested alliance type, but to survey client beliefs and quantify the fre-

quency of these preferences. Although this study indicates that clients clearly express preferences for different alliance types, there is no methodologically sound rationale on the basis of these self-report survey study results alone to convincingly conclude that actually meeting these preferences will result in measurably better alliance outcomes. Although this conclusion seems intuitive, it should be treated as an empirical question in the face of the multitude of social-cognitive and perceptual-cognitive biases typical of human experience (Forgas, 1998; Nisbett & Wilson, 1977; Shrauger & Osberg, 1981; Smith & Miller, 1978).

Nonetheless, prior research has suggested that routinely asking clients for their feedback on the quality of the alliance during counselling may result in improved alliances and outcomes (Miller, Duncan, Sorrell, & Brown, 2005). Indeed, these findings may resonate with the clinical experience of many counsellors, who may also consider asking clients directly about their alliance type preference while in session as a means to potentially improve alliance development.

It has also been argued that since the therapeutic alliance is dyadic in nature, it should be studied using methods that elicit the perspectives of both client and counsellor simultaneously rather than a single perspective alone (Grafanaki & McLeod, 2002; Kivlighan, 2007). While we agree that the alliance is co-constructed and should be studied as such, we also believe that the elucidation of the client's independent perspective is an important yet mostly neglected aspect of alliance scholarship. Moreover, we believe that balancing the extant literature by studying the client's perspective is an important antecedent to the study of the interaction of client and counsellor perspectives in alliance formation. Future research may seek to improve our understanding of the interactional nature of the alliance by using dyadic research methodologies that account for the unique perspectives of both client and counsellor.

### *Limitations*

Future research should also attempt to determine if clients who prefer certain alliance types respond better to (or prefer) different factors in the formation of their respective counselling alliances. Unpublished data presented in Bedi (2004) indicated that the correlation between alliance type preferences ranged from  $r = .91$  to  $r = .99$  across 11 categories<sup>2</sup> of client-identified alliance formation factors. This seems to indicate that clients' stated preferences for an alliance type only minimally differentiated across what factors they attributed to the formation of their alliance (i.e., the different alliance types share over 80% of their variability). Therefore, a common core of factors may be responsible for the majority of alliance formation, from the clients' perspective, despite their preference for different alliance types. Nevertheless, closer inspection of Bedi (2004) did reveal that there were a few specific factors that were more or less favoured by those who preferred a particular alliance type.

While the external validity of the present results is bolstered by the use of two distinct samples, the global generalizability of the findings is limited due to the

characteristics of the samples employed. Both samples consisted primarily of European females with a mean age ranging from 29 to 34. While counselling experience may confirm that this demographic cohort is representative of a large proportion of those who receive counselling services, other populations (particularly men, older clients, youth, and ethnic/cultural minorities) are not adequately represented in either sample. Therefore, the results should be applied to these underrepresented populations with caution. As with much counselling research, there may also be other characteristics that are unique to those who chose to participate in this study, but which were not identified in the data, that may further limit generalizability. For example, those who elected to participate may have been especially interested in participating in counselling research, and may differ from those who were not interested in providing their perspective and expertise. In addition, some local agencies and counsellors in private practice who were asked to distribute leaflets or otherwise advertise for the present studies declined to do so. Some of these agencies or practitioners may serve a specific demographic of clients who were not otherwise represented by either of the two samples (such as clients with physical disabilities).

Further research is also needed to model the causal links between manifest alliance type preference and subsequent alliance strength. For example, do those who prefer a collaborative alliance tend to develop stronger alliances than those who prefer an insight-oriented alliance? Are certain kinds of clients more likely than others to endorse a particular alliance type? Answers to these questions may help researchers and practitioners identify deficits in counselling theory and practice that lead to impairments in alliance formation and thereby provide counsellor educators and counsellors with an empirically based method of developing and improving the strength of the alliance.

Nevertheless, it is hoped that counsellors will now be more aware of the different alliance types that clients may prefer and be cognizant that different counsellor behaviours and counselling processes may be most facilitative of developing an alliance with clients who strongly prefer one or more of the alliance types. Because the current state of research is not yet adequate to provide specific empirically supported practice guidelines for alliance type identification and adaptation, counsellors will have to consider the current results tentative and rely on their counselling wisdom and experience until such time that counselling research can provide more detailed guidance.

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### Notes

- 1 There were a few subtle differences between the methods of the two studies (e.g., participants were recruited from an area of over 2 million people vs. about 300,000, participants received \$20 vs. \$10, participants had seen more than one counsellor in lifetime vs. at least one counsellor, slightly different definitions of the alliance types). These differences were a result of the fact that Study 2 was a smaller study attached to a larger research study, and had to abide by the procedures of the superordinate investigation. Consequently, the second study was not an exact literal replication because it introduced additional sources of variation. However, exact literal replications are extremely rare in the social sciences, and the second study is still much more telling than a conceptual replication because of the great overlap between studies 1 and 2. On one hand, divergent results of the two studies could partly be accounted for by these differences. On the other hand, if any results are consistent across the two studies, this gives a stronger indication that the results are generalizable in the face of minor differences.
- 2 Validation, education, referrals, honesty, guidance and challenging, nonverbal gestures, emotional support, session administration, setting, client's personal responsibility, and body language.

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## APPENDIX

## ALLIANCE PREFERENCE DESCRIPTIONS

*Study 1*

*Nurturant:* The counsellor is very friendly, warm, and highly non-judgemental. He or she sits back, is a great listener, and has an extraordinary ability to understand me and my thoughts, emotions, and behaviours very deeply.

*Insight-oriented:* The counsellor spends time giving lots of helpful suggestions and guidance rather than sitting back and listening. He or she is great at keeping me on track and has a remarkable ability to actively assist me in better expressing myself and in gaining a greater self-understanding than I could on my own.

*Collaborative:* The counsellor and I are equal partners and have a very collaborative, two-way relationship with mutual trust and respect. We are both actively involved in determining the details of the service that I receive. This includes, for example, allowing me to have at least equal (or more) influence in determining the goals, tasks, and activities of our work together.

*Professional:* The counselling relationship is more professional than personal. The counsellor keeps an objective distance from me rather than getting very personally involved and affected by my issues. He or she is willing and able to challenge me, confront me, and provide an unbiased perspective when this is needed.

*Personal:* The counselling relationship is like a good friendship. The counsellor is warm, trusting, emotionally connected, and much more personal than professional. He or she is willing to share personal information about his or her own life, and I feel extremely comfortable in exploring difficult issues and allowing difficult feelings to arise in the sessions.

*Study 2*

*Nurturant:* The counsellor is very friendly, warm, respectful, and patient. He or she does not pressure me or try to rush me but rather listens intently and takes extra effort to ensure that I am comfortable.

*Insight-oriented:* The counsellor emphasizes the exploratory nature of our work together and encourages my free, uninterrupted self-expression. He or she is great at keeping me on track and has a remarkable ability to assist me in better expressing myself and in gaining a greater self-understanding than I could on my own.

*Collaborative:* The counsellor is very involved, and he or she and I are *equal* partners and have a very collaborative, two-way relationship with mutual trust and respect. The climate is very professional, and we are both actively involved in determining the details of the service that I receive.

*Professional:* The counselling relationship is more professional than personal. The counsellor keeps an objective distance from me rather than getting very personally involved with and affected by my issues. He or she is willing and able to provide impartial information, challenge me, confront me, and provide an unbiased perspective when this is what is needed.

*Personal:* The counselling relationship is like a good friendship. The counsellor is very warm and emotionally connected, and much more personal than professional. He or she is willing to share personal information about his or her own life.

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