
The Development and Decay of the Working Alliance During Time-limited Counselling

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Abstract

Time limited (10 sessions) counselling treatments were examined to explore the history of the working alliance over time. Similar patterns of working alliance development were reported by the two counsellors across the four clients. The initial development phase of the working relationship appears to be followed by a period when the relationship decays. There were indications that the working alliances were repaired during the final sessions.

Résumé

Cette étude traite d'une analyse de thérapie échelonnée sur un nombre de séances limité à dix. Le but de cette analyse est d'examiner l'historique de l'alliance productive. Les deux conseillers de l'étude ont relevé des types similaires de développement d'alliance productive entre leurs quatre clients. La phase initiale du développement d'une relation de travail semble être suivie d'une période de perte d'intensité quand la relation se détériore. Il y a certaines indications qui montrent que les alliances productives se rétablissent lors des séances finales.

The impact of the quality of the client-counsellor relationship in counselling has been the object of theoretical debate (Rogers, 1957; Bordin, 1980; Rachman & Wilson, 1984) and has received considerable attention from empirical investigators (Barrett-Lennard, 1978; Mitchell, Bozarth & Krauft, 1977). Generally, however, relationship variables are treated as static phenomena. Major reviews of research on relationship variables and outcome (e.g., Mitchell, Bozarth & Krauft, 1977; Gelso & Carter, 1985) mostly cite studies that assess relationship factors on the bases of a measurement taken at a single time and do not attend to the history (i.e., development and fluctuations) of these variables. With few exceptions (e.g., Safran, Crocker, McMain & Murray, in press; Tracey & Ray, 1984), studies appear to be based on the assumption that the counsellor-client relationship is either stable or that its development is linear. High or low levels of this variable taken at one time are assumed to be indicative of the quality of the relationship throughout the course of counselling. There is little empirical evidence, however, to support these assumptions. On the contrary, at least one conceptualization of the effective working alliance (Bordin, 1980) suggests that it is the counsellor's ability to repair the inevitable tears in the relationship that distinguishes the efficacious counsellor. In general, the realization that counselling is a process that moves through specific stages requiring emphasis on different strategies and skills by the counsellor (Egan, 1982) has not been paralleled by investigations of relationship variables over time. We believe that documenting the changing characteristics of the effective working relation-

ship at different phases of counselling would have important implications for practice.

Previous investigations have suggested that the quality of the working alliance developed during the early phase of counselling is a good predictor of the ultimate efficacy of counselling interventions (Horvath, 1981; Horvath & Greenberg, 1989; Kokotovic & Tracey, 1988; Luborsky, 1976; Marmar, Gaston, Gallagher & Thompson, 1987; Marziali, Marmar & Krupnick, 1981). However, evidence concerning the longitudinal development of the working alliance and differences between effective working alliances demanded by different approaches to counselling are relatively sparse (Luborsky, 1976).

Several theoretical approaches have been used to examine the concept of effective counselling relationship. As early as 1913, Freud made a distinction between the "neurotic" and the "friendly" feelings of the analysand toward the analyst (Freud, 1958). He named the reality-based "friendly" component of the relationship "the positive alliance." Later, psychodynamic theorists such as Sterba (1934), Zetzel (1956), and Gitleson (1962) further explored clients' non-neurotic attachment to the therapist and the forces that are instrumental in creating a strong therapeutic partnership. Greenson (1967) coined the term working alliance and identified the concept as one of the essential components of the therapeutic process.

Four decades after Freud's statement, Rogers' (1951, 1957) suggested that the relationship conditions of empathy, congruence and unconditional positive regard were essential and sufficient for positive client change. His claims have generated a large body of empirical research (Barrett-Lennard, 1985; Mitchell, Bozarth & Krauft, 1977; Parloff, Waskow & Wolfe, 1978) and maintained theoretical interest in the value and role of relationship variables in therapy. Although much has been learned from this research, these relationship factors have not generalized across theoretical orientations as well as was originally hoped (Gelso & Carter, 1985; Mitchell, Bozarth & Krauft, 1977).

Recently, renewed efforts have been made to develop a flexible conceptual framework to accommodate variations in the quality of the ideal therapeutic relationship manifest in different theories (Gelso & Carter, 1985). Bordin (1975, 1976, 1980) reconceptualized the psychoanalytic notion of the working alliance to include all therapeutic relationships. His work clarifies the differences between the unconscious projections of the client (i.e., transference) and the positive joining of counsellor and client for the purpose of reducing the client's pain. His notion of the alliance is based on the hypothesis that the working alliance involves *collaboration* between client and therapist. The working alliance, from Bordin's point of view, is not therapeutic in and of itself, rather, the collaborative aspect of the relationship provides the client with an oppor-

tunity to take advantage of the therapist's interventions (Bordin, 1980). Three components of the working alliance are specified: bonds, goals and tasks. *Tasks* refer to the in-counselling behaviours and cognitions of both the counsellor and client that form the substance of the counselling process. In a well-functioning relationship both parties must perceive these tasks as relevant and efficacious. Furthermore, each must accept the responsibility to perform these acts. A strong working alliance is characterized by the counsellor and the client mutually endorsing and valuing the *goals* (outcomes) that are the target of the intervention. The concept of *bonds* embraces the complex network of positive personal attachments between client and counsellor, including issues such as mutual trust, acceptance and confidence (Bordin, 1975, 1976, 1980).

Based on these premises, Bordin (1976, 1980) hypothesized that (a) the overall strength of the alliance would be related to success in counselling, (b) therapies based on different theoretical frameworks would require qualitatively different working alliances, and (c) the efficacy of counselling would be also related to the participants' ability to repair the inevitable stresses and tears in the alliance. This study is a preliminary exploration of these issues.

METHOD

Participants

Clients were recruited by notifying physicians, mental health agencies and community counselling services. Clients were offered cost free service in return for their participation. Applicants were screened using Malan's (1976) criteria for short-term counselling. Four clients were chosen (two males and two females). Client #1, a female, white para-professional was 28 years old; her target concerns were confidence and becoming dependent in relationships. Client #2 was a male, black, 37-year-old blue collar worker. His main concerns were coping with separation, sexual problems and financial concerns. Client #3 was a white, 42-year-old small business owner/operator. His main concerns were lack of motivation and problems with his partner's negative attitudes. Client #4 was a 49-year-old, white female in managerial position; her complaint was depression with some physical symptoms (fatigue, insomnia, weight gain). All clients were in good physical health. Two clients were randomly assigned to each counsellor, balanced for gender.

The membership list of the local psychological association was used to solicit counsellors to participate in the research. One male and one female counsellor were selected and paid for their participation. Both counsellors were experienced (3-5 years post graduation) and working in private practice. Counsellors were chosen partly to reflect contrasting theoretical orientations since, according to Bordin (1980), both the quality and the development of the working alliance should depend on

the counsellor's theoretical approach. Counsellor A (female) had over two years of post-graduate training in Gestalt Therapy. Counsellor B (male) received post doctoral training in Rational Emotive Therapy (RET). While neither the counsellors nor their theoretical orientations can be considered "representative" of these orientations, nor can they in any statistical sense represent a systematic sampling of the universe of counsellors and counselling approaches, sufficient contrast between counselling approaches was captured to *explore* the possibility of systematic variability along these dimensions. An analysis of the video tapes of the counselling sessions confirms the reasonableness of the above assumptions. Examination of the counselling intentions valued by each counsellor reported elsewhere (Horvath & Marx, 1988a) indicate that Counsellor B operated consistently along cognitive-behavioural (RET), the other (Counsellor A) along experiential-emotive lines. Neither the clients nor the counsellors were aware of the specific research questions under study.

Measures

Working Alliance Inventory (WAI). This self-report instrument is designed to measure the participants' view of the working alliance (Horvath, 1981, 1982). The 36-item inventory is scored for the three working alliance components postulated by Bordin (1980). These are: *Task*—consensual valuing of the activities engaged in during the counselling session, *Goal*—joint agreement on the appropriateness of the targeted outcomes of counselling, and *Bond*—the quality of client-counsellor attachments. A composite alliance score is also calculated. Client and counsellor versions of the scale are available. The reliability of the subscales ranges from .85-.92 for the client version; and .68 to .87 for the therapist's form. Composite score reliabilities have been reported ranging from .87 to .93 (Horvath & Greenberg, 1989). Previous research has suggested significant positive relationships between the WAI scores obtained in the beginning of counselling and final outcome indices (Horvath & Greenberg, 1989; Tichenor & Hill, 1989; Tracey, Glidden & Kokotovic, 1988).

Session Evaluation Questionnaire (SEQ). This 24-item instrument (Stiles & Snow, 1984) solicits information in response to two stimulus stems: "This session was" and "Right now I feel." Each stem is associated with 12 response scales arranged in a semantic differential format. Each item stem is scored on two scales, the first on Depth and Smoothness, the second on Arousal and Positivity. The depth scale references the session's power and value. Smoothness refers to the level of pleasantness or comfort. Arousal is an indicator of the level of excitement or energy present in the session. The Positivity scale refers to the degree of confidence, clarity and presentness. Stiles (1980) reported evidence supporting the validity of the SEQ scale structure. Further evidence (Stiles &

Snow, 1984) indicated that the SEQ factors are similar to scores obtained on the longer Therapy Session Report (Orlinsky & Howard, 1977).

Procedure

The clients were seen for 50 minutes each, twice per week for a planned contractual term of ten sessions per client. The counselling sessions took place at the university in a comfortably furnished room. Counsellors were asked to provide the same treatment for these clients as for their private clients. Immediately after each counselling session both the counsellor and the client completed the SEQ and the WAI. One session of one client was cancelled due to physical illness.

TABLE 1

Session Evaluation Questionnaire scale correlations (N=39)

| | <i>Depth</i> | <i>Smoothness</i> | <i>Positivity</i> | <i>Arousal</i> |
|------------|--------------|-------------------|-------------------|----------------|
| Depth | .34* | .56* | .85** | .16 |
| Smoothness | .40** | .14 | .60** | -.13 |
| Positivity | .67** | .71** | .01 | .24 |
| Arousal | .56** | .52** | .59** | .01 |

Note: Intercorrelations above the diagonal are based on counsellors' data, below the diagonal are clients' data. Diagonal entries are correlations between counsellors' and clients' ratings.

* $p < .05$

** $p < .01$

RESULTS

Data were analyzed by exploring the relationship between the process variable (WAI) and session quality, and by examining changes in the working alliance over time. The first set of analyses was accomplished by assessing the correlation between the strength of the working alliance and various aspects of session quality as reported by the clients and counsellors. Second, curves were fit to the longitudinal data, exploring the differences in the modulation of the alliance and its components. The report is based on a single case design repeated four times with two clients nested in each counsellor.

Session level outcome. Stiles (1980) has reported that the four SEQ scales represent independent aspects of session impact. In his work (Stiles, 1980; Stiles & Snow, 1984), however, not all of each participant's sessions were analyzed. In this study all of the clients' and counsellors' sessions

over the entire course of treatment are analyzed. The correlations among SEQ scales for all the clients and counsellors are shown in Table 1. The correlations within source (counsellors' and clients') are comparable to, but somewhat higher than, the values reported by Stiles (1980). Intercorrelations among the clients' four SEQ scales were statistically reliable ($p < .05$), which suggests that, from the clients' point of view, there was an underlying similarity amongst these four concepts. For the counsellors' data, the Arousal scale clearly was rated independently; none of the correlations between Arousal and the remaining three scales were statistically reliable. This result stands in contrast with the clients' ratings, where Arousal correlated significantly with all of the other three scales.

TABLE 2

Working Alliance Inventory scale correlations (N=36)

| | <i>Task</i> | <i>Bond</i> | <i>Goal</i> | <i>Composite</i> |
|-----------|-------------|--------------|-------------|------------------|
| Task | .00 | .98** | .97** | .99** |
| Bond | .40* | .58** | .95** | .97 |
| Goal | .54** | .12 | -.16 | .99** |
| Composite | .80** | .80** | .62** | .30 |

Note: Intercorrelations above the diagonal are based on counsellors' data, below the diagonal are clients' data. Diagonal entries are correlations between clients' and counsellors' ratings.

* $p < .05$

** $p < .01$

These data likely reflect the ability of the counsellors to discriminate between the emotional arousal components of counselling interventions and the cognitive and interpersonal components, whereas the clients were less able to analyze or separate these components. However, the counsellors' depth and positivity judgements appear to be strongly interdependent, suggesting that these counsellors might not have maintained clear distinctions between these variables. It is also noteworthy that there is relatively little agreement, overall, between the ratings of these four dimensions by the counsellors and the clients. Only in judging the depth of the sessions did clients and counsellors show reliable but weak agreement.

The counsellors' WAI subscale intercorrelations are very high (see Table 2). This result was not entirely unexpected in view of the relatively high subscale correlations of third session WAI scale scores reported by

TABLE 3

Correlations between counsellors' and clients' SEQ and

| <i>WAI</i> | | <i>CLIENT</i> | | | | <i>SEQ</i> |
|-------------------|----------|---------------|-------------|--------------|-------------|------------|
| | | Depth | Smoothness | Positivity | Arousal | |
| <i>CLIENT</i> | <i>N</i> | | | | | |
| Task | 36 | .29 | .39* | .50** | .44* | |
| Bond | 36 | .08 | .18 | .18 | -.03 | |
| Goal | 36 | .22 | .27 | .29 | .39* | |
| Composite | 36 | .23 | .34 | .39* | .27 | |
| <i>COUNSELLOR</i> | | | | | | |
| Composite | 35 | .01 | -.16 | -.05 | -.31 | |

Note: Correlations for the counsellors' WAI subscale data with the SEQ data are not reported d (see Table 2).

* $p < .05$

** $p < .01$

Horvath and Greenberg (1989) and Adler (1988). In light of the lack of differentiation between these subscales, the counsellors' WAI scales were summed and only the counsellors' composite WAI scores were used in the following analysis. The clients' WAI subscale intercorrelations were lower in magnitude than previously reported (Adler, 1988; Horvath & Greenberg, 1989) and, although there is clearly some overlap among these scales, the correlations suggest that the examination of each of these scales separately is justified. As before, the associations across sources (clients and counsellors) were generally low with the exception of the correlation of the clients' and counsellors' Bond scales. It may be the case that while counsellors and clients might have different perspectives on the more content-based aspects of the alliance, they are more likely to be in agreement about the more affectively-based aspect of the relationship.

The relationship between process and outcome. Counsellors, as a group, generally associated higher levels of working alliance with deep, smooth and positive sessions. Levels of arousal were not associated with positive alliance. Clients, on the other hand, reliably associated sessions with high levels on the WAI Task scale with smoothness, positivity and high levels of arousal. High levels of arousal were also reliably paired with high scores on the Goal scale. Correlations between the Bond scale and the SEQ dimensions were not statistically significant. A summary of these results are presented in Table 3.

Clients' evaluation of the working alliance was not reliably associated with counsellors' judgements of session quality. These are important findings. There is evidence that clients and counsellors are each reliably associating positive session qualities with some components of good working alliance. However, clients and counsellors do not appear to have the same point of reference for session quality *or* alliance components. Contrary to some theories (e.g., Rogers, 1951), clients did not reliably associate their judgements of session quality with the strength of personal attachment to the counsellor (Bond). Also, the clients in the study tended to feel more positively about the quality of the relationship in intense, high energy (high Arousal) sessions than their counsellors. Lastly, contrary to intuitive expectations, the two counsellors seemed less capable of discriminating between the alliance dimensions than the clients.

Table 4 contrasts the correlations between the composite score on the WAI and the four SEQ scales for the two counsellors. The cognitively-oriented counsellor (B) associated high relationship values with Smoothness and Positivity. In contrast, the Gestalt-oriented counsellor (A) associated sessions with higher relationship components with high Positivity and Depth indices — though these correlations were not statistically reliable. Interestingly, the correlation between the WAI and Arousal for

Counsellor B was negative. While this result is not statistically reliable, if it were found consistent, it would support Bordin's (1976, 1980) hypothesis concerning the qualitative differences in working alliance among counsellors of different orientations.

TABLE 4
Correlations between SEQ and WAI scores by counsellor

| WAI COMPOSITE | SEQ | | | | |
|------------------|-----|-------|------------|------------|---------|
| | N | Depth | Smoothness | Positivity | Arousal |
| Counsellor A | 18 | .41 | .24 | .43 | .07 |
| Counsellor B | 17 | .41 | .52* | .49* | -.30 |

* $p < .05$

The development, decay and maintenance of the Working Alliance. In order to better visualize the patterns of the building, decay and repair of the working alliances over the course of counselling, curves were fit to the longitudinal data, using a least squares criterion. Since one of the objectives of these analyses was to discover whether the alliance developed and functioned in a linear manner over the course time or in a more cyclic fashion as Bordin (1976) predicts, polynomials were entered into the regression formula to test if improvement in fit could be achieved by curvilinear compared to linear solutions. To achieve a "good enough" fit in a parsimonious manner, the polynomial term is reported only if the increase in explained variance was equal to or greater than .20.

Figure 1 shows the plot of the composite WAI scores of the counsellors' combined data and separately for each counsellor, respectively, over the course of treatment. The counsellors' combined plot suggests that the level of alliance increases fairly rapidly over the first half of the sessions and then decays, albeit slower, until session seven. The remaining data points seem to indicate that as the sessions move toward termination the direction of the trend reverses and the strength of the alliance recovers marginally. Subsequent partitioning of the data to separate each counsellor's individual contribution suggests that the trend visible in the aggregated data is fairly typical of both counsellors. The sequence of development, decay and rebuilding of working alliance is similar for both counsellors, although Counsellor A rated her working alliance as consistently more positive than Counsellor B. The differences in the *levels* of the rating might be due to the subjective nature of the WAI scales. Another possibility is that Counsellor B, because of his Rational Emotive theoretic-

cal perspective, perceived his relationship to the clients as less important than Counsellor A, whose orientation was more experiential.

The clients' data (Figure 2a), on the other hand, suggest a relatively robust straight line gain in levels of alliance composite scores from the beginning to the end of counselling. Figure 2b shows the plot of the clients' WAI data broken down into scale components. These data suggest that the Task and Goal components increase during counselling while the Bond component may be developing up to the second third of counselling and then reaches a plateau. The relatively good prediction achieved with a simple regression line for the Task and Goal scales

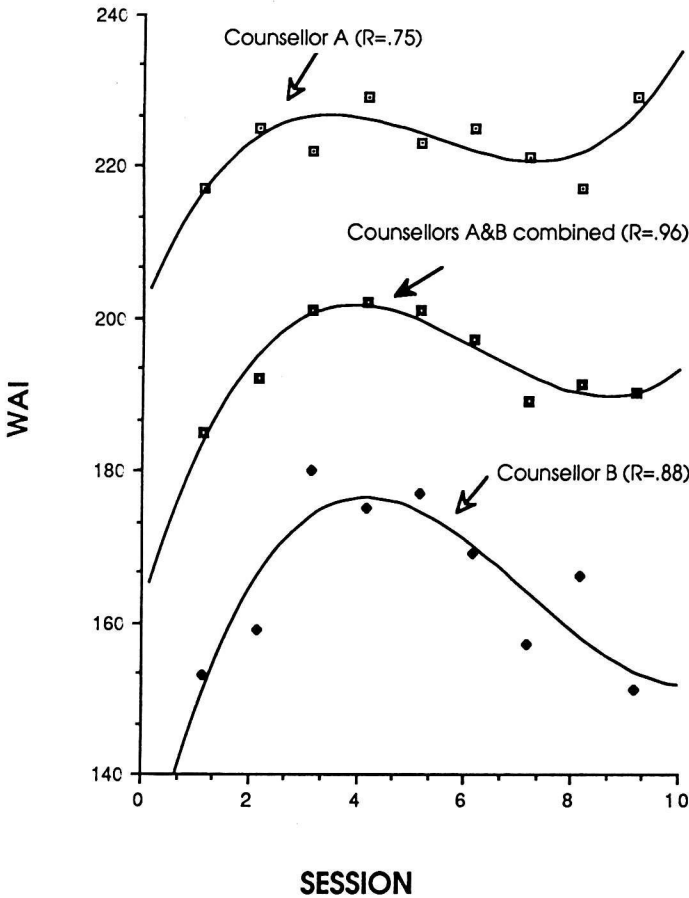


FIGURE 1

Counsellors' composite WAI score patterns

suggests that, for the clients in our study, the development of mutual goals and the appreciation of the task they were expected to participate in counselling was, in part, a function of time. Large variations in the Task values may be due to the novelty of the demands of counselling for the clients. The relevance and potency of the activities asked of the clients may not always be apparent during the early sessions. The fit on the clients' Bond data was not as good. One of the specific issues responsible for this pattern could be a certain amount of disappointment experienced by the clients. Each noted that further counselling would have been desirable. As the clients began to develop an awareness of the end of the treatment, it is conceivable that they started to disengage or distance themselves from the counsellor. Another possibility is that yet

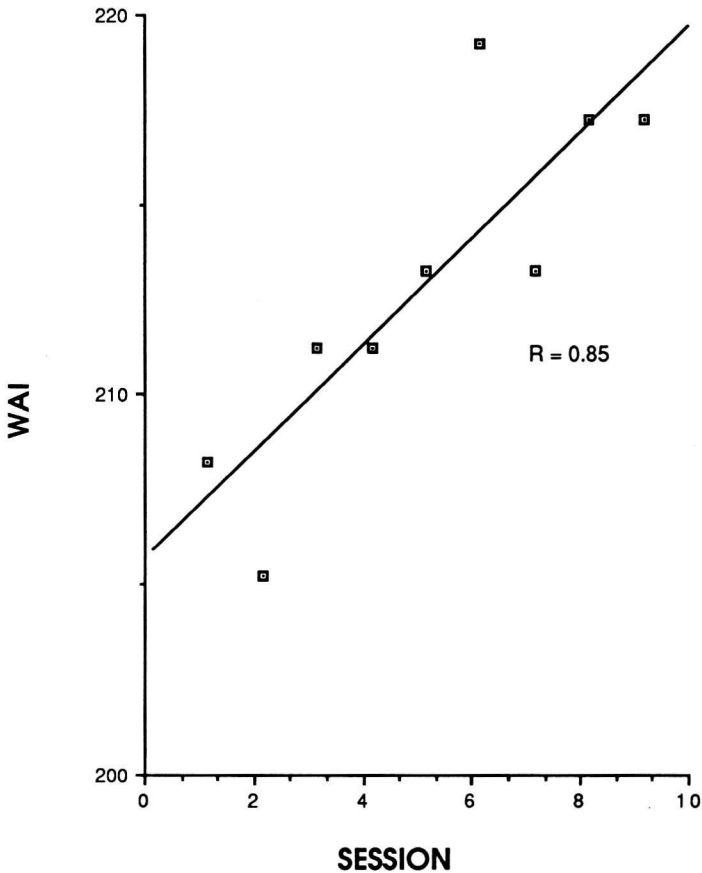


FIGURE 2a

Clients' composite WAI score pattern

another phase in the development of the therapeutic relationship took precedence at this point. Gelso and Carter (1985) propose another important component of the effective therapeutic relationship; the “real relationship” that develops and grows between counsellor and client during therapy. They see this component as something that is fed by but eventually supersedes the bond aspect of the working alliance. They propose that: “The working alliance bond might be thought of as a working bond. . . . The real relationship . . . on the other hand might be viewed as a linking bond” (Gelso & Carter, 1985, p. 188). Lastly, the tension-time-limited intervention may compress the development of the working alliance to such degree that within session as well as cross session assessment is required to capture the richness of the developmental

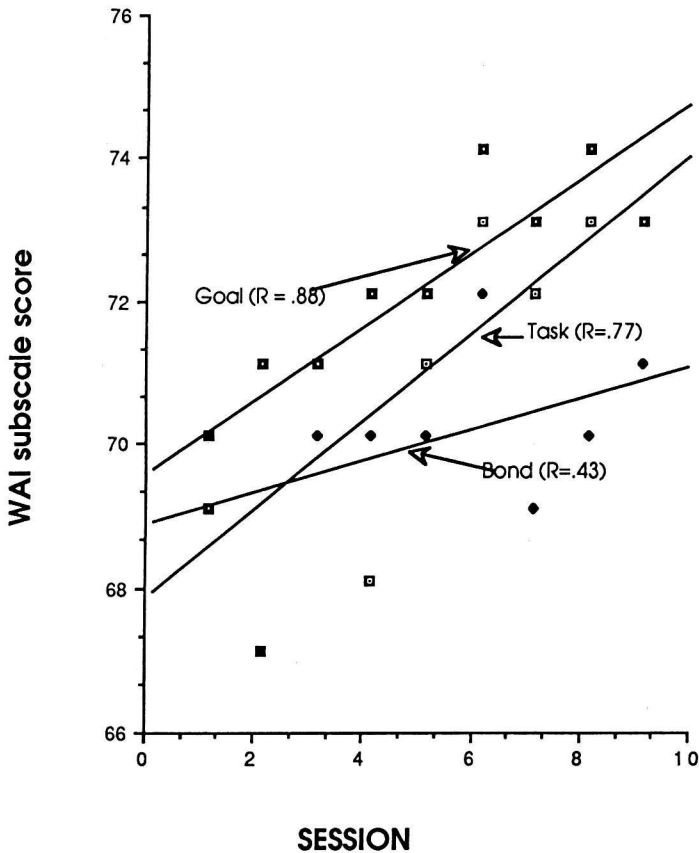


FIGURE 2b

Clients' Bond, Goal and Task score patterns

aspects of the relationship. A more penetrating study of the natural history of the working alliance requires research in both time-limited and open-ended counselling.

Client level data displayed in Figures 3a, b, c, and d indicate that, in general, individual clients' rating of the alliance is more difficult to fit well onto a relatively smooth pattern than counsellors' data. Hence the R values based on individual clients' data are generally smaller than those based on the grouped client data or the counsellors' composite ratings. Also, at this level of disaggregation, we are dealing with inherently less stable data more subject to idiosyncratic contextual variability. In order to make some distinctions between patterns that likely appear as the result of chance variations and more reliable data, only regressions with

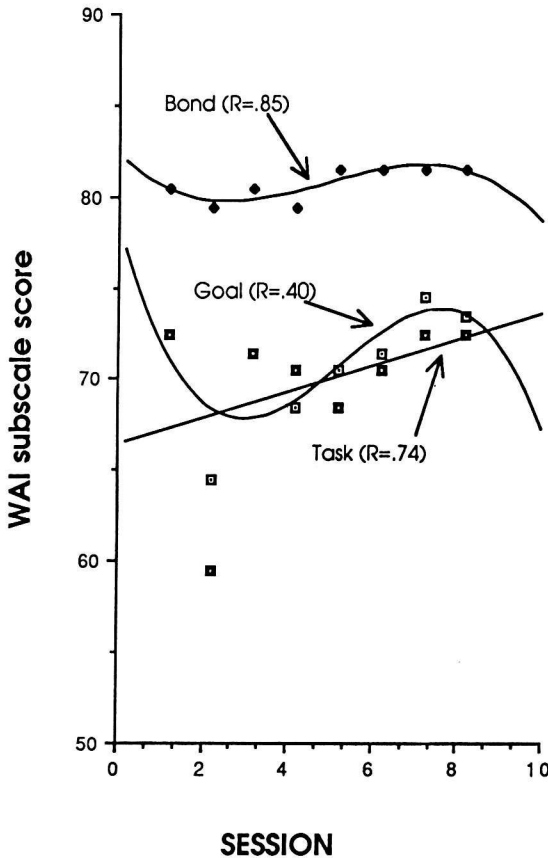


FIGURE 3a

Client #1 Bond, Goal and Task score patterns

an R value of .70 or greater are discussed. The analyses that meet the above requirements were generated by clients 1, 2 and 4 (see Figures 3a, b, d). Client 1's Task and Bond scale patterns were quite similar to the counsellors' (particularly her own; counsellor A) with the exception of a slight elevation at the first session and less of a "rally" at the terminal phase. The other client (2) of this counsellor indicated strong parallel increases in Bond and Task ratings up to session 7 and a decline beyond that point. Client 4's bond and goal scores follow a pattern somewhat similar to those of the counsellors' composite. The initial level of the bond scale is the lowest of the group and the task scale show a high degree of scatter. In addition the task scale does not show the pattern of development over time seen in clients 1 and 2 or the aggregate counsel-

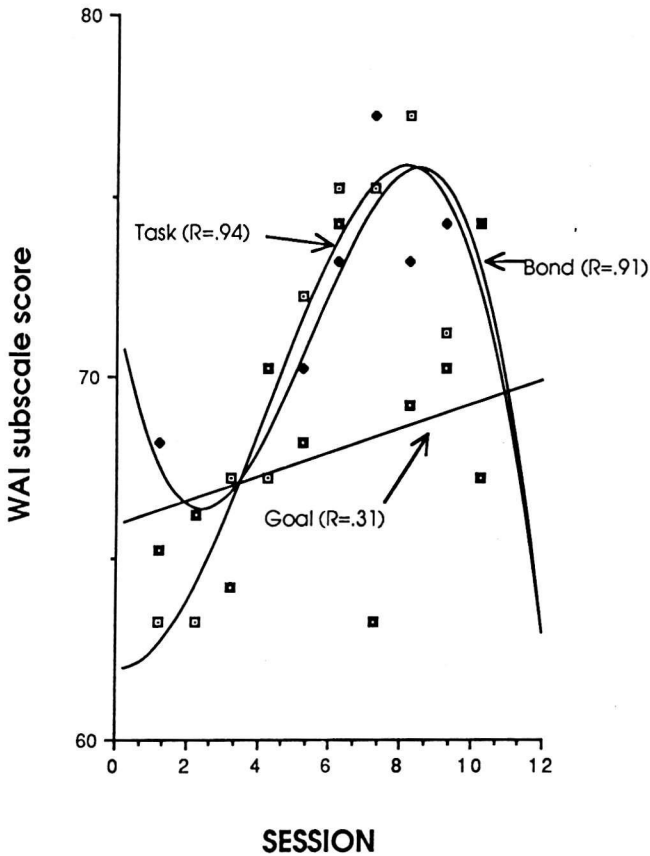


FIGURE 3b

Client #2 Bond, Goal and Task score patterns

lors' data. This client did not report relief from presenting problems at the end of counselling or during the follow-up period (Horvath & Marx, 1988b).

Summary. Analysis of the alliance scores indicate that, as a group, counsellors associate positive relationship scores with sessions they perceive as high in depth and smoothness. Clients associate high relationship scores with positivity, smoothness and high level of arousal. As predicted by Bordin (1980), the two counsellors with different theoretical approaches associate contrasting aspects of the working alliance with

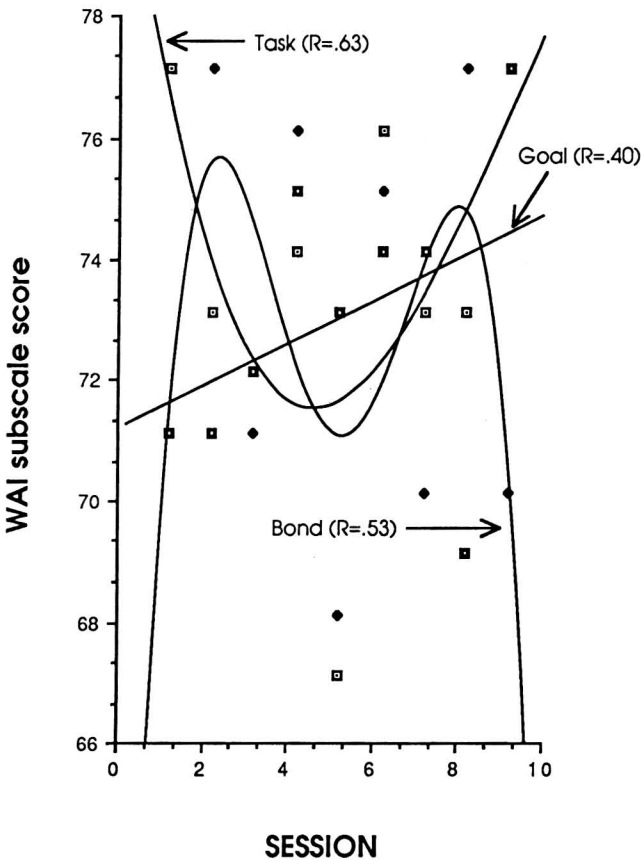


FIGURE 3c

Client #3 Bond, Goal and Task score patterns

positive session outcome. Bordin's (1976, 1980) suggestion that the alliance is not a static phenomenon but one that moves through a regular pattern of development, decay and repair appears to be supported by the counsellors' but not necessarily by the clients' data. Clients' experience of the working alliance is often, but not always, cyclical and the pattern of development and decay does not always follow the regularity of the counsellors' data. The data also confirm the relationship between clients' and counsellors' evaluation of session outcome and the quality of session alliance. The longitudinal data suggest a "development-partial decay-repair" pattern of the working alliance.

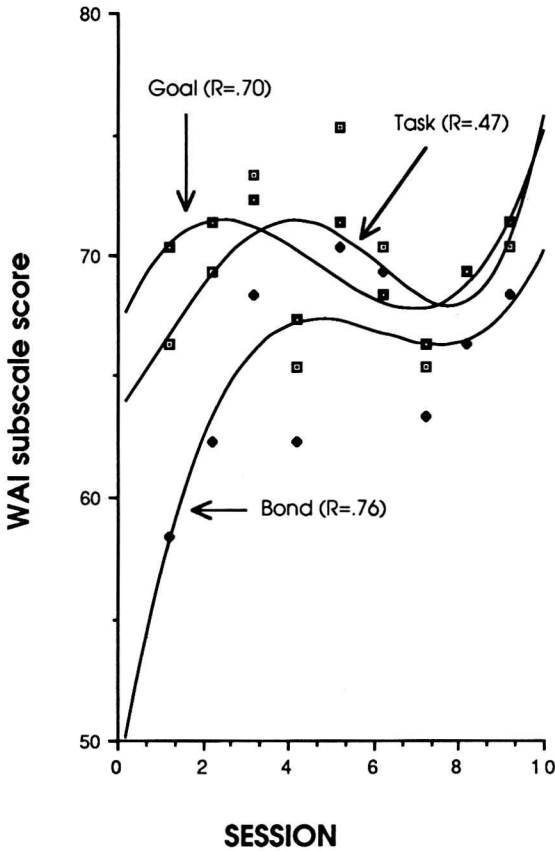


FIGURE 3d

Client #4 Bond, Goal and Task score patterns

DISCUSSION

This research provides preliminary evidence that the fine grained analysis of process and outcome called for in recent research reviews (Greenberg, 1987; Rice & Greenberg, 1984) may be practical in a clinically valid setting. The data support the notion that intensive examination of reciprocal cognitive events between counsellors and clients reveal clinically important and significant temporal variabilities in the counselling processes (Martin, 1984).

Associations were found between counsellors' session level process and outcome indices. Positive relationship factors and three out of four session outcome indicators appear to be reliably related. The outcome factors involved relate to the level of comfort, power, value and involvement. Equally notable was that the last factor — Arousal — which is related to the amount of energy and excitement in the session, did not appear to be connected to the level of alliance. It seems possible that counsellors associate high levels of energy with sessions in which *they* are working hard, perhaps even struggling. Clients rated high energy sessions as also high on Task and Goal but not on the Bond scale; they associated high Task values with Smoothness and Positivity. Interestingly none of the clients' session level outcomes were reliably associated with high levels of personal attachments and bonds.

These connections might imply that experienced counsellors and their clients both perceive some aspects of the working alliance as generally important to positive session outcomes, but not necessarily as essential for session intensity. Counsellors in this study tended to perceive working alliance as a unitary construct whereas clients appeared to respond to the various components in a more differentiated manner. Clients' responses indicated that high levels of intensity during the session were not incompatible with high levels of agreement and support for the counselling tasks and endorsement of mutual goals. One way of interpreting these preliminary results is to suggest that the counsellors' estimate of the impact of stress that may result from an intense session on the working relationship may be more negative than the clients'. More specifically, clients seem to feel that high levels of arousal (presumably attributed to the activities of the counsellor) are more likely to influence negatively the personal attachments between client and counsellor, than the alliance factors having to do with purposive cognitive activities such as working on tasks or developing appropriate goals.

Counsellors and clients interpret both process and outcome cues differently (Horvath & Marx, 1988b); however, over a sequence of counselling interviews all the participants in this study agreed to a significant degree on levels of personal attachments (Bond). It may be the case that personal attachments, being aspects of universal experience, have a broad consensually validated network of cues and meaning shared by

helper and helpee alike, whereas the more counselling specific factors of Task and Goal have different meanings for the expert professional and the client.

The strength of the alliance factors seemed to vary over time in response to the different challenges facing the counsellor-client dyad. Clearly this study cannot confirm such a pattern among counsellors in general. However, a plausible pattern of alliance development emerged from the data. Specific hypotheses to test the generalizability of these findings across counsellor and client populations can now be formulated based on these findings.

Clients' data also suggest a degree of temporal variability of the alliance. These data, however, do not have the apparent simple regularity of the counsellors' patterns. Over time, experienced counsellors develop schematic knowledge that results in patterns of time sequenced counsellor activities and cognitions that address the development and maintenance of the working alliance. These schemas about the timing of relationship focused activities are likely operating at an automatic level. Such cognitive events are usually not conscious, as are cognitive activities directly responsive to immediate and specific client concerns. Clients, on the other hand, being novices to the counselling experience are more likely to operate in a manner that is responsive to person or context specific factors. (See Leinhardt and Putnam, 1987, for comparable arguments in the field of teaching.) Another possible explanation is that the relative briefness of the counselling contact prevented meaningful patterns from emerging across clients. If this were the case, monitoring more extended client/counsellor contacts might result in the emergence of clearer alliance patterns. More time-extended studies would also provide an opportunity to subject data-to-time series analysis which was not practical in the current data set.

Differences between the alliance patterns of counsellors of different orientations predicted by Bordin (1980) did not emerge reliably from the data. However, the cognitive-behavioural counsellor may have had a different notion of the role of arousal in the effectiveness of counselling. Further investigation of this and related differences are warranted. There might be several reasons for this. First, as discussed previously, the time limit of ten sessions may have compressed the subtle variations more readily observable in counselling activities stretched out over a longer period of time. Second, the instrumentation used currently (WAI) was originally designed for use on a single occasion per client. The current version of this measure may not be sufficiently sensitive to variations in the working alliance and particularly shifts in emphasis amongst its components to reflect small but important fluctuations. The counsellors' difficulty in responding differentially to the WAI scales tends to support this possibility. Lastly, it may be the case that a different approach to the

examination of the theory-based differences amongst working alliance is called for. Perhaps the alliance development at the beginning, middle and end phases of successful and less successful counsellors needs to be examined to discover alliance patterns that differentiate between expert and less successful counselling.

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