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A Qualitative Meta-Analysis Examining Clients' Experiences of Psychotherapy: A New Agenda

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This article argues that psychotherapy practitioners and researchers should be informed by the substantive body of qualitative evidence that has been gathered to represent clients' own experiences of therapy. The current meta-analysis examined qualitative research studies analyzing clients' experiences within adult individual psychotherapy that appeared in English-language journals. This omnibus review integrates research from across psychotherapy approaches and qualitative methods, focusing on the cross-cutting question of how clients experience therapy. It utilized an innovative method in which 67 studies were subjected to a grounded theory meta-analysis in order to develop a hierarchy of data and then 42 additional studies were added into this hierarchy using a content meta-analytic method—summing to 109 studies in total. Findings highlight the critical psychotherapy experiences for clients, based upon robust findings across these research studies. Process-focused principles for practice are generated that can enrich therapists' understanding of their clients in key clinical decision-making moments. Based upon these findings, an agenda is suggested in which research is directed toward heightening therapists' understanding of clients and recognizing them as agents of change within sessions, supporting the client as self-healer paradigm. This research aims to improve therapists' sensitivity to clients' experiences and thus can expand therapists' attunement and intentionality in shaping interventions in accordance with whichever theoretical orientation is in use. The article advocates for the full integration of the qualitative literature in psychotherapy research in which variables are conceptualized in reference to an understanding of clients' experiences in sessions.

Keywords: psychotherapy, qualitative study, psychotherapy clients, metasynthesis, meta-analysis

Debates on the influence of psychotherapy orientation on treatment effectiveness have been longstanding and heated. Central in this debate are lists that have been generated to identify psychotherapies that have produced modest or strong evidence of their efficacy within randomized clinical trials (RCTs) or equivalent designs (www.div12.org/psychological-treatments). It has been exciting to see psychotherapy research growing and establishing the value and efficacy of multiple approaches to treatment. These lists are powerful evidence that can be used to argue for the value of broadening access to psychotherapy and for funding continued psychotherapy research to expand this compelling form of support.

Despite the utility of tracking mounting RCT evidence for psychotherapies, however, there are many reasons besides inefficacy for therapies not to appear on these lists. Reasons include the values and inquiry traditions of orientations that have emphasized sets of questions and research methods other than comparative outcome trials (e.g., Bohart, Leitner, & O'Hara, 1998; Hill & Corbett, 1993), the lack of outcome measures tailored to assessing outcome in a manner that would reflect the goals of a therapy approach (e.g., Levitt, Stanley, Frankel, & Raina, 2005), the lack of faculty diversity in therapy orientations within clinical graduate programs that has curtailed the potential for independent research programs across therapy traditions (Heatherington et al., 2012; Levy & Anderson, 2013), and the circular tendency of granting agencies to fund research on approaches already established as efficacious (e.g., www.pcori.org/research-results/research-we-support), rather than to direct funding to systematically develop evidence across the main approaches to treatment. Also, important in interpreting and representing their meaning, lists of RCT studies cannot identify whether orientations remain superior after accounting for the significant role of researcher allegiance as they do not aggregate research studies. For this reason, they also cannot appropriately comment upon the relative contributions of therapy orientations to the variance in client outcome in relation to therapist, client, or other factors; this is the domain of meta-analyses.

An extensive body of quantitative meta-analytic research has supported the theory that there is general equivalence in outcome across the main psychotherapy traditions (e.g., Laska, Gurman, & Wampold, 2014). Although research into specific treatments is

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ongoing, the conclusion of the APA Resolution on Psychotherapy Effectiveness (APA, 2012) was that comparisons between valid and structured psychotherapy approaches tend to produce roughly equivalent findings that are often mediated or moderated by relational or contextual factors. To be clear, disputes have existed but these are usually focused on treatments within a few diagnoses and tend to center over the inclusion of nonbona fide therapies as control groups (e.g., Ehlers et al., 2010; Wampold et al., 2010). Although an in-depth review of these various disputes is not possible within the confines of this article, in Wampold and Imel's (2015) review of the meta-analytic literature, they examined the relatively rare findings of nonequivalence in meta-analyses and concluded that these findings do not occur more than might be expected by chance. In short, these reviews have found that orientation is estimated to account for little, if any, of the variance in client change when looking across or within diagnoses (e.g., Wampold & Imel, 2015). This finding of equivalence has held up across meta-analytic studies assessing entire treatments as well as dismantling studies, focused on the effective components of orientations (e.g., Bell, Marcus, & Goodlad, 2013). Still, it has been challenging for our field to shift away from the comparisons of psychotherapy orientations, and more fundamentally, the conceptualization of psychotherapy as synonymous with orientations, in order to claim a new agenda.

A sociological reason for this struggle may be that developing intimate understandings of how multiple therapies function is challenging. Our identities as psychologists are tied to our psychotherapy orientation affiliations that often dictate our journals, societies, conferences, and the research we read (Gold, 2005). This trend to narrow our scope within one orientation has been exacerbated by the apparent vanishing of psychotherapy orientation diversity within U.S. clinical psychology faculty (Heatherington et al., 2012; Levy & Anderson, 2013), restricting the depth of psychologists' understandings of multiple orientation cultures, endogenous values, and approaches toward research methods (e.g., Levitt, Stanley, Frankel, & Raina, 2005). Other reasons might include the fragmentation of research paradigms (e.g., qualitative and quantitative researchers) and the challenges in speaking across epistemological differences. In addition, our conceptualization of variables in psychotherapy research may limit our professional imagination when we do seek alternate ways to study psychotherapy, as will be described.

Generating Variables: The Forgetting of the Client

The selection of variables for exploration in research is a moment of profound importance that can limit or expand any ensuing knowledge. Therapist factors—that is, therapists apart from the influence of their orientation—appear to be one of the most promising contributors to client outcome and appear central in the establishment of a new agenda. In addition to establishing the direct effects of therapists (5% of the variance in client change; Baldwin & Imel, 2013), innovative work has divided the variance in client change traditionally accorded to the alliance into its contributions by therapists and clients, discovering that this variance is essentially associated with therapists (e.g., an additional 7.5% of the variance in client change; Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012).

A concern with shaping a new agenda around therapists variables is that, in light of the established agenda of researching psychotherapy orientations and interventions, these factors can easily be misinterpreted as due to therapist-driven interventions (see Del Re et al., 2012 on this point). In this way they might eclipse the interactional and responsive processes between client and therapist (Stiles, 2013). Qualitative research can help to expand this understanding in a number of ways. For instance, qualitative research on therapists has been helpful in exploring how master therapists act to recruit and enhance clients' engagement in therapy (e.g., Jennings & Skovholt, 1999; Levitt & Piazza-Bonin, 2014; Levitt & Williams, 2010).

Another concern is that it is unclear whether therapist factors reflect therapist-driven change, or instead reflect differences in therapists who are better able to provide support to enable their client to engage in *self*-healing processes (e.g., Bohart, 2007). Qualitative research on clients' experiences has been especially advantageous in describing how therapy supports clients' work—even when that work is covert and unseen by their therapists (e.g., Frankel & Levitt, 2009; Rennie, 1994). It is notable that few client factors have been explored in meta-analyses—with client expectancies, the leading factor, accounting for a small (1.4%) amount of variance in outcome (Constantino, Arnkoff, Glass, Amertrano, & Smith, 2011). This state of affairs has led Gordon (2012) to question where the clients have gone in psychotherapy research, and Bohart and Tallman (2010) to see clients as the neglected factor—despite it contributing more than any other factor to the change process; Asay and Lambert (1999) estimated client factors at 40% and Wampold (2001) estimated 87% of the variance in outcome to be due to clients.

Contributors to the *Bergin & Garfield's handbook of psychotherapy and behavior change*, Orlinsky, Grawe, and Parks (1994) and Bohart and Wade (2013) agree that clients' contributions to therapy are the most powerful determinant of change. The latter authors state "From a research perspective, we consider a change toward looking at therapy from the client's side of the interaction to be something of a paradigm shift. Most research and theory focuses on therapists' interventions and on how clients receive and respond to them. However, clients are not passive recipients of treatment like patients in surgery. Rather, they actively intersect with what therapists have to offer . . . How they learn involves their degree of involvement, their resonance with therapists and methods, how much effort they put in, their own creativity, and how they interpret and implement the input they receive" (p. 220).

On the basis of their review of the literature, they identify promising areas for future research on clients, including the effects of training therapists to reduce client drop-out, the adaptation of treatment for clients' coping styles, attachment styles, and cultures, and the role that clients play within the psychotherapy relationship and change process.

Qualitative research on clients may reposition clients as central within psychotherapy research as it sheds light on these factors. Given the dangers of foreclosing too early on a new set of variables again and replicating the costly decades of research comparing psychotherapy orientations, how do we develop a psychological science that can conceptualize factors in a manner that has fidelity to the therapy process? Stiles (2013) argued that before we begin to carve out variables to assess therapies "a solidly empirically supported theoretical account of how people change and how

psychotherapy facilitates changes is such a pressing prerequisite" (p. 39) and he points to qualitative research as one way to proceed.

The substantial body of qualitative psychotherapy research on clients' experiences has generated empirical findings that can form a basis for new conceptualizations of therapy factors and processes. This literature tends to focus on identifying experiences that are significant to clients from their own perspectives. Findings from this research relay clients' own efforts in sessions, their experience of therapists' contributions, and interactional qualities that influence them. For instance, a number of qualitative studies have identified the processes of increasing clients' autonomy, available resources, empowerment, and engagement in therapeutic tasks as a central client experiences in psychotherapy (e.g., Elliott & James, 1989; McElvany & Timulak, 2013; Paulson, Truscott, & Stuart, 1999). Studies with converging findings can inform therapists' interventions as they interact with both common and orientation-specific factors in a context-sensitive manner (e.g., Levitt & Williams, 2010 on why common factors play out differently in cognitive-behavioral versus other approaches). The identification of promising client attributes and processes continues through the discussion of this qualitative metasyntheses.

Past Reviews of Qualitative Psychotherapy Research Literature

Contemporary qualitative psychotherapy researchers began investigating clients' experiences of psychotherapy in the mid-1980s. Qualitative meta-analyses, sometimes called metasyntheses, are a newer method in psychotherapy research. Ladislav Timulak spearheaded this practice and contributed a number of reviews focused across psychotherapy orientations. In 2007, he conducted a meta-analysis of seven qualitative studies focused on helpful processes in therapy. Features found to aid clients' progress in therapy included: new insights, emotional experiences and behavioral strategies, the acceptance and understanding of the therapist, involvement in treatment, and the human connection in a supportive, safe relationship.

In 2010, Timulak conducted a thematic review, this time examining the qualitative literature on significant moments in therapy more broadly and including 41 studies. Rather than synthesizing the findings as he did in his earlier work, this project organized the studies according to their focus (e.g., upon types of events, match of client and therapist perceptions, processes within events). The findings were similar to the prior meta-analysis and new insights, awareness, and problem resolution dominated the helpful events, along with feeling understood and reassured. While therapists were experienced as focused more on the therapeutic gains, clients in these studies appeared more attentive to factors related to the client–therapist relationship. Among his major findings related to problematic events was the apparent disruption when clients felt misunderstood by their therapists.

In 2013, Timulak and McElvaney conducted a meta-analysis of seven studies that explored insight events in therapy. Two therapist processes appeared to lead to insight: (a) empathic responding or interpretation that led to the clients' realization of the underlying core of their problem, and (b) reframing events positively and encouraging behavioral change so as to indicate actions and perspectives that clients had been missing. They found that insight had two main impacts that could follow from either therapist process: (a) insights in which clients discovered something poignant and or painful, and (b) those in which clients were empowered and encouraged to become more self-assertive. This fruitful program of research has pinpointed robust findings that have emerged across qualitative studies and upon which we build.

Study Objectives

The current study contributes to this tradition by conducting a comprehensive meta-analysis that includes qualitative research on clients' varying experiences in therapy, addressing topics not considered in previous reviews. It uses the method developed by Levitt to form moment-to-monent principles (e.g., Levitt, Butler & Hill, 2006; Levitt, Neimeyer, & Williams, 2005) in order to identify common factors that are experienced at the heart of therapy and to identify *when* or *how* a factor is most helpful. By integrating the reports from across numerous qualitative studies we seek to develop robust findings that can guide clinicians, researchers, and psychotherapy supervisors, and lead to conceptualizations of therapy grounded in clients' experiences.

Method

Data Collection

Timulak (2009) recommended that only published data is used in qualitative meta-analyses as a form of quality control and we have followed that guideline. Because the data in a meta-analysis are best viewed as a sample rather than a population, this research should be understood as based upon the examination of a sizable number of qualitative studies rather than all qualitative studies. It is unlikely that we found every relevant research article because of the wide variety of ways in which qualitative methods can be signified (or not) in abstracts and keywords. Qualitative meta-analysts appear to have different opinions on the scope of articles that qualitative analyses should consider, with some recommending using all the available studies and others recommending halting data analysis when new studies appear not to be adding substantively to the analysis (Timulak, 2009); this point is referred to as "saturation" within the grounded theory literature. Although it appears that 12 is the average number of studies for qualitative meta-analyses (Timulak, 2009), this study is using a dual method of analysis to make possible a very large analysis that just exceeds recommendations suggesting that qualitative meta-analyses be conducted on under 100 articles (Paterson, Thorne, Canam, & Jillings, 2001).

Grounded theory meta-analysis. A total of 67 studies were collected for this analysis. Articles were collected from searches on PsycINFO and PsycARTICLES. All searches included ("counsel*" OR "psychothera*") AND ("client" or "patient"). Searches in any field were conducted for these terms AND "qualitative" OR "phenomenological" OR "grounded theory" OR "consensual qualitative research" OR "significant moments" OR "discourse analysis" OR "narrative" and were set to include articles until 2013. Our search terms for this analysis were designed to identify a set of research specifically on psychotherapy (not inclusive of other forms of treatment such as occupational therapy, rehabilitation therapy, physiotherapy, etc.). In order to develop an understanding of therapy that was as inclusive and encompassing as possible,

special emphasis was put on finding qualifying articles that looked at clients from diverse backgrounds, so additional searches for qualitative research on psychotherapy or counseling were made with the addition of the terms "LGBT" OR "gay" OR "lesbian" OR "low income" OR "class" OR "religion" OR "race" OR "Asian" OR "Hispanic" OR "Latino" OR "African American." We also posted on ResearchGate.net web site a call for articles and searched the writings of authors known to have programs of qualitative psychotherapy research (i.e., Lynne Angus, Robert Elliott, Clara Hill, Heidi Levitt, John McLeod, David Rennie).

In order to be included, a study needed to present a qualitative analysis in which the findings were derived from clients' reports (i.e., rather than from the researchers creating a set of codes to employ). For mixed methods studies only the qualitative results were analyzed. Analog studies and approximations of therapy were excluded. Because a goal of this analysis was to produce principles for change with wide utility, studies of a single client's experience were excluded as they often are meant to demonstrate idiosyncratic features of cases and their narrative format can make it challenging for researchers to identify and code central findings. In addition, studies with multiple clients have the advantage of formulating findings after considering a range of client perspectives. All of the studies examined clients' experiences within individual therapy; however, one study involved clients who had both group and individual therapy. Studies in languages other than English were excluded.

The intensive process of constant comparison requires that units of data are compared with all other units and, accordingly, there are pragmatic limits to the number of studies that can be included within an analysis. Within grounded theory analyses, there is an ideal limit as well that is dictated by the principle of saturation. In the process of adding new data into an analysis, the level of overlap of incoming and existing findings gradually increases and saturation is the point at which incoming data does not add new categories to a hierarchy. Adding additional studies would not be expected to further develop the hierarchy, therefore, data collection is halted. In keeping with this goal, the authors were looking to find enough articles to obtain a well-saturated representation of the literature but not to review the literature in its entirety. As a result, the authors stopped searching for additional articles when they found that search results were identifying articles which were mostly redundant with the articles already identified for analysis. This finding of redundancy in continued searches suggested that we had located a significant portion of the literature for inclusion and our experience as analysts led us to believe that this number of studies would be sufficient for the saturation of this analysis (it was), but yet would still permit a grounded theory study to be conducted.

Content meta-analysis. The content meta-analysis used the same search terms as the grounded theory analysis. In contrast to the grounded theory analysis, in the search for articles for the content meta-analysis, the two first authors engaged in a systematic review process of culling articles (see Figure 1). The search was conducted across PsycINFO and PsycARTICLES, specifying that articles had to be peer reviewed, published until 2013 and in English. The initial search string was: ("Counsel*" OR "Psychother*") AND ("Client" OR "patient" OR "LGBT" OR "gay" OR "lesbian" OR "low income" OR "race" OR "class" OR "Asian" OR "religion" OR "Hispanic" OR "Latino" OR "African American") AND ("qualitative" OR "phenomenological" OR "grounded theory" OR "consensual qualitative research" OR "significant moments" OR "discourse analysis" OR "narrative"). The initial search returned 3,422 results, from which 172 articles were eliminated as duplicates, leaving 3,250 articles. Of the articles identified, 3,104 articles were eliminated because their title and abstract clearly indicated that they did not meet study criteria and 55 because they had already been included in the initial grounded theory analysis. Next, the remaining 91 studies were read and assessed by the first and second authors, who came to agreements on each article's inclusion or exclusion jointly by consensus on whether each article fit the inclusion criteria. Forty-nine articles excluded in the next round (16 were not on client experiences, 11 were theoretical articles or reviews, eight were case studies, six were not focused on psychotherapy, three were on psychosis treatments, two were not using qualitative methods, two used analogue clients, one was not in English), leaving 42 new studies to be added to the content meta-analysis. In total then, 109 articles were reviewed in the combined analysis (see Table 1).

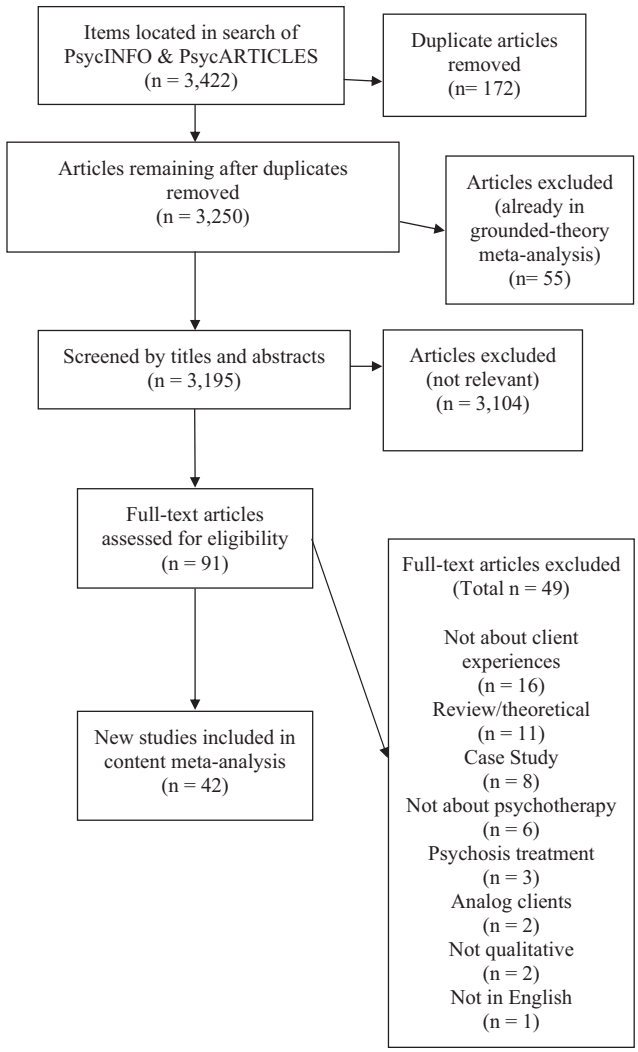

Figure 1. PRISMA flow diagram (Adapted from Moher, Liberati, Tetzlaff, & Altman, 2009).

Table 1
Characteristics of Studies Included in the Metasynthesis

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Angus and Rennie (1988)	Therapist participation in metaphor generation: Collaborative and noncollaborative styles	4	Phenomenological	Gestalt therapy Person-centered therapy Psychoanalysis Psychodynamic therapy	75	NA
Angus and Rennie (1989)	Envisioning the representational world: The client's experience of metaphoric expression in psychotherapy	4	Phenomenological	Gestalt therapy Person-centered therapy Psychoanalysis Psychodynamic therapy	75	NA
Angus (1990)	Metaphor and the structure of meaning	4	Phenomenological	Gestalt therapy Person-centered therapy Psychoanalysis Psychodynamic therapy	75	NA
Arthern and Madill (2002)	How do transitional objects work? The client's view	6	Grounded theory	Humanistic therapy	100	100
Audet and Everall (2010)	Therapist self-disclosure and the therapeutic relationship: a phenomenological study from the client perspective	9	Phenomenological	NA	44	87
Audet (2011)	Client perspectives of therapist self-disclosure: Violating boundaries or removing barriers?	9	NA	NA	44	89
Balmforth (2009)	The weight of class': Clients' experiences of how perceived differences in social class between counsellor and client affect the therapeutic relationship	7	Phenomenological	Cognitive-behavioral therapy Gestalt therapy Person-Centered therapy Psychodynamic therapy	71	100
Binder, Holgersen, and Nielsen (2009)	Why did I change when I went to therapy? A qualitative analysis of former patients' conceptions of successful psychotherapy	10	Phenomenological	Cognitive-Behavioral therapy Intensive psychoanalytic Psychoanalytic Others unknown	90	NA
Binder, Holgersen, and Nielsen (2010)	What is a "good outcome" in psychotherapy? A qualitative exploration of former patients' point of view.	10	Hermeneutical-phenomenological	Cognitive-behavioral therapy Intensive psychoanalytic Psychoanalytic Others unknown	90	100

(*table continues*)

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Bury, Raval, and Lyon (2007)	Young people's experiences of individual psychoanalytic psychotherapy	6	Qualitative-interpretive and phenomenological	Psychoanalytic	67	NA
Carey et al. (2007)	Psychological change from the inside looking out: A qualitative investigation	27	Framework analysis	NA	NA	100
Chang and Berk (2009)	Making cross-racial therapy work	16	Phenomenological & consensual qualitative research	NA	50	0
Chang and Yoon (2011)	Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships	23	Consensual qualitative research	NA	57	0
Clarke, Rees, and Hardy (2004)	The big idea: Clients' perspectives of change processes in cognitive therapy	5	Grounded theory	Cognitive therapy	80	NA
Coutinho et al. (2011)	Therapists' and clients' experiences of alliance ruptures: a qualitative study	8	Consensual qualitative research	Cognitive-behavioral therapy	100	100
Cragun and Friedlander (2012)	Experiences of Christian clients in secular psychotherapy: A mixed-methods investigation	11	Consensual qualitative research	NA	82	NA
Craigen and Foster (2009)	"It was like a partnership of the two of us against the cutting:" Investigating the counseling experiences of young adult women who self-injure	10	Phenomenological	NA	100	80
Cummings, Hallberg, and Slemon (1994)	Templates of client change in short-term counseling	10	Narrative summaries	Eclectic; Blending cognitive-behavioral therapy, person-centered, and experiential approaches	100	100
Dakin and Areán (2013)	Patient perspectives on the benefits of psychotherapy for late-life depression	22	Template analysis coding	Problem-solving therapy	59	91
De Stefano, Mann-Feder, and Gazzola (2010)	A qualitative study of client experiences of working with novice counselors	9	Consensual qualitative research	NA	100	NA

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Dollarhide, Shavers, Baker, Dagg, Taylor (2012)	Conditions that create therapeutic connection: A phenomenological study	8	Phenomenological	Client-centered therapy Cognitive-behavioral therapy Eclectic Interpersonal psychotherapy	100	62.5
Dos Santos and Dallos (2012)	The process of cross-cultural therapy between white therapists and clients of African Caribbean descent	6	Thematic analysis	Integrative Psychodynamic therapy Cognitive-behavioral therapy	67	0
Edwards and Loeb (2011)	What difference does counselling make? –The perceptions of drug-using clients on low incomes.	6	Grounded theory	NA	NA	NA
Elliott et al. (1994)	Comprehensive process analysis of insight events in cognitive-behavioral and psychodynamic-interpersonal psychotherapies	6	Thematic analysis	Cognitive-behavioral therapy Psychodynamic-interpersonal therapy	67	100
Farber, Berano, and Capobianco (2004)	Clients' perceptions of the process and consequences of self-disclosure in psychotherapy	21	Mixed methods and phenomenological	Eclectic Cognitive-behavioral therapy Psychodynamic therapy Unknown	71	62
Fitzpatrick et al. (2009)	Client relationship incidents in early therapy: Doorways to collaborative engagement	15	Consensual qualitative research	Cognitive-behavioral therapy Feminist therapy Humanistic therapy Narrative therapy Psychodynamic therapy	80	67
Fitzpatrick, Janzen, Chamodraka, and Park (2006)	Client critical incidents in the process of early alliance development: A positive emotion-exploration spiral	20	Consensual qualitative research	NA	80	55
Frankel and Levitt (2009)	Clients' experiences of disengaged moments in psychotherapy a grounded theory analysis	9	Grounded theory	Cognitive-behavioral therapy Constructivist therapy Feminist therapy Process-experiential therapy Unified therapy	78	100

(*table continues*)

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Gallegos (2005)	Client perspectives on what contributes to symptom relief in psychotherapy– a qualitative outcome study	9	Phenomenological	NA	89	78
Giorgi and Gallegos (2005)	Living through some positive experiences of psychotherapy	3	Phenomenological	NA	89	78
Giorgi Giorgi, & Boudreau (2011)	A phenomenological analysis of the experience of pivotal moments in therapy as defined by clients	3	Scientific phenomenological method	NA	67	33
Gockel (2011)	Client perspectives on spirituality in the therapeutic relationship	12	Narrative, holistic content and formal analysis, and reflexivity	NA	NA	92
Gostas, Wiberg, Neander, and Kjellin (2013)	Hard work' in a new context: Clients' experiences of psychotherapy	14	Content analysis	Cognitive-behavioral therapy Psychodynamic therapy	57	NA
Grafanaki and McLeod (1999)	Narrative processes in the construction of helpful and hindering events in experiential psychotherapy	6	Constant comparative method	Person-centered & humanistic therapy	50	NA
Grafanaki and McLeod (2002)	Experiential congruence– Qualitative analysis of client and counsellor narrative accounts	6	Constant comparative method	Person-centered therapy	50	100
Henretty, Levitt, and Mathews (2008)	Clients' experiences of moments of sadness in psychotherapy: A grounded theory analysis	10	Grounded theory	Cognitive-behavioral therapy Humanistic therapy Integrative	60	80
Hoener, Stiles, Luka, and Gordon (2012)	Client experiences of agency in therapy	11	Grounded theory	NA	55	82
Israel et al. (2008)	Helpful and unhelpful therapy experiences of LGBT clients	42	Content analysis	NA	NA	55
Jim and Pistrang (2007)	Culture and the therapeutic relationship: Perspectives from Chinese clients	8	Interpretive phenomenological analysis	Cognitive-behavioral therapy Eclectic Person-centered therapy Psychodynamic therapy	50	0
Jinks (1999)	Intentionality and awareness: A qualitative study of clients' perceptions of change during longer term counselling	4	Grounded theory	Cognitive-behavioral therapy Person-centered therapy	75	NA

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Klein and Elliott (2006)	Client accounts of personal change in process-experiential psychotherapy: A methodologically pluralistic approach	40	Open-coding of change interview; qualitative-interpretative case study	Process-experiential therapy	NA	NA
Knox and Cooper (2010)	Relationship qualities that are associated with moments of relational depth: The client's perspective	14	Phenomenological/ grounded theory	NA	64	71
Knox (2008)	Clients' experiences of relational depth in person-centred counselling	14	Grounded theory	NA	NA	71
Knox et al. (1997)	A qualitative analysis of client perceptions of the effects of helpful therapist self-disclosure in long-term therapy	13	Consensual qualitative research	Cognitive-behavioral therapy Eclectic Humanistic-experiential therapy Psychoanalytic/ psychodynamic therapy	69	100
Knox et al. (2005)	Addressing religion and spirituality in psychotherapy: Clients' perspectives	12	Consensual qualitative research	NA	92	100
Knox et al. (2011)	Clients' perspectives on therapy termination	12	Consensual qualitative research	NA	92	100
Larsen and Stege (2012)	Client accounts of hope in early counseling sessions: A qualitative study.	10	Thematic analysis	Counselors received formal hope education	60	80
Lebolt (1999)	Gay affirmative psychotherapy: A phenomenological study	9	Phenomenological	NA	0	NA
Leroux, Sperlinger and Worrell (2007)	Experiencing vulnerability in psychotherapy	6	Phenomenological	NA	83	100
Levitt and Piazza-Bonin (2011)	Therapists' and clients' significant experiences underlying psychotherapy discourse	4	Content analysis	Cognitive behavioral/psychodynamic therapy Feminist integrative therapy Humanistic-eclectic therapy Psychodynamic therapy	100	50
Levitt (2001)	Clients' experiences of obstructive silence	7	Grounded theory	Client-centered therapy Cognitive therapy Interpersonal psychotherapy Process-experiential psychotherapy	86	NA

(*table continues*)

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Levitt (2002)	The unsaid in the psychotherapy narrative	7	Grounded theory	Client-centered therapy Cognitive therapy Interpersonal psychotherapy Process-experiential psychotherapy	NA	NA
Levitt, Butler, and Hill (2006)	What clients find helpful in psychotherapy: Developing principles for facilitating moment-to-moment change	26	Grounded theory	NA	77	NA
Lilliengren and Werbart (2005)	A model of therapeutic action grounded in the patients view of curative and hindering factors in psychoanalytic psychotherapy	22	Grounded theory	Psychoanalysis Psychoanalytic psychotherapy	86	95
Littauer, Sexton, and Wynn (2005)	Qualities clients wish for in their therapists	36	Descriptive, phenomenological	Eclectic Psychodynamic therapy	78	NA
Mackrill (2007)	Using a cross-contextual qualitative diary design to explore client experiences of psychotherapy	4	Theory-based, thematic analysis	Combined psychodynamic-humanistic therapy Existential therapy Humanistic therapy	75	100
Mackrill (2008)	Exploring psychotherapy clients' independent strategies for change while in therapy	3	Bricoleur	Humanistic/existential therapy	67	NA
Mackrill (2009)	A cross-contextual construction of clients' therapeutic practice	3	Theory-driven	Existential therapy Humanistic therapy Psychodynamic therapy	66	NA
Mair (2003)	Gay men's experiences of therapy	14	Constant comparative method	NA	0	NA
Marcus, Westra, Angus, and Kertes (2011)	Client experiences of motivational interviewing for generalized anxiety disorder: A qualitative analysis	9	Grounded theory	Integrated MI—cognitive-behavioral therapy Narrative therapy Process-experiential psychotherapy	75	37.5
Mayers et al. (2007)	How clients with religious or spiritual beliefs experience psychological help-seeking and therapy: A qualitative study	10	Interpretive phenomenological analysis	NA	70	70

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
McElvaney and Timulak (2013)	Clients' experience of therapy and its outcomes in "good" and "poor" outcome psychological therapy in a primary care setting: An exploratory study	11	Descriptive/interpretive	Combined person-centered & cognitive-behavioral therapy	45	100
McMillan and McLeod (2006)	Letting go: The client's experience of relational depth	10	Grounded theory	NA	60	100
Messari and Hallam (2003)	CBT for psychosis: A qualitative analysis of clients' experiences	5	Discourse analysis	Cognitive-behavioral therapy	20	60
Middle and Kennerley (2001)	A grounded theory analysis of the therapeutic relationship with clients sexually abused as children and non-abused children	34	Grounded theory	Cognitive-behavioral therapy	100	NA
Moerman and Mcleod (2006)	Person-centered counseling for alcohol-related problems: The client's experience of self in the therapeutic relationship	6	Grounded theory	Person-centered therapy	83	NA
Mulvaney-Day et al. (2011)	Preferences for relational style with mental health clinicians: a qualitative comparison of African American, Latino, and non-Latino white patients	51	Contextualized comparative analysis	NA	66	44
Murray (2002)	The phenomenon of psychotherapeutic change: Second-order change in one's experience of self	7	Phenomenological	NA	86	NA
Myers (2000)	Empathic listening: Reports on the experience of being heard	5	Phenomenological	Humanistic therapy	100	NA
Nachmani and Somer (2007)	Women sexually victimized in psychotherapy speak out	23	Content analysis	Psychodynamic therapy	100	100
Nilsson et al. (2007)	Patients' experiences of change in cognitive-behavioral therapy and psychodynamic therapy: a qualitative comparative study	31	Intensive qualitative analysis	Cognitive-behavioral therapy Psychodynamic therapy	88	NA

(*table continues*)

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Olivera, Braun, Gomez Penedo, and Roussos (2013)	A Qualitative investigation of former clients' perception of change, reasons for consultation, therapeutic relationship, and termination	17	Consensual qualitative research	Family systems Psychoanalysis Eye movement desensitization and reprocessing	65	0
Palmstierna and Werbart (2013)	Successful psychotherapies with young adults: an explorative study of the participants' view	11	Grounded theory	Psychoanalytic Psychodynamic therapy	82	NA
Paulson et al. (1999)	Clients' perceptions of helpful experiences in counseling	36	Phenomenological plus card sort and cluster analysis	Behavioral therapy Cognitive therapy Humanistic therapy Systems	75	NA
Pixton (2003)	Experiencing gay affirmative therapy: An exploration of clients' views of what is helpful	4	Grounded theory	NA	50	100
Pope-Davis et al. (2002)	Client perspectives of multicultural counseling competence: A qualitative examination	10	Grounded theory	NA	90	20
Poulsen, Lunn, and Sandros (2010)	Client experience of psychodynamic psychotherapy for bulimia nervosa: An interview study	14	Combined phenomenological and grounded theory	Psychodynamic therapy	100	NA
Rabu, Binder, and Haavind (2013)	Negotiating ending: A qualitative study of the process of ending psychotherapy	12	Thematic analysis	Multiple orientations	83	NA
Rabu, Haavind, and Binder (2013)	We have travelled a long distance and sorted out the mess in the drawers: Metaphors for moving towards the end in psychotherapy	12	Narrative-hermeneutic-phenomenological method	Integrative therapy	83	NA
Rasmussen and Angus (1996)	Metaphor in psychodynamic therapy	4	Grounded theory	Psychoanalytic Psychodynamic therapy	NA	NA
Rayner, Thompson, and Walsh (2011)	Clients' experience of the process of change in cognitive analytic therapy	9	Grounded theory	Cognitive analytic therapy	89	100
Rennie (1994)	Clients' deference in psychotherapy	14	Grounded theory	Gestalt therapy Eclectic Person-centered therapy Radical-behavioral therapy Rational-emotive therapy	57	100

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
				Transactional analysis therapy		
Rennie (1994)	Storytelling in psychotherapy: The clients' subjective experience	14	Grounded theory	Gestalt therapy Eclectic Person-centered therapy Radical-behavioral therapy Rational-emotive therapy Transactional analysis therapy	57	NA
Rennie (1994)	Clients' account of resistance in counseling: A qualitative analysis	14	Grounded theory	Gestalt therapy Eclectic Person-centered therapy Radical-behavioral therapy Rational-emotive therapy Transactional analysis therapy	57	NA
Rennie (2001)	The client as a self-aware agent in counselling and psychotherapy	14	Grounded theory	Gestalt therapy Eclectic Person-centered therapy Radical-Behavioral therapy Rational-emotive therapy Transactional analysis therapy	57	NA
Rhodes, Hill, Thompson, & Elliott (1994)	Client retrospective recall of resolved and unresolved misunderstanding events	19	Consensus coding	Dynamic therapy Humanistic-dynamic therapy Humanistic therapy Eclectic	84	NA
Roddy (2013)	Client perspectives: The therapeutic challenge of domestic violence counselling—a pilot study	4	Adapted grounded theory and narrative methodology	Integrative Person-centered therapy Psychodynamic therapy	100	100
Rodgers (2002)	An investigation into the client at the heart of therapy.	9	Grounded theory	Gestalt Psychodynamic therapy Person-centered therapy Solution-focused therapy	44	NA
Roe et al. (2006)	Clients' reasons for terminating psychotherapy: A quantitative and qualitative inquiry	77	Open-coding case analysis, axial coding, and creating synthesis	Psychodynamic therapy	79	NA
Schnellbacher and Leijssen (2008)	The significance of therapist genuineness from the client's perspective	6	Content analysis	Person-centered experiential psychotherapy	100	100

(*table continues*)

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
Shearing, Lee, and Clohessy (2011)	How do clients experience reliving as part of trauma-focused cognitive behavioural therapy for posttraumatic stress disorder?	7	Interpretive phenomenological analysis	Cognitive-behavioral therapy	86	57
Shelton and Delgado-Romero (2011)	Sexual orientation microaggressions–The experience of lesbian, gay, bisexual, and queer clients in psychotherapy	16	Phenomenological	NA	56	81
Shine and Westacott (2010)	Reformulation in cognitive analytic therapy–Effects on the working alliance and the client's perspective on change	5	Template analysis and grounded theory	Cognitive analytic therapy	80	100
Skourteli and Lennie (2010)	The therapeutic relationship from an attachment theory perspective.	5	Content analysis	NA	100	NA
Thompson, Cole, and Nitzarim (2012)	Recognizing social class in the psychotherapy relationship: A grounded theory exploration of low-income clients	16	Grounded theory	NA	75	69
Timulak and Elliott (2003)	Empowerment events in process-experiential psychotherapy of depression: An exploratory qualitative analysis	27	NA	Process-experiential psychotherapy	NA	NA
Timulak and Lietaer (2001)	Moments of empowerment–A qualitative analysis	6	Grounded theory	Person-centered Counseling	50	100
Toto-Moriarty (2013)	A retrospective view of psychodynamic treatment: Perspectives of recovered bulimia nervosa patients	14	Grounded theory	Psychodynamic therapy	100	NA
Valentine and Smith (1998)	A qualitative study of client perceptions of traumatic incident reduction (TIR): A brief trauma treatment.	16	Ethnoscience	Traumatic incident reduction	75	94
Valkonen, Hänninen, and Lindfors (2011)	Outcomes of psychotherapy from the perspective of the users	14	Hermeneutic analysis	Psychodynamic therapy Short-term solution focused	57	NA
Viklund, Holmqvist, and Zetterqvist Nelson (2010)	Client-identified important events in psychotherapy Interactional structures and practices	8	Conversation analysis	NA	88	NA

Table 1 (*continued*)

Article	Title	*N*	Method	Psychotherapy orientations included	Percentage of female participants	Percentage of European participants
von Below and Werbart (2012)	Dissatisfied psychotherapy patients: A tentative conceptual model grounded in the participants' view	7	Grounded theory	Psychoanalytic	86	NA
Ward (2005)	Keeping it real: A grounded theory study of African American clients engaging in counseling at a community mental health agency	13	Grounded theory	NA	62	0
Watson and Rennie (1994)	Qualitative analysis of clients' subjective experience of significant moments during the exploration of problematic reactions	8	Grounded theory	Humanistic therapy	75	100
Watson, Cooper, McArthur, and McLeod (2012)	Helpful therapeutic processes: Client activities, therapist activities and helpful effects.	10	Thematic analysis	Person-centered therapy Existential therapy	70	100
Westra et al. (2010)	Therapy was not what I expected: A preliminary qualitative analysis of concordance between client expectations and experience of cognitive-behavioural therapy	18	Grounded theory and consensual qualitative research	Cognitive-behavioral therapy	78	78
Wilcox-Matthew, Otten, and Minor (1997)	An analysis of significant events in counseling	19	Content analysis	Cognitive therapy Cognitive-behavioral therapy Brief solution focused therapy Family systems Strategic therapy	74	100
Williams and Levitt (2008)	Clients' experiences of difference with therapists: Sustaining faith in psychotherapy	12	Grounded theory	Behavioral therapy Constructivist Humanistic therapy Interpersonal therapy Psychodynamic therapy	50	83
Wilson and Sperlinger (2004)	Dropping out or dropping in?	6	Interpretive phenomenological analysis	Long-term psychoanalytic psychotherapy	50	NA

Characteristics of Studies

The number of clients in the complete set of 109 studies varied from three to 77, and the mean across the studies was 13.04 participants ($SD = 10.90$). When the outlier study with 77 clients was removed, the mean became 12.44 ($SD = 9.00$). Only studies using adult clients were included. Clients in the studies ranged between 17- and 79-years-old according to the reported data. A mean age was not possible to calculate as many studies only included an age range. The mean percentage of female clients reported across the studies was 71.55% ($SD = 20.76$), with eight studies not revealing the gender of participants. In all, 27 studies included only White European (WE) or White European American (WEA) participants, six studies included only People of Color (POC), 31 studies included both POC and WE or WEA, and 45 studies did not provide this information.

The research designs that were utilized to study clients' experience of psychotherapy were based upon the following methods: grounded theory ($N = 42$), phenomenology ($N = 25$), content/narrative/thematic analyses ($N = 21$), consensual qualitative methods ($N = 11$), or other/combined methods ($N = 10$). In terms of the topics researched, the studies appeared to converge in certain areas. These included: common factors in psychotherapy such as disengagement, agency, and metaphor use ($N = 27$), significant moments or the change process in general ($N = 26$), diversity or cultural characteristics including race, ethnicity, sexual orientation, and religious or spiritual backgrounds ($N = 20$), orientation-specific processes, describing how change unfolds within an orientation ($N = 20$), topics related to the relationship or alliance, such as transference ($N = 11$), and boundaries and values, with a focus on self-disclosure ($N = 5$).

A total of 42 studies examined therapies using multiple therapeutic orientations, and 38 studies did not report therapy orientations, suggesting that they did not restrict therapy orientation to any one therapeutic modality. Within the 42 studies that reported a mix of orientations, some listed the types of therapies. The following numbers indicate studies that had *at least one* client whose therapy was described as that orientation: humanistic/existential approaches ($N = 38$), psychodynamic approaches ($N = 37$), cognitive/behavioral approaches ($N = 37$), eclectic/integrated approaches ($N = 14$), interpersonal approaches ($N = 5$), feminist approaches ($N = 3$), brief solution-focused approaches ($N = 4$), a systems approach ($N = 3$), and a narrative therapy approach ($N = 1$). Only 28 studies featured a single orientation, divided as follows: humanistic-existential ($N = 12$), psychodynamic and/or psychoanalytic ($N = 9$), cognitive and/or behavioral ($N = 5$), and cognitive-analytic ($N = 2$). These studies originated from a variety of countries including: Argentina (one), Australia (one), Belgium (one), Canada (20), Denmark, (one), Finland (one), Israel (two), Norway (five), Portugal (one), Slovakia (one), Sweden (six), United Kingdom (33), and the U.S. (36).

Investigators

The first author is a clinical psychology professor who utilizes an integrative psychotherapy approach based within humanistic, feminist-multicultural, and constructivist approaches. She has expertise in qualitative methods, having taught graduate classes, led professional workshops and published extensively in this area. In addition, her work is focused upon reviewing qualitative research within her roles as an associate editor and editorial board member on a number of journals. The authors share research interests on cultural factors in therapy and mental health. In addition, they have expertise in researching marginalized populations. The second author has interests in constructivist approaches to psychotherapy and the third author uses cognitive–behavioral therapy and psychodynamic approaches. Using memoing, discussion, and self-reflection, the researchers worked to minimize the influence of their own therapeutic commitments within the analytic process.

Analysis

Adapted grounded theory methodology. A meta-analysis of 67 studies was conducted using an adapted grounded theory method (Glaser & Strauss, 1967). There are numerous approaches to grounded theory and this project was informed by the tradition developed by David Rennie (2000). In this process, the main findings (e.g., categories, themes) from each study were summarized and labeled in the form of meaning units (e.g., Giorgi, 2009) that each communicated an idea about clients' experiences in psychotherapy. Meaning units were compared to one another and categories were formed based upon commonalities identified therein—a process called *constant comparison* in grounded theory. Categories could contain data from any number of studies and they were not exclusive so meaning units could be placed in multiple categories if their content was multinuanced. These categories, in turn, were compared with one another and higher-order categories were formed. This process continued until a hierarchy of categories was formed, topped by a core category that represented the main findings in the analysis.

In terms of the collaborative process within the research team, the first author designed the study and the third author collected the initial studies and they codeveloped a form for collecting study information. Similar to Timulak's (2007) meta-analysis, the second author generated meaning units that were the findings from the original studies. The first and second author then engaged in weekly consultation meetings for a period of 1 year, expanding this dataset, discussing the analysis, and developing the hierarchy.

Content meta-analysis. A content meta-analysis of 42 additional studies was conducted in a similar way to the grounded theory but the meaning units summarizing the main findings were categorized directly into the hierarchy without going through the process of constant comparison. Because the hierarchy already had reached saturation and had stabilized, a constant comparative analysis of the units from all 109 studies would be not only arduous but would be unlikely to be beneficial in developing the hierarchy. Instead, each unit was compared with the category titles (which described the commonalities in the units therein) in the hierarchy rather than being compared with each unit. Occasionally, category titles were fine tuned to reflect the properties of the incoming data, but no new categories were generated. This augmentation, however, allowed for the analysis of the complete set of studies identified in our data collection process using the set of categories that were grounded in our initial analysis. It allowed us to combine the strength of an intensive qualitative data analysis with the goal of reviewing and describing a large literature base.

Methodological Integrity Checks

Qualitative researchers often use processes such as consensus and auditor checks in order to enhance trustworthiness of findings (e.g., Levitt, Morrow, Motulsky, Ponterotto, & Wertz, 2016). These procedures demonstrate that an interpretation of data is shared by multiple people and is not idiosyncratic. We used four such checks.

1. Our team used consensus processes to enhance our sensitivity to multiple interpretations of data so that we could identify those that seemed to us the most meaningful representations. That is, rather than compete over interpretations, the authors attempted to understand each other's interpretations, discussed the rationales for those interpretations, and considered how interpretations might coexist (see Levitt, 2015 for a detailed description of their approach to consensus).

2. In grounded theory method, saturation is the point at which new incoming data stops leading to the development of new categories. This is the point at which data collection halts and the analysis is considered comprehensive. Saturation in this study occurred at the 47th study, meaning that the last 20 studies did not contribute new categories to the analysis—a high bar.

3. After an initial hierarchy was completed, the third author acted as an auditor to review the hierarchy and provide feedback on its representation of the data and its clarity. Feedback from the third author encouraged the team to clarify some of the category labels and also to pull together the lower-order categories related to clients' agency within the process of disengagement in one higher-order category. By reviewing the central findings within each cluster and considering them in relation to the findings across the hierarchy, the researchers developed principles to guide therapy (see Levitt et al., 2005 on this practice).

4. In addition to this check, a process of "fallible memoing" was used (Rennie, 1994). Fallible memoing is the effort to use note-taking to limit the influence of researchers' perspectives on the process of analysis, while holding that it is not possible to limit all researcher influence. The goal is to be open to the information in the data and also facilitate self-reflection.

Results

The results present the findings from the combined analysis. The hierarchy was composed of six levels of categories (see Table 2). We will use the following terms to distinguish the

Table 2
Cluster, Category Subcategory Titles, and the Numbers of Studies That Contributed Meaning Units to Each

Clusters	Categories
Cluster 1: Therapy is a Process of Change through Structuring Curiosity and Deep Engagement in Pattern Identification and Narrative Reconstruction (71)	Category 1.1: Curiosity drives reflexivity, transference, and relationship pattern analysis leading to new interpersonal strategies (25) Category 1.2: Fear of sadness and vulnerability prompts disengagement but experiencing and exploring these emotions in therapy enhances engagement and leads to acceptance. (36) Category 1.3: The structure and support from the therapist helps clients to identify and change behavior patterns in their lives. (29) Category 1.4: The analysis of thoughts and assumptions can lead to the generation of new options and possibilities. (20) Category 1.5: Reflexivity leads to holistic awareness and a new self-narrative, abetted by therapists' insights (48)
Cluster 2: Caring, Understanding, and Accepting Therapists Allow Clients to Internalize Positive Messages and Enter the Change Process of Developing Self Awareness (82)	Category 2.1: Authentic caring lets clients feel validated and engage in vulnerable discussion, however, over-involvement can limit their sense of agency (61) Category 2.2: Being deeply understood and accepted helps clients engage in self-reflection nondefensively and increase their self awareness. (56) Category 2.3: Internalizing the accepting therapist allows client change inside therapy and creates positive changes to external relationships. (18) Category 2.4: Feeling unheard, misunderstood, or unappreciated challenges the alliance and requires discussions of differences. (25)
Cluster 3: Professional Structure Creates Credibility and Clarity but Casts Suspicion on Care in the Therapeutic Relationship (54)	Category 3.1: The therapist's professional status aids in credibility. (33) Category 3.2: Professional context creates clarity but can undermine the authenticity of the relationship, make therapy inaccessible, or foster dependence. (36)
Cluster 4: Therapy Progresses as a Collaborative Effort with Discussion of Differences (59)	Category 4.1: Explicitly negotiating client-therapist roles when setting the therapy agenda lessens the clients' sense of a problematic power imbalance. (38) Category 4.2: Cross cultural differences can be managed by exploring differences and valuing the individual within the culture. (31)
Cluster 5: Recognition of the Client's Agency Allows for Responsive Interventions that Fit the Client's Needs. (72)	Category 5.1: Clients are agents of both engagement and disengagement. (62) Category 5.2: Clients wish therapists to be responsive by checking on their goals, the fit of the process, and the content of sessions, but to provide guidance when blocked or when avoiding key issues (46)
Core Category: Being Known and Cared for Supports Clients' Ability to Agentically Recognize Obstructive Experiential Patterns and Address Unmet Vulnerable Needs (109)	

levels of the hierarchy: At the apex of the hierarchy is the core category, which encompassed five clusters that, in turn, contained 15 categories, composed of 43 subcategories. In the following sections, the clusters will be reviewed to describe the main findings in the analysis, followed by a description of the core category. Within the discussion of each level, the number of studies that contributed data to a category will be presented along with a verbal descriptor: few = 1–19; some = 20–49; many = 50–79, most = 80 or more studies. These numbers *cannot* be used to estimate the percentage agreement across studies, however, because even though each study focused on clients' in-session experience they did not all ask questions about the same aspects of treatment. Instead, the numbers provide an indication of the number of studies in which an idea became salient. Because numbers of clients were not attributed to specific findings in quite a number of the studies (54), the number of studies is presented rather than the number of clients.

Cluster 1: Therapy is a Process of Change through Structuring Curiosity and Deep Engagement in Pattern Identification and Narrative Reconstruction

Many studies (71) suggested that clients experienced therapy as a process through which change was driven by the identification and understanding of personal patterns. When these patterns were assessed in the context of a supportive relationship, their understanding could lead to new insights and options for clients. Five categories described this dynamic.

Category 1.1: Curiosity drives reflexivity, transference, and relationship pattern analysis leading to new interpersonal strategies. Some studies (25) found that clients' interpersonal strategies shifted as a result of reflexive self-examination of their relationships in and out of therapy. Clients across psychotherapy orientations described how they developed curiosity about themselves through therapists' prompting sustained reflection on interpersonal patterns across relationships. This curiosity allowed them to set aside defensiveness and query the ways that they interacted with others and assumptions they made. In addition, within the therapy relationship clients both described that their new ways of relating in therapy provoked thoughts about their interpersonal patterns and that this relationship provided an experiential arena in which they could experiment with new strategies. A client from Lilliengren and Werbart's (2005) study on psychoanalytic therapies described this experience:

> I think it was that all the time, I heard things like: "But what about you? Think about yourself!" And then I have begun to think things like: "But what about me then? What do I want?" and try not to care so much about others. I think that has probably been the most helpful actually, to think about things a little more from my own perspective instead of that of those around me (p. 332).

Although clients described noticing interpersonal patterns independently, therapists were described as actively promoting interpersonal insight by challenging and reframing the client's perceptions of their relationships, guiding clients to consider more adaptive ways of relating to others, encouraging clients not to internalize negative thoughts, and recognizing destructive or problematic patterns in their relationships.

Category 1.2: Fear of sadness and vulnerability prompts disengagement but experiencing and exploring these emotions in therapy enhances engagement and leads to acceptance. In some studies (36), clients indicated that they were wary of dealing with painful topics and chose to avoid therapeutic engagement or change topics rather than discuss them: "It's jolly hard work . . . and while I desperately want to be a different person I absolutely hate going through the past and the sort of analytical bit" (Shine & Westacott, 2010, p. 171). They reported that the presence of therapists and encouragement to engage with deep or difficult emotions was a vital factor. When clients did engage with vulnerable topics, however, they found it lessened their feelings of shame and increased self-acceptance. For instance, clients in a study focused on experiences of sadness (Henretty, Levitt, & Mathews, 2008) described the value of accepting difficult emotions (e.g., relief at hearing from her therapist say "It's okay to grieve because you've had so much on your plate and you haven't been able to [be sad] but now you can; now you must" p. 251) and exploring emotional patterns (e.g., "If you examine why you're sad, I think it helps you understand certain, certain things . . . I can see it clearly, you know, and so . . . I didn't get as upset as I used to" p. 251). Therapists were repeatedly described by clients as helping them experience and explore emotion and unhealthy patterns of disengagement when feeling strong emotion, often in light of cultural and familial taboos.

Category 1.3: The structure and support from the therapist helps clients to identify and change behaviors outside of their sessions. The clients in some studies (29) concluded that they specifically valued the new behaviors and strategies that therapy helped them to develop. Describing her experience testing out what she had learned from therapy, one client described it thus: "Instead of going round for the rest of the day with the anxiety . . . I sat down and spent about three hours doing stuff and just thinking about it and it all came into place" (Clarke, Rees, & Hardy, 2004, p. 77). Many of these studies found that clients reported their behavioral shifts to be the result of a collaborative process, with their work outside of the session as important to their success in developing new behaviors. Findings in this category suggested that clients across therapies were disappointed when a practical component to therapy was missing and they were left unsure how to make changes in their lives outside of therapy. In contrast, clients in Giorgi, Giorgi & Boudreau (2011) study experienced new insights as constituting a "demand for concrete action challenging old assumptions" (p. 76). These actions created a basis for new understandings and future patterns.

Category 1.4: The analysis of thoughts and assumptions can lead to the generation of new options and possibilities. Some studies (20) reported that clients specified that it was helpful to analyze their thought patterns and assumptions in therapy. These studies found that by considering these patterns, clients were able to identify new options and possibilities: "That was really helpful, that felt like a really big breakthrough because up to that point, like I had no clue how to stop it or where it was coming from" (Fitzpatrick et al., 2009, p. 659). In particular, the studies found that clients benefited when the therapist helped the client challenge negative and self-critical thoughts, and encouraged and coconstructed with the client a new and more affirming sense of self.

One client noted "The more positive mental attitude from earlier sessions has sneaked into my self understanding" (Mackrill, 2008, p. 446).

Category 1.5: Reflexivity leads to holistic awareness and a new self-narrative, abetted by therapists' insights. Although each of the prior categories focused upon pattern identification as rooted in one specific mode of functioning (e.g., relating, feeling, behaving, thinking), clients seemed to most often describe their reflection more broadly (48 studies). They described benefiting from the holistic process of being reflexive—that is observing themselves and developing self-awareness—often in terms that suggested an integrated understanding across modes of functioning. Results described that clients broadened or deepened their sense of themselves, developed narratives that encapsulated new forms of self-understanding, developed meaning out of despair, and forged new ways of being in the world. Therapists' structuring of self-examination appeared to engage clients' curiosity about themselves and increase their motivation to participate in therapy and maintain a posture of reflexive self-analysis.

Cluster 2: Caring, Understanding, and Accepting Therapists Allow Clients to Internalize Positive Messages and Enter the Change Process of Developing Self-Awareness

Most of the studies in this cluster (82) included repeated client reports that being understood and having their experiences accepted as valid allowed them to internalize the therapist's voice. Although a sense of sincerity in concern was deeply valued by clients, therapists' overinvestment was experienced as a hindrance to a sense of true acceptance. These studies also found that when clients felt misunderstood or unheard, it challenged the alliance and was hard to address.

Category 2.1: Authentic caring lets clients feel validated and engage in vulnerable discussion, however, overinvolvement can limit their sense of agency. In many studies (61) clients reported that they found the sense of authentic caring to play a critical role in allowing them to do the work of therapy. Experiences of honesty and safety helped to develop an invaluable sense of true connection in the therapeutic relationship. This client explained:

> It felt as though my counsellor, without breaching boundaries, went beyond a professional level/interest and gave me such a human, compassionate response, something I couldn't put a price on . . . I think I had only ever expected to receive from her professional self . . . [I] felt like she was giving from her core (Knox, 2008, p. 185).

Although sincerity in caring promoted trust and engagement in treatment, overinvolvement in clients' lives (e.g., voicing too strong opinions) hindered its development.

Also, distance in the therapist–client relationship was described as decreasing clients' sense of safety, as well as decreasing their willingness to self-disclose. In contrast, therapists' self-disclosures that were infrequent and relevant to the issues at hand were reported in these studies as events that indicated authentic care and increased clients' trust. Grafanaki and Mcleod (2002) provided an example on how disclosure improved clients' connection:

> I asked her some questions, I wanted her to share something about herself with me . . . And I felt she accepted me, because she was sharing something with me. And I felt good about that. I felt closer to her . . . I was showing her, "give me more" (p. 27).

Once a trusting connection was established, fears of abandonment were relaxed permitting the discussion of vulnerable topics, further deepening the client–therapist relationship in turn.

Category 2.2: Being deeply understood and accepted helps clients engage in self-reflection nondefensively and increase their self-awareness. Many studies (56) reported that being understood and respected by the therapist led to greater self-awareness, which was found to be curative in itself. Therapists were seen as most helpful when they guided self-exploration with an impartial but accepting tone. One client described the way the profound effect of being heard: "I had the feeling that the counsellor accepts these feelings, and then these feelings disappeared" (Timulak & Lietaer, 2001, p. 68). Clients also reported that being able to disclose vulnerable material helped them by reducing both their fear of impending judgment and condemnation from the therapist, creating the possibility for new awareness.

Category 2.3: Internalizing the accepting therapist allows client change inside therapy and creates positive changes to external relationships. In a few studies (18), clients reported that being able to internalize the therapist allowed them to improve upon their relationships in therapy and generally. One study described: "It appeared that the therapist acted as a surrogate for others' approval until the client had developed a strong enough sense of self-approval" (Levitt, Butler, & Hill, 2006, p. 318). The accepting and empowering therapist became an affirming, introjected voice that clients could carry as they developed a new model for interpersonal interaction to apply in their relationships going forward.

Category 2.4: Feeling unheard, misunderstood, or unappreciated challenges the alliance and requires discussion of differences. Some studies (25) reported that misunderstandings, as well as feeling unheard or disrespected, were experiences that detracted from clients' sense of the alliance. Clients' reluctance to address lapses in attunement resulted in the development of further distrust, and so incompatibilities were sometimes experienced as irreconcilable once they had formed. One client who disliked his therapist's style of treatment reported: "There were some moments when you, in a way, had nothing to say, then it gave such an uneasy feeling . . . you go on the same thing and that we are not proceeding at all or even go quite backward" (Valkonen, Hänninen, & Lindfors, 2011, p. 236).

When clients could resolve these difficulties, as noted in multiple studies as occurring when the client and therapist openly discussed moments of tension, the relationship was strengthened. One client described talking through a conflict in which she felt dismissed:

> The event was important for two reasons: It addressed the issue of how I defend myself against my feelings in therapy, and it had an impact on our relationship, that is, I was able to express negative feelings toward my therapist and we were able to process these feelings in a helpful way (Rhodes, Hill, Thompson, & Elliott, 1994, p. 479).

A few studies suggested that therapists who maintained a strong alliance were more likely to have clients that felt comfortable broaching the issue of misunderstandings.

Cluster 3: Professional Structure Creates Credibility and Clarity but Casts Suspicion on Care in the Therapeutic Relationship

This cluster was comprised of two categories. The many studies therein (54) found that clients were affected by their beliefs about being in therapy. While the artificial constraints of therapy caused clients to question the authenticity of the alliance, therapists' professional expertise and the structure of the treatment generated credibility.

Category 3.1: The therapist's professional status aids in credibility. In some studies (33), the professional role of the therapist was found to have considerable value as it allowed clients to engage in treatment:

> He was emotionally neutral, I would say . . . He was like a reporter. Where you do not see the news as being something that is a function of the reporter, you see the news as being substance in itself. And that's important because the information, if it becomes associated with the therapist, then it's harder to internalize and say, "This is right." "This is something that I need to know" (Levitt, Butler, & Hill, 2006, p. 320).

Clients held a negative view of therapists who did not maintain boundaries or who seemed to abrogate their role as an expert. When professional boundaries were established in the clients' eyes, it allowed them to discuss potentially vulnerable subjects with a person who was seen as an outside and impartial expert, thus enhancing faith in the treatment.

Category 3.2: Professional context creates clarity but can undermine the authenticity of the relationship, make therapy inaccessible, or foster dependence. Some studies (36) discovered that while boundaries provided a sense of structure and safety, they also presented challenges. Factors like payment, limited session time, and the spacing of sessions could lead clients to doubt the therapist's genuine care and commitment. One study presented a client's perspective that revealed her expectation of tension between professionalism and sincerity:

> When I was in crisis, he was flexible . . . I was allowed to come every day for a week or so. At the same time he was very professional. He was able to use examples from his own life, and still stay professional—it is a very thin line out there . . . Some doctors are just so distanced . . . but he was very professional, and at the same time he was a real person (Bindera, Holgersen, & Nielsen, 2009, p. 253).

When boundaries were rigid (e.g., spacing of sessions, limited time in sessions), however, a few studies reported that clients found it hard to forge an initial connection and overcome the feeling that they were talking with a stranger; this issue may be related to clients' cultural expectations. Similarly, lower income clients found that strict payment plans could make treatment inaccessible. Also, negative experiences of termination could be caused by strict boundaries, such as the lack of financial resources or time to engage in therapy.

Cluster 4: Therapy Progresses as a Collaborative Effort With Discussion of Differences

Many of studies (59) in the analysis revealed that clients experienced an inherent power differential in the client role that could be compounded by demographic differences (e.g., race, class). These differences could be challenging for clients to broach and hazarded a rupture in the alliance. This cluster contained two categories.

Category 4.1: Explicitly negotiating client–therapist roles when setting the therapy agenda lessens the clients' sense of a problematic power imbalance. Some studies (38) found that discussing the process of therapy overtly and welcoming discussions of differences helped to ameliorate issues of power. These studies reported that even when clients disagreed with the therapist's conclusions, they chose not to voice their objections. Researchers often surmised from this finding that clients needed a more direct invitation to disagree. One British client described his reticence as partly rooted in that he was not paying for his own therapy: "But then I didn't feel that I deserved an equal say in the decision. I was only a patient and I was you know getting it for free . . . so you know I was lucky to get what I got really" (Bury, Raval, & Lyon, 2007, p. 90). Several studies (17) within this category reported that collaborative models of therapy empowered clients to work in therapy and were embraced readily. They countered the client expectation that patients should be passive in receiving treatment, an expectation that speaks to the need for direct communication around therapeutic roles and goals.

Category 4.2: Cross cultural differences can be managed by exploring differences and valuing the individual within the culture. Clients in some studies (31) reported that when therapists' acknowledged therapist–client cultural differences (e.g., LGBTQ status, race/ethnicity, class, religion/spirituality) it improved the therapy relationship and was felt to be empowering and validating—especially when connections were explored between the clients' statuses as disadvantaged members of society and their mental health. Multiple studies reported that clients decided to terminate therapy when the therapist could not handle disagreements or clients' needs related to differences.

The clients in these studies also wanted to recognize individual differences within their cultures and the intersectional effects of their multiple identities. Similarities with therapists in identities did not automatically relieve tensions. For instance, one Black gay client described his fears of working with a Black therapist: "I think if my therapist was Black, I would be . . . damned! I would be berated; I would be chastised [for being gay]" (Chang & Berk, 2009, p. 530). The theme that arose from the analysis of this set of data was that feeling comfortable exploring issues of difference was vital for building trust and allowed clients to disclose vulnerable material, but when clients assumed therapists would not understand or value these explorations, they often chose to withhold their concerns.

Cluster 5: Recognition of the Client's Agency Allows for Responsive Interventions that Fit the Client's Needs

This cluster was composed of two categories. Many studies (72) recognized that the clients themselves played a major role in the therapeutic process. These studies reported that clients were

pleased when they were invited take the lead in the treatment planning and therapy process.

Category 5.1: Clients are agents of both engagement and disengagement. Many studies (62) found clients influenced therapy in a mix of both subtle and overt strategies. As experts on their own lives, clients had much to contribute. Their ability to draw connections themselves led them to feel a sense of ownership of their sessions and empowered them to draw from their inner selves in their explorations. In contrast, a client imagined saying to his overpowering therapist:

> You know, just listen to me and listen to where I'm coming from. Because I know what I'm talking about, I'm not crazy, you know what I mean? Just listen to me, have trust in me, have faith in me, because I know what I'm talking about (Mulvaney-Day, Earl, Diaz-Linhart, & Alegría, 2011, p. 37).

Given the opportunity to take the lead in sessions, many clients reported appreciating the chance to figure things out themselves.

Similarly, clients described exercising their agency in moments of disengagement as well. For instance, clients disengaging as a defense when exploring a thorny issue gave themselves time to contemplate further, rather than be rushed toward an ill-fitting solution. One study focused on disengagement (Frankel & Levitt, 2009) described it as "communicative experimentation" (p. 181)—as clients proactively demonstrated to therapists their needs to protect themselves from pain and to surmount barriers obstructing productive self-advancement. They also disengaged to reassess preexisting negative attitudes toward therapy, to observe therapists' responses when considering whether or not to enter deeper self-exploration, and to preserve the therapy relationship. However, when encouraged by therapists to codirect therapy and to talk openly about these processes, clients in these studies reported a bolstered sense of agency that allowed them the confidence to self-reflect so they could adjust interventions and explorations as well as initiate changes out of session.

Category 5.2: Clients wish therapists to be responsive by checking on their goals, the fit of the process, and the content of sessions, but to provide guidance when blocked or when avoiding key issues. Some studies (46) discovered that clients wished therapists would alter their approaches in response to their needs and preferences. When therapists were not attuned to clients' goals, alliance ruptures could develop, as in the following case:

> I felt my counsellor was trying to get me emotional or cry so I can get my anger out. She was repeatedly asking me how I'm feeling. At this point I told my counsellor to stop asking me these questions as they are frustrating me, and she will not get me to cry. At the next session I was less resisting and more willing to discuss different issues. (De Stefano, Mann-Feder, & Gazzola, 2010, p. 143).

At other times, however, clients were passive and if the therapist did not check in with the client these needs went unaddressed. Confrontation from therapists who did not tailor their responses to clients' understanding was experienced as a threat to the alliance most of the time. The exception to this rule was when the client was stuck, being avoidant or misleading the therapist, at which point more active guidance was desired.

Core Category: Being Known and Cared for Supports Clients' Ability to Agentically Recognize Obstructive Experiential Patterns and Address Unmet Vulnerable Needs

The core category is the central theme that the investigators found to be most useful in structuring the understanding of the phenomenon under investigation—clients' experience of psychotherapy. This core category emphasizes the role of identifying previously unrecognized and vulnerable needs as a central process across therapy orientations and developing therapy conditions to do so. Across the studies examined, clients developed curiosity about their own experiences and engaged in forms of pattern identification (i.e., emotional, cognitive, relational, behavioral patterns), coming to identify previously unrecognized needs so they could form more adaptive alternatives (Cluster 1). These forms of pattern identification tended to appear as core findings in studies that included clients from *across* therapy orientation and findings that suggested that clients' transformations were more holistic and might be stimulated by one type of pattern identification but then extended across types.

This holistic change was described as best facilitated by a relationship in which clients, in the face of feeling understood by their therapists, experienced care (Cluster 2), but in which this care did not become stifling. This relational connection allowed them to enter into vulnerable explorations and disclose potentially threatening information to their therapists that might allow them to pursue self-awareness. Especially challenging to the relationship were differences between therapists and clients. The research review suggested that an overt acknowledgment of both therapists' power in session and cultural differences with clients in conjunction with an invitation to discuss these differences was helpful as they allowed clients to self-disclose experiences and reactions and to feel known by the therapist (Cluster 4). Professional boundaries and reliability in contact provided a structure that facilitated clients' security to enter the vulnerable work of identifying needs to change patterns but generated a sense that care was ingenuine if the structure was not flexible enough to support clients' engagement (Cluster 3).

While engaged in the processes of developing a relationship, identifying previously unrecognized needs, and discussing differences, clients gained confidence from adopting an agential role in their sessions and developing the self-attunement to guide their self-exploration. The clients across these studies suggested that therapists' in-session responsiveness to their needs enabled them to be guided to move through points of impasse and avoidance (Cluster 5). The implications of these findings will be discussed further in the following section.

Discussion

The current article has reviewed qualitative research studies on 1,414 clients' experiences in individual psychotherapy. In the following sections, the implications of these findings will be reviewed and a central principle will be presented from each cluster (developed using Levitt's method for forming moment-to-moment principles; Levitt et al., 2005) to guide therapists' intentionality within the process of facilitating change. There are many process-relevant principles for change that can be derived from the

review, however, this article affords the opportunity to present the central principles that have been garnered. Following these descriptions, the article will offer recommendations for the shaping of new agenda.

Limitations and Strengths

Like quantitative meta-analyses, the findings in this review reflect the trustworthiness of the original studies reviewed. To reduce the variability in study quality, only peer-reviewed journal articles were reviewed in this analysis and so it is not possible to ascertain if unpublished studies would have different findings (although qualitative research is far less vulnerable to the "file drawer problem" as significance in these studies does not depend on statistical analyses). Caution should be used when generalizing from these studies to psychotherapy with children, in group, families or couples formats, or in non-English languages. The research studies included mostly women as clients (71.6%) and so these findings may hold less relevance for men. The original research is based upon clients' reports and so it does not tap into experiences or events that are that are inaccessible to reflective analysis. The convergence in perspectives across clients and studies, however, can be seen as serving a protective function against recall errors. Also, as most of the studies did not collect outcome measure data, the relationships between reported experiences and other outcome assessments are uncertain, as is the direction of those relationships. Like many forms of research, other analysts might have arrived at different interpretations of the data and so findings should be viewed as one empirically driven interpretation of the data among other possible interpretations that also might have value.

Although some studies did report drawing from control trials (e.g., Dakin & Areán, 2013; Marcus, Westra, Angus, & Kertes, 2011), the vast majority of the studies appeared to draw from community-based samples and so the findings may better reflect treatment in this broader context. Diagnosis, severity of difficulties, and resources typically were not reported across the articles reviewed but, as they did not report excluding clients based upon any clinical presentation, presumably the studies included a range of client issues and concerns. In addition, some studies specifically focused on more severe mental illness (e.g., Craigen & Foster, 2009; Poulsen, Lunn, & Sandros, 2010) or on clients' facing challenging life problems such as addictions and trauma (e.g., Edwards & Loeb, 2011; Shearing, Lee, & Clohessy, 2011). Very few studies reported detailed information on the therapists (e.g., level of experience, cultural characteristics, professional training) and we recommend that this information be reported going forward.

Strengths of the study included the synthesis of results across qualitative studies and the use of multiple methods to increase the study's methodological integrity including consensus between the investigators, an auditing process, and finding saturation to demonstrate comprehensiveness. This meta-analysis worked to identify patterns across findings that represented central and significant client experiences and trajectories. When discrepant primary findings existed, the meta-analytic findings were developed to reconcile these findings by orienting readers to the relevant dynamics and contexts at hand. Because these findings emerged from a meta-analysis of independent studies, they can be considered robust descriptions of clients' experiences in psychotherapy.

Two additional strengths of this qualitative meta-analysis are that studies reviewed included clients within a broad range of psychotherapy orientations and client issues, suggesting that the study findings may be transferable across many approaches to psychotherapy or client concerns. The study supports findings from prior meta-analyses that have described the need for a caring relationship (e.g., Timulak, 2007, 2010) and extends those findings by considering their internalizing function. Similarly, while findings related to increase autonomy and agency have been reported (e.g., Timulak & McElvaney, 2013), the findings here also emphasize their importance while also providing direction to therapists on when clients' need direction and confrontation—when they are blocked or avoiding key issues. In addition, novel aspects of this study include positioning clients' identification of vulnerable needs as a central common process that unites and stems from the many forms of pattern identification that characterize psychotherapy orientations. In addition, few studies have talked about both the need for structure and flexibility in boundaries and their positive and negative effects (e.g., Thompson, Cole, & Nitzarim, 2012). And, although there is a wealth of research on power in psychotherapy, the metaperspective of this research has enabled its identification of the need for integrative research that investigates the effects of both professional and cultural power as they interact.

A methodological contribution of this article is the development of a dual-strategy approach to analysis. In this process, an intensive grounded theory meta-analysis was conducted to develop a hierarchical categorization of the data with close fidelity to the literature base. Then, after the principle of saturation was satisfied, a content meta-analytic method was used to enable a wider review of the literature across the field of study and characterize its foci, methods, and findings. This innovative approach can enable qualitative researchers to conduct reviews that incorporate broader bases of literature than might be otherwise possible and to coherently address goals of both qualitative and quantitative reviews.

Clients Experience Change as Integrative and Systemic

Although the specific types of pattern identification that these studies described (i.e., patterns in thinking, feeling, behaving, and relating) may appear to map on to the mechanisms of change within the major therapeutic orientations (i.e., cognitive, emotion-focused, behavioral, and psychodynamic approaches), readers are cautioned to understand the ways that studies identified these processes within studies that crossed orientation. Whereas theories of psychotherapy tend to formulate descriptions of change in linear and logical progression—for instance, depression is "the consequence of unduly negative beliefs and information processing" (Hollon et al., 2010, p. 64)—it appeared that clients phenomenologically experienced change not as defined by singular forms or sequences of pattern identification but as a holistic lived experience (e.g., Merleau-Ponty, 1945/2005).

Because so few of the studies examined focused solely within any one therapy orientation (i.e., a maximum of 12 studies in any one orientation), the findings describing these mechanisms were based mostly upon studies including clients receiving treatment

within diverse orientations. Also, researchers rarely indicated differences in terms of psychotherapy orientation despite their efforts to identify patterns in their data. The language used to describe pattern identification tended to be broad and inclusive, suggesting that change mechanisms intertwined together. For instance, of the 71 studies in the first cluster (on pattern identification), most (45) had findings that were included in categories related to multiple forms of pattern identification (i.e., the categories on behavioral, emotional, cognitive, or relational patterns) and most (47) also included descriptions of change in holistic terms (i.e., the category on narrative change, new understandings). Only 16 (22.2%) of the studies did not fall into either of these two groups.

This finding can be positioned in support of the longstanding literature arguing that common processes across therapy orientations are of central importance (e.g., Frank, 1972; Grencavage & Norcross, 1990; Orlinsky & Howard, 1995). In particular, these arguments have focused the attention of the field upon the important role of relational factors, such as the therapeutic alliance (e.g., Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012) and empathy (Elliott, Bohart, Watson, & Greenberg, 2011). They have set the stage for a focus on empirically based psychotherapy relationships (Norcross, 2011).

Positioning the recognition of threatening needs as the *central function* of pattern identification can lend clarity to the common functions of different orientations' interventions and why they lead to a holistic sense of change. Recognizing underlying needs can lead to shifts across the spheres of cognitive, emotional, relational, and behavioral functioning. Although the focus in one pattern might act as an entry point (that might entail differences in the route), the ultimate function appeared similar. In addition, the studies introduced descriptions of the process of pattern identification that are rarely discussed in theories of therapy. For instance, the role of evoking clients' curiosity about themselves motivated them to engage in these forms pattern identification (e.g., Rennie, 2006). Similarly, the interpersonal structure and support of therapy (regular meetings, someone to hold clients accountable) was described as central for clients in taking the risks to engage in these processes within their lives.

On the basis of the converging findings, the following principle is suggested from Cluster 1: *Clients tended to describe multiple change mechanisms as beneficial in helping them recognize vulnerable needs and in leading to holistic change. Clients reported change in relation to curiosity about themselves and developing awareness of their patterns across faculties (i.e., cognitive, emotional, interpersonal, behavioral).* Although as therapists we often conceptualize change as based in one form of pattern identification, this finding speaks to the value of learning to conceptualize and promote change as it unfolds across faculties—even when working within a single therapy orientation. As many orientations that have developed focused skill sets that focus on generating change within a specific faculty, developing therapists might find that exposure to multiple orientations can better help them conceptualize and promote change across faculties. In line with this principle, innovative training models have been developed to foster therapists with a depth of appreciation across modalities and comfort integrating multiple mechanisms of change (e.g., Castonguay, 2005). In either case, attending to a holistic experience of change may allow therapist to be more attuned to clients' own experiences of change.

The Role of Authentic Care and Structure in the Therapist–Client Relationship

The second cluster in the study described the many positive effects of a caring, understanding, and accepting therapist. The findings support the growing body of literature documenting the contribution of components of therapy to variance in client outcome, including: empathy (9%; Elliott, Bohart, Watson, & Greenberg, 2011), and genuineness and positive regard (5.7% and 7.3%, respectively; Farber & Doolin, 2011). These studies affirmed the importance of these qualities, however, with clients emphasizing the role of care. They converge with Gelso's (2011) description of the real therapy relationship, characterized by authentic engagement.

When caring was assessed as authentic, it allowed clients to feel safe enough in sessions to set aside defenses and do the vulnerable work of self-exploration and discovery. They could take risks to change their modes of relating in session and outside. In contrast, when therapists were experienced as indifferent, insincere, overly involved, or imposing, these risks were threatening and the relationship needed to be explored and repaired. The principle from this cluster is: *Engaging in a truly accepting and caring client–therapist relationship allows the exploration of vulnerable issues by decreasing clients' defensiveness, increasing their self-acceptance, and internalizing the therapist as a temporary surrogate for validation.* These findings suggest that attention should be paid in psychotherapy training to the enactment and ethics of therapist caring (MacCormack et al., 2001). Models of person centered care and shared decision-making could help therapists consider how to best care for clients (e.g., Munthe, Sandman, & Cutas, 2012).

In the third cluster, the clients' expectations about therapy and the professional status of the therapist were described. Although therapists' training bolstered their credibility, the financial obligations also made suspect the authenticity of their care for their clients and could threaten continuity of care if clients did not have a regular income. The following principle was formed: *The structure of therapy (set session length, regularity, payment) increased clients' security and confidence in the process generally but was enhanced by flexibility in the length of initial sessions to establish a relationship, flexible payment plans when possible, and professional relationships that did not undercut warmth and authentic care.* It will be of interest to see how changes in models of insurance and care delivery influence these factors as therapy becomes more accessible and integrates into primary care (Friedman, 2014).

Broadening the Forms of Power When Considering Client–Therapist Differences

Although the focus on therapists' and clients' cultural experiences and differences was the third most common topic of research in the studies examined, usually research centered on one specific type of difference. Indeed, most of the studies (55/66, 83.3%) in these categories focused either on the power differential within the therapeutic relationship (37) or culturally based power differences between therapists and clients (29). The separation in these foci might reflect the two different theoretical and research bases that these forms of research draw upon.

Research addressing the professional power of therapists has stemmed largely from humanistic researchers' work on how therapists inadvertently can block clients' progress in therapy (e.g., Bohart, 2007; Rennie, 1994). In contrast, the multicultural researchers have focused upon issues related to cultural differences and oppression (e.g., Sue & Sue, 2012). The reconciliation of these two perspectives on power is recommended in future research to explore the ways that clients in therapy are influenced by interactions of these forms of power (Levitt, Whelton & Iwakabe, in press; Levitt, Whelton, Surace, & Grabowski, 2016; Comas-Diaz, 2012; Quinn, 2013). For instance, this work can shed light on findings related to ethnic differences in preferences for directiveness in therapy (e.g., LaRoche, 2002).

Across both types of difference, a central finding of the cluster was that clients were more likely to view therapy as effective and positive if client–therapist differences were addressed openly. The principle based upon this cluster is: *Clients are influenced by both professional power and cultural power in their sessions; explicitly acknowledging both types of power and inviting a discussion of client–therapist identities and differences, and an active collaboration throughout the therapy process (e.g., at intake, at moments of tension) may prevent both deference and withdrawal.* Expanding our understanding of the relations between therapists' power and difference could lead to more specific recommendations in working with diverse populations.

Considering Therapist Responsiveness From a Clients' Perspective

In the final cluster of this analysis, the studies described clients as active agents of change, both when engaging in and disengaging from treatment. They appreciated therapists' suggestions and insights, but found it hard to communicate directly when therapists' interventions were not attuned to their experiences. A growing contingent of researchers has argued that clients are the central force within the healing process (e.g., Bohart, 2007; Cooper & McLeod, 2007; Gordon, 2012; Levitt, Butler, & Hill, 2006; Levitt et al., 2005; Rennie, 2006; Stiles, 2013). In this paradigm, clients are thought to selectively (and often covertly) engage with therapists' interventions to support their own process of change. The repositioning of the client as the central agent in the change process has constituted a radical shift in the conceptualization of therapy.

Congruent within the *client as self-healer* paradigm (Bohart, 2007), these studies repeatedly reported that clients preferred therapists who offered suggestions for consideration but allowed clients' to direct the therapy process and arrive at their own conclusions. Similar to a Vygotskian model of proximal zone of development (Holzman, 2014), clients seemed to desire an approach in which therapists offered more structure and guidance as needed. They preferred to come to solutions when they were ready and on the basis of their having developed a depth of new understanding rather than being convinced about a point, but sometimes needed assistance.

They reported decisions about whether and how they would engage in the therapy process in both moments of engagement and disengagement. Therapists who invited reflection in moments of rupture so that both parties could reflect together upon the exchange were the ones who shifted obstructive moments into productive ones. Although disengagement might at times be an unconscious process, clients were able to meaningfully reflect upon aspects of these experiences when invited to discuss these issues.

The principle proposed from this cluster is: *Clients' agency plays an important role in the change process. Clients desire support for their process of self-healing (vs. therapists who overestimate the power of their own interventions) and appreciate regularity in checking in with them about the fit of interventions, in-session needs, and treatment goals. As needed, guidance can help clients to best adapt interventions, move through impasses, and recognize patterns of in-session avoidance.* An advantage to allowing the client to lead the exploration when possible is that, then, clients reported feeling more confident in the process of self-reflecting and meeting their needs out of session.

Conclusion

It is time for a new agenda. As the value of continued research comparing psychotherapy orientations, and the construction of psychotherapy as defined by its orientation, are increasingly questioned (e.g., Wampold & Imel, 2015), an alternate agenda has developed in which relational, therapist, and client factors have gained credence as driving factors in psychotherapy outcome. But how can "therapist factors" or "client factors" best be conceptualized? In the past, our framing of these variables has focused upon what we as therapists feel we contribute to the therapy process—namely, our orientations and interventions. This article recommends that in shaping a new agenda we turn to consider what the client is bringing to therapy. These meta-analytic findings depict clients as active participants in the therapeutic process. They demonstrate the utility of qualitative research on clients' experiences to shed light upon the workings of common factors and to enrich the understanding of findings in the canon and to direct future research. It is time to integrate the gains from this research to reenvision the science of psychotherapy research so that the construction of these variables and psychological knowledge is empirically grounded upon the experiences of our clients.

Routinely consulting qualitative research can allow researchers access to clients' inner experiences and inform our conclusions. We should not allow our epistemological biases to prevent us from fully integrating qualitative research within our quantitative work. For instance, findings that the working alliance is not as highly related to outcome in treatments of substance abuse as other treatments (Wampold & Imel, 2015) can be informed by the present findings that although clients were described as generally not responding well to therapist confrontation (as it threatened the alliance and did not allow them to arrive at insights themselves), clients who were deceptive or avoiding central issues tended to be described as benefitting from challenging therapists. Reflecting upon qualitative findings when considering quantitative or qualitative results can lead to a new depth of understanding of the change process.

Across these meta-analytic findings is the insistent reminder that clients come to us with a sense of their problems, a lived experience of their histories and cultures, and a proclivity to be engaged in the interactive healing process. In general, when therapists engaged clients' curiosity, clients engaged in self-reflection. When therapists demonstrated authentic care and acceptance, clients reported safety to explore threatening themes. In talking explicitly about their roles and the power dynamics that existed in their

relationships, clients overcame barriers and become active collaborators in the therapy process. The safety and support from this structure granted clients the ability to engage in their own vulnerable and risky work and begin to recognize underlying needs via the identification of patterns in their lives. Through developing a holistic understanding of their patterns they reported making change across contexts, relationships, and personal faculties. Seeing clients as people with these potentials and constructing the therapist role as support for their agency can be a place from which to begin.

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*References marked with an asterisk indicate studies included in the meta-analysis.

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