

# Counselling adults who were abused as children: clients' perceptions of efficacy, client-counsellor communication, and dissatisfaction

PETER DALE

*NSPCC East Sussex, 2 Sedlescombe Road South, St Leonards on Sea, East Sussex TN38 0TA, UK*

JOHN ALLEN

*Department of Psychology, City University, Northampton Square, London EC1V 0HB, UK*

LYNDA MEASOR

*Department of Community Studies, University of Brighton, Falmer, Brighton BN1 9BH, UK*

**ABSTRACT** *Despite the amount of clinical material relating to adults who were abused as children, there is a dearth of research which has examined the effectiveness of counselling such clients. In order to examine the perceived efficacy of counselling with this client group, a total of 53 in-depth interviews were undertaken with a sample that included adults abused as children who had received counselling, counsellors working with this client group, and counsellors-who-were-abused-as-children. The findings indicate that there are many similarities in what abused clients and the general client population judged to be helpful and unhelpful factors in counselling. However, certain aspects of the counsellor-client relationship appear to have specific impacts and meaning for an abused client group, especially when they have little prior knowledge or experience of counselling. Data are presented relating to clients' evaluations of counselling. These illustrate clinically relevant issues in relation to communication and experiences of dissatisfaction. One conclusion from the study is that in terms of their responses to counselling, it is simplistic for adults who were abused as children to be categorised as a unitary group. Nevertheless, there are certain aspects of counselling with such clients which do merit particular attention if practitioners are to minimise the possibility of counselling being ineffective, unhelpful or, at worst, re-traumatising.*

## **Introduction**

A substantial amount of material has been published over the past two decades in relation to counselling adults who were abused as children (the term 'counsellor' is

used throughout this paper and should be understood to include practitioners who utilise other titles such as 'psychotherapist', 'therapist' and 'psychologist'). This material is mostly derived from clinical sources, and is influenced by a range of theoretical paradigms. Whilst these are not mutually exclusive, the dominant influences are:

- (i) psychoanalytic/psychodynamic models (Davies & Frawley, 1994; Haaken & Schlaps, 1991; McElroy & McElroy, 1991; Rose, 1991);
- (ii) trauma models (Blake-White & Kline, 1985; Briere, 1989, 1992; Herman, 1992; Lindberg & Distad, 1985; Ochberg, 1991; van der Kolk, 1987);
- (iii) constructivist/self-psychology models (Janoff-Bulman, 1989; McCann & Pearlman, 1990);
- (iv) systemic models (Bentovim *et al.*, 1988; Gelinas, 1983; Giarretto, 1982; Sgroi, 1982);
- (v) feminist/survivor/recovery models (Bass & Davis, 1988; Dinsmore, 1991; Dominelli, 1989; Forward, 1990; Frederickson, 1992);
- (vi) eclectic/integrative models (Briere, 1992, 1997; Courtois, 1988, 1997; Dale, 1993; Draucker, 1992; Gil, 1988; Maltz & Holman, 1987; Meiselman, 1990; Sanderson, 1990).

A significant controversy has arisen in relation to the use of 'memory recovery techniques' by therapists who assume the existence of 'repressed' or 'dissociated' memories of childhood abuse as underlying a wide range of adult problems (Bass & Davis, 1998; Blume, 1990; Frederickson, 1992). This approach has been predominantly, but not exclusively, associated with the 'feminist/survivor/recovery' paradigm. However, research into adult consequences of child abuse has failed to identify specific constellations of symptoms and problems which reliably constitute a 'post-sexual abuse syndrome' (Cahill *et al.*, 1991a). Also, such techniques have recently faced severe criticism from the 'false memory syndrome' pressure groups and their supporters (Goldstein & Farmer, 1992; Pendergrast, 1995), and from the field of cognitive memory research (Lindsay & Read, 1994; Loftus, 1993). These criticisms draw attention to significant on-going disagreements within the scientific and clinical communities regarding the notions of 'repression' and 'dissociation' as mechanisms underlying amnesia for childhood sexual abuse, and in relation to assessment of the veracity of 'recovered' memories of childhood sexual abuse (for further discussion, see Dale, 1997; Dale & Allen, *in press*; Read & Lindsay, 1997).

Notwithstanding the volume and theoretical range of clinically derived publications, there is a surprising scarcity of published research which explores the perceived helpfulness of the various therapeutic models for adults who were abused as children (Beutler & Hill, 1992; Cahill *et al.*, 1991b). Consequently, many practitioners may be working on the basis of personal faith in specific conceptual frameworks, the choice of which is likely to be influenced by debates which do not necessarily reflect the results of systematic inquiry and dispassionate assessment. Given the indications that practitioners feel particularly uneasy about inadequate levels of skill, and the emotional impact on themselves of working with this client group (Frenken & van Stolk, 1990), there may be a danger that some

counsellors seeking a secure base for practice acquire a false certainty by uncritically adopting models outlined in high-profile publications, without being aware that many such approaches are theoretically contentious and clinically unevaluated.

Very few therapeutic modalities for counselling adults who were abused as children have been subject to research in relation to clients' perceptions of efficacy. The major exception is a study by Jehu (1988) which involved a comprehensive evaluation of a cognitive-behavioural treatment programme. A small number of other researchers have investigated clients' perceptions of help received from a disparate range of practitioners (Armsworth, 1989; de Young, 1981; Feinauer, 1989; Frenken & van Stolk, 1990; Josephson & Fong-Beyette, 1987).

Conclusions from these studies raise important questions about the helping process with adults who were abused as children. In terms of efficacy, findings span a broad continuum, from the 'overwhelming satisfaction' expressed by clients with the structured cognitive-behavioural programme evaluated by Jehu (1988), to the 'dismaying' finding of Armsworth (1989) that 46% of her sample had been victimised or exploited in some way during their contacts with practitioners. Because of methodological variations, and discrepancies in the training and experience of the practitioners involved, a great deal of caution is needed in drawing generalisable conclusions from these studies. Nevertheless, the Jehu (1988) study indicates clearly that certain adults who were abused as children and have experienced consequential difficulties can benefit greatly from some forms of counselling. Equally, Armsworth (1989, 1990) and Frenken van Stolk (1990) demonstrate that interventions by counsellors and other mental health professionals can have significantly negative and harmful effects.

Whilst such studies provide sensitising information regarding the positive and negative potential of counselling with this client group, they do not explore the depth and complexity of interior experiencing within the counselling process. To access such levels requires phenomenological exploration (McCracken, 1988; Moustakas, 1990). In recent years, generic psychotherapy and counselling research has reflected a gradual, but significant, move to recognise the value of qualitative methods which probe deeper levels of client and counsellor experiencing than can be obtained by more traditional experimental methodology (Howe, 1993; McLeod, 1990).

The purpose of the research from which this paper is derived was to explore two key questions. First, what do clients and counsellors perceive to be helpful and unhelpful factors in counselling adults who were abused as children? Second, are there any important ways in which counselling this group differs from counselling the general population of clients who have experienced a wide range of other unhappy life events and circumstances?

## **Method**

These questions were explored by contrasting experiences and perceptions from three perspectives:

- (i) clients abused as children who had received counselling;
- (ii) counsellors who work with this client group;
- (iii) counsellors who perceived themselves to have been abused as children—this group has a unique dual perspective, and a voice which has hardly been heard at all in the literature so far.

The study involved both quantitative and qualitative methodologies. Fifty-three respondents took part in in-depth interviews (two of these were briefer telephone interviews), based upon phenomenological principles of inquiry (McLeod, 1994; Patton, 1990). All interviews (bar three) were audio-recorded and transcribed, and the transcripts were subjected to 'grounded theory' analysis (Denzin & Lincoln, 1994; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Twenty interviewed respondents also provided written narrative material relating to their experiences, and this was augmented by written material from a further 12 respondents who were not interviewed (for a detailed description of the qualitative methodology employed in the study, see Dale, 1996). In addition, an 18-item questionnaire was designed to record respondents' assessment of their counselling experiences. A counselling 'experience' refers to a specific sequence of sessions with the same counsellor. Such an experience may range from a single session to numerous sessions over many years.

Pre-determined behaviourally-oriented definitional criteria of abuse were not imposed. Prior to the interview, respondents indicated on the questionnaire whether, and in which ways, they construed their childhood experiences to have involved abuse (the categories offered were: Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect, and Other). Quantitative and evaluative data regarding counselling experiences were also obtained in this way. Client respondents were invited to participate in the study primarily by notices in national and local newspapers about the research. Counsellor respondents were recruited via personal contact and by notices at a number of training events. Counsellors who were abused as children came from both sources. The gender and age-range of the interview respondents are shown in Table 1.

These 53 interview respondents combine to provide 47 perspectives on being-a-client experiences and 23 perspectives on being-a-counsellor experiences. A procedural error meant that seven counsellors who were abused as children received the counsellor version of the questionnaire (which omitted the questions about

TABLE 1. Gender and age of interview respondents

Respondents	Female	Male	Total	Age range
Clients	29	1	30	25-55
Counsellors abused as children	11	6	17	30-61
Other counsellors	3	3	6	36-49
Total	43	10	53	

TABLE 2. Clients' overall rating of counselling experiences (N = 130)

Has the counselling therapy you have received helped you to deal more effectively with the problems that led you to seek counselling/therapy?	
Yes—a great deal	48 (37%)
Yes—to some extent	42 (32%)
Uncertain	10 (8%)
No—did not really help	17 (13%)
No—seemed to make things worse/was harmful	13 (10%)
Total	130 (100%)

counselling received) instead of the counsellor-abused-as-a-child version. Consequently, the fuller questionnaire (recording biographical information, abuse details and perceptions of counselling outcome) was completed by 40 respondents who had self-perceived abuse histories. This sub-sample provides the basis for the statistical data and analysis in this paper.

### Perceptions of efficacy of counselling

Data are available for 40 respondents with client experiences (28 clients and 12 counsellors abused as children) involving a total of 130 counselling experiences. Of these respondents, 90% had had more than one experience of counselling, with a range of between 1 and 10 experiences (mean = 3.25). Table 2 illustrates these respondents' ratings of the outcome of their counselling experiences.

From these figures it can be seen that clients had very varied and mixed experiences of counselling. Data provided from the more detailed responses can be differentiated into three categories of efficacy:

- (i) exclusively helpful;
- (ii) exclusively unhelpful;
- (iii) combinations of helpful and uncertain/unhelpful experiences.

On the positive side, 40% (16/40) of clients had had experiences which were ranked as combinations of maximum and moderate helpfulness, with no 'uncertain' or 'unhelpful' experiences. This involved 31.5% (41/130) of the whole sample of counselling experiences. Of this group, just under one-quarter of all clients (9/40) had experiences (21/130—16%) which were ranked exclusively as being of maximum helpfulness.

In contrast, exclusively unhelpful experiences were reported by only one respondent, who had had three experiences of counselling all of which were rated as 'No—did not really help' (3/130—2.3%).

The mixed picture is represented by 40% (16/40) of clients, who had had combinations of helpful and uncertain/unhelpful experiences (67/130—51.5%). The positive aspect of the mixed picture is reflected by 39 out of 40 clients (97.5%) who reported at least some helpful effect within their total counselling experiences. Also,

TABLE 3. Respondents' ratings of residual problems.  
N = 40 (28 clients and 12 counsellors abused-as-children)

To what extent do you feel that you still have problems in your life that are connected with having been abused?

Major problems	7	(17%)
Some problems	30	(75%)
Hardly any problems	1.5	(4%)
Uncertain	1.5	(4%)
No problems	0	(0%)
Total	40	(100%)

Note: One respondent gave two answers: 'hardly any' and 'uncertain'.

69% of all counselling experiences were rated as helpful to some degree. The negative side of this mixed picture involved 10 clients who had had 13 experiences of counselling which they felt had made things worse or were perceived as harmful, amounting to 10% of the entire counselling experiences. All but one of these clients, however, had had other experiences of counselling which were helpful to some degree.

In this context of largely mixed perceptions of the effects of counselling, it is interesting to consider respondents' ratings of the degree of problems remaining in their lives post-counselling (Table 3). From these data it can be seen that a very high proportion of respondents continued to experience problems in their lives which they felt stemmed from abuse; and that none felt that their problems had been completely resolved. However, this somewhat stark finding should not eclipse the views expressed that counselling, for many, had helped to overcome substantial problems and to ameliorate the effect of remaining problems.

Turning from the quantitative to the qualitative data, examination of the life-stories of respondents elicited in the interviews indicates that many were very satisfied to have progressed from the 'major problems' to the 'some problems' category. Many, also, were confident of making further progress in that direction. The importance of this transition should not be underestimated, even though difficulties remained. The following quotations from three respondents (all names in quotations are pseudonyms) illustrate the strength of feeling regarding the benefits of successful counselling:

'Absolutely changed my life—flaming did! I can tell you! it really did' (Ellen).

'I always felt that I was like a sort of Martian—I wasn't from this planet. I was never meant for this earth. And I was waiting to die, basically, just waiting for the day ... I was just waiting to die. And I couldn't relate to anybody. I felt so inferior and all the negative things, you know, so unworthy, or not worthwhile—without value. And nobody would want to

know me anyway and things like this. But now I know that I'm all right' (Veronica).

'Just being in a family like that was just absolute hell ... it was a complete terrible childhood—and adulthood as well until probably the last couple of years. And I just learned so much from counselling—it has really done me so much good ... it's made such an incredible difference to myself' (Mary).

Analysis of the interview data revealed that respondents believed the benefits of counselling were predominantly reflected in four main areas:

- (i) improved general day-to-day coping with life;
- (ii) ability to express and contain feelings;
- (iii) a re-ordering of relationships, particularly with their own children, families of origin and current partners;
- (iv) the development of understanding and meaning for abuse experiences.

Is the process of effective counselling with adults who were abused as children to any great extent different from counselling with a general client population? The indications from this study regarding such supposed differences are that the answer to this question can be both 'No' and 'Yes'. It appears that many factors perceived as beneficial by adults who were abused as children are essentially the same as those revealed in research concerned with the efficacy of counselling and psychotherapy with a general population (much of this research, given the incidence of childhood abuse in clinical populations, will have involved undeclared adults who were abused as children). Meta-analyses of such studies conclude that clients are helped by the provision of a safe context and an understanding and accepting relationship in which they feel understood, are able to talk honestly, and are enabled to create personal meaning for their experiences (Howe, 1993).

On this basis, adults who were abused as children, in the same way as other clients, use counselling to explore cognitively and emotionally the impact of a wide range of life events, losses, deprivation, moods, identity/existential concerns, relationship difficulties and spiritual matters. However, the analysis in the present study also indicated that adults who were abused as children *may* face particular issues or challenges in counselling. These include:

- (i) difficulties and challenges involved in becoming 'ready' for counselling in the context of associated 'deterrents to help-seeking';
- (ii) challenges in establishing an effective working alliance for clients who may have particular tendencies towards lack of trust or indiscriminate over-trusting;
- (iii) the likelihood that clients may be susceptible to periods of feeling overwhelmed by abuse-related cognitions, imagery and affect;
- (iv) the repercussions of clients' inclinations toward inhibition of communication—especially regarding shameful inner experiencing and feelings of dissatisfaction with counselling;

- (v) dilemmas in the counselling relationship regarding if, when, and in what ways, the abuse experiences need to be discussed in detail;
- (vi) a focus on clients' memory processes, which may include memories of abuse which are constant, 'recovered' (pre-counselling), or 'return' during counselling, alongside careful reflection upon possible influences on the veracity of such memories;
- (vii) a search for understanding why the abuse occurred, and existential questions regarding the impact of abuse on the client's sense of identity;
- (viii) dilemmas in relation to what can feasibly constitute 'resolution' of the effects of abuse, and how this affects relationships with family members;
- (ix) specific fears that the abuse will have potential negative impact on clients' abilities to parent their own children successfully.

In this paper, because of the general lack of existing discussion and the implications of the material for clinical practice, the focus is predominantly on the categories of clients' experiences of communication and dissatisfaction. Analysis in relation to the other categories will be presented elsewhere.

### **Communication inhibitions in counselling**

A frequently occurring experience reported by clients in this study was to feel inhibited in communicating openly in counselling. The significance of this phenomenon in general counselling and psychotherapy research has been commented on in earlier studies, most notably those by Hill *et al.* (1989), Maluccio (1979) and Rennie (1994). For the adults abused as children in the present study, the range and extent of uncommunicated inner experiencing was particularly noteworthy, and involved the interplay of factors which clients felt were intrinsic to themselves and part of their problem, were responses to characteristics of the counsellor, or stemmed from the dynamic of the counselling relationship.

Intrinsic client factors inhibiting communication were commonly linked to the effects of the abuse. For example, as one person put it:

'The hard thing about therapy is they want you to talk. And the problem with being an abused child is that you are told not to...' (Esme).

Respondents often commented how one consequence of childhood abuse is to become secretive, adaptive, or emotionally inarticulate in relationships. These responses were perceived to carry over into the counselling relationship. Examples of such effects included: being polite; wanting to be seen in a good light by the counsellor; fear of judgement or rejection defended against by not revealing aspects of 'true self'; being untruthful about not being suicidal; concealing feelings of dissatisfaction; and intense self-consciousness associated with shame about the abuse.

An example of the latter category involves confusion and shame arising from a degree of erotic response to aspects of the abuse experience. Erotic responses to abuse (and to memories of abuse) are experiences which are rarely discussed in the

clinical or popular literature, and communication about this seems to be particularly prone to inhibition. This silence can leave clients who have such experiences feeling perverted, freakish, uniquely bad, responsible, complicit, and very alone. Two interview extracts exemplify this:

'It was the combination of having the feelings of disgust, mixed with the feelings of quite high eroticism, that had obviously given me quite a lot of conflict. Because there was disgust at me, disgust at my mother, mixed with the fact that I must have been feeling pretty erotic at the time and instead of just giving me a cuddle and making me feel happy and close, she did something more than that ... it was the real conflict between enjoyment and disgust which I was having a big problem with ... It was the admission, not of the disgust, but of the enjoyment that I found very difficult to actually say' (Suc).

'It raises very ambiguous sorts of feelings because part of the guilt of abuse, I've learned, stems from the fact that children can enjoy aspects of the abuse. Because they've derived enjoyment from it, they get the subsequent guilt that, "Yes it's partly me" ' (Jamie).

Such experiences are highlighted here because of their poignant significance for clients so affected. There are no current data which indicate the frequency of such phenomena within the wider population of adults who were abused as children. Counsellors should be cognisant of the potential for such experiencing, but should not assume its existence, as to introduce this possibility indelicately, or inappropriately, is likely to cause offence. However, when erotic responses to abuse memories are a part of the client's experiencing, this may underlie an otherwise puzzling lack of therapeutic progress, or set-backs in progress. In such circumstances, self-defeating (and sometimes self-harming) guilt feelings can be frequently, but secretly, negatively reinforced by clients' self-blaming reactions to continuing erotic responses to memories of the abuse, or to current sexual activity which evokes such memories. Given careful consideration, in the context of an established good counselling relationship, tentative enquiries which acknowledge that this is a recognised reaction to abuse can bring relief and understanding, and can constitute a significant step forward in the progress of counselling.

Similar shame-associated inhibitions in communicating in counselling may also occur regarding certain relational contexts of abuse—especially those involving sexual abuse by mothers. In this study, 25% of respondents who reported a history of sexual abuse recorded mothers as being involved. Of the sample of 47 interview respondents who were abused as children, 36 reported childhood sexual abuse; 23 reported childhood physical abuse; 35 reported childhood emotional abuse; and 15 reported childhood neglect. Of the 36 reporting childhood sexual abuse, 15 gave fathers as the perpetrator, 14 gave 'other family males', and 9 reported mothers as the perpetrator (singly or jointly with others).

Clients' ability or willingness to communicate can also be inhibited by their idiosyncratic responses to counsellors' characteristics and contexts, such as: the

counselling environment; physical attributes of counsellors; theoretical orientations; perceived attitudes towards abuse; anxieties about confidentiality; concerns about the personal vulnerability of counsellors; and reactions to aspects of the counsellors' behaviour. A feature of the initial stages of counselling (first sessions in particular) is that clients' hyper-alertness to such matters are likely to have a powerful impact in ways which are often imperceptible to the counsellor:

'I always suss people out within about 15 seconds ... it's the body—the way that the body moves and whether that feels honest or whether their voice feels as though they are resolved. There's a lot in people's voices that gives them away orally—some people sound very false' (Sue).

'The antennae are out and I'm looking for any hint of rejection, or that it's false, or that there's some hidden agenda, or that I'm going to get manipulated' (Zoe).

They can't win, can they?—the one that was cold, I couldn't stand her, and the one who was nice to me, I couldn't actually tell her...' (Ellen).

The beginning moments in counselling are largely unexplored and unreported in the literature. Analysis of clients' experiences in this study demonstrates that many counsellors appeared to pay minimal attention to the impact of their attitudes, behaviour and contexts on clients, who at this point are especially emotionally sensitive and vulnerable; and that special attention to clients' experiencing in initial sessions may be indicated with this group.

Three further noteworthy themes stand out in addition to the material on inhibitions in communicating already discussed. These relate to the impact of silence in counselling sessions; the impact of personal self-disclosures to clients by counsellors (especially regarding their own abuse); and the nature and extent of clients' uncommunicated dissatisfaction with counselling.

### **Silence in counselling**

Lack of communication by counsellors—especially unexpected silences—can have a significantly unhelpful impact on clients. This is especially so for 'naive' clients (that is, clients who have little or no previous knowledge or experience of counselling) who may be totally unprepared for such lack of initiative and response by counsellors, and who are left perplexed, upset or angry by this. For example, one such client described her first session with an analytically orientated counsellor. She had travelled for a couple of hours across London early one morning, and was met with virtual silence:

'I felt uncomfortable in the room with her ... It was like a feeling of not being accepted, you know, because if I had been accepted she would have been nicer to me, and smiled, and said: "How are you?" and "Do you want a cup of tea?" ... and I didn't understand the game. I didn't understand the

rules. And I just felt, "You don't like me, you don't want me here, I'm not accepted" (Ellen).

Naive clients tend to experience and interpret such silences as being connected with, and as reinforcing, pre-existing beliefs regarding their own lack of worth, interest, and undeservingness. For some, such silences become acutely uncomfortable as a reminder of the being-abused context—in which silence was associated with combinations of fear, discomfort, embarrassment, emotional withholding, punishment or exclusion.

One other point is of particular note. Some clients described slipping into trance, numb or dissociative states within silences which counsellors did not recognise or understand:

'I used to spend a lot of time staring at objects—not knowing what to say—completely stuck ... I just used to just get frozen into this ... it was completely non-functioning—I didn't do anything apart from kind of stare' (Eva).

Adults who were abused as children who developed dissociative defences at the time of the abuse may be particularly prone to such reactions. It is not helpful when such 'stuck' forms of silence are interpreted and prolonged by counsellors as being productive, if the client is feeling marooned and dissociative responses are being reinforced. However, other forms of silence are reported as being helpful and productive. This disparity indicates the importance of counsellors enquiring and learning from each unique client about their individual needs and preferences.

### **Counsellor self-disclosure**

It is a fundamental expectation in counselling that clients reveal personal information about themselves, yet the question arises as to how far this is also applicable to the counsellor in the relationship. Theoretically, very different stances are taken on this question (Hill *et al.*, 1989; Stricker & Fisher, 1990). It is clear from accounts in the present study that self-disclosure by counsellors (especially in relation to their own abuse) can act as a strong force in either an helpful or unhelpful direction by diminishing or enhancing clients' inhibitions in talking about their abuse and other significant issues. Positive experiences of a counsellor's self-disclosure can facilitate communication, provide reassurance, and model a sense of self-worth and hope that understanding and recovery is possible:

'I think if people set themselves up in a more open way it is easier to ask them questions and I think that would be helpful. Because when you are in therapy with somebody, you are revealing massive amounts about yourself and in some sense I feel it's the least you can do to ask them to reveal something about their selves' (Anna).

'A couple of things she did tell me and she said "Keep that to yourself". So there was an element of the fact that she was trusting me with some things

as well ... I felt very close to her, like she was a confidant, and that I could tell her a lot of things because she trusted me with some things—I felt that I could trust her with anything' (Mary).

'As a therapist she's very open—well, she's a survivor herself—and so right from the beginning I felt that, here, finally, was somebody who understood. And she also quite early on talked about me not being the only one' (Zoe).

However, whilst degrees and forms of counsellor self-disclosure can be helpful in such ways, this is by no means always the case. Sensitised to many forms of personal intrusion stemming from their abuse as children, clients can develop feelings of confusion and irritation (often uncommunicated) in response to receiving unsolicited personal information from counsellors. Unhelpful effects of such counsellor self-disclosures (especially about abuse) centre around clients feeling more inhibited in talking about their own painful material; worrying about the vulnerability of the counsellor; feeling responsible for not harming or upsetting their counsellor; wanting to take care of their counsellor; experiencing some rivalry with the counsellor regarding 'whose abuse was worse?'; and feeling that the counsellor was using the contact for his/her own benefit. The following interview extracts illustrate such feelings:

'I knew a lot about the other one—that was the trouble ... I felt it wasn't real because there was no boundary there ... nothing was real—it didn't help me' (Esme).

'I didn't really like it too much if she did talk about herself—I felt the session was just for me ... I would have wanted to protect her—like the way my mother is, or was, I would have put myself aside, and I'd have got back into that' (Soraya).

'I thought, "Oh, she's probably been more abused than me, so mind what you say"' (Ellen).

'Does it hurt for them as much as it does for me...?' (Esme).

'I don't want to know ... I don't want to take on my therapist's problems—because therapy time is for the patient. It's like, if your therapist voluntarily tells you, then it's almost like she's asking for sympathy ... Therapy time is time to deal with my problems and she should be dealing with her problems somewhere else. I don't want her to bring her problems to my therapy session—because then I would feel that I have to offer something and I don't want to' (Myrtle).

'I found it intrusive and—particularly because I was paying her you know—felt like saying, "Well, whose session is this supposed to be, mate—yours or mine?"' (Mary).

Taken as a whole, these views reinforce the conclusion that counsellor self-disclosure has the potential to be experienced either as very helpful or very

unhelpful. To minimise the possibility of misjudgements in this area, again it appears to be important that counsellors actively ascertain what feels helpful for each individual client, rather than over-relying on untested assumptions or habitual practice.

### **Dissatisfaction with counselling**

Whilst, in the study as a whole, many respondents reported having had positive overall experiences of counselling, a surprisingly strong theme was the extent and nature of client dissatisfaction. As noted previously, one-quarter of clients had had experiences of counselling which they rated as making things worse or as being harmful. A particular feature of many of these negative experiences was the inhibition clients felt in communicating such dissatisfaction. Some abused clients may be prone to conceal significant inner doubts, anxieties, and dissatisfaction, whilst at the same time adapting and complying with what they consider to be their counsellor's expectations of them. As one client remarked:

'Oh, I'd politely sit there and nod and agree and, you know—the way I was brought up to ...' (Emily).

Many practitioners may be unaware of the amount of 'nodding and agreeing' that can go on in counselling. Clients (especially naive clients) can experience dissatisfaction and distress for long periods of time, whilst feeling trapped in relationships with counsellors which they are unable to discuss, alter or leave. One way for some clients to 'get out' of unsatisfactory counselling was to 'pretend to be better'—a dissatisfied exit strategy which presumably reinforces counsellors' inaccurate beliefs in the effectiveness of their approaches.

Several clients had experienced quite bizarre situations in which they had felt dominated and manipulated by both male and female counsellors. These counsellors were perceived as being largely dependent on their clients for their own emotional satisfactions, and some were felt to be attempting to resolve by proxy their own abuse-related problems. It can be extraordinarily difficult to 'get out' of relationships with such counsellors:

'I was with her in all about 18 months, but it took me six months to get out of it. It took a lot of guts actually. I tell you it was one of the hardest things I ever did. For a long time I just used to go and I used to say "Right, this week I'm going to say it"—and I'd rehearse it all week. And the amount of time I put into that is unbelievable. And I'd get there and I just couldn't do it. For months I did that ... I knew that she was going to be angry—and I wasn't wrong. She wasn't going to like it one little bit. And what I had to do was to get into a position where I no longer cared enough about her anger, that she really couldn't touch me. So I had to really detach myself completely from her to be able to do it ... And when I finally said "I really don't want to come any more"—she went *nuts*. She screamed and yelled and yes—she went completely nuts!' (Esme).

'It was a real hassle trying to get permission to end the flaming thing. And again, I think it is about not knowing the rules ... even with the last one, ending it was really difficult. I had to be like a sort of bleeding barrister—putting my case. And it felt like it's a battle, you know, me saying, "I can't stand it, I've had enough"—and expecting this onslaught from her ... Oh yes, I got the onslaught!' (Ellen).

In relation to the overall context of dissatisfaction, a distinction can be drawn between clients who: (i) left without communicating their dissatisfaction (often 'pretending to be better'); (ii) were able to communicate dissatisfaction and work towards improving the counselling relationship or leaving by agreement; and (iii) were unable either to communicate dissatisfaction or to leave. Being trapped in such ways can be evocative of childhood relationships, resulting in counselling subtly—and sometimes explicitly—uncomfortably representing early contexts of abuse. A strong practice implication from these experiences is that it is likely to be helpful and beneficial for counsellors to encourage a culture of discourse in which clients' feelings about the style and progress of the relationship (including negative or disappointing factors) can be reflected on regularly and openly in a non-threatening way.

## **Conclusions**

Overall, this study generated a vast amount of qualitative data from a relatively large, well-informed and highly articulate group of respondents. One striking feature is the diversity of experiences and views within the group as a whole. Such diversity suggests that adults who were abused as children cannot be considered as a unitary group with predictable problems, needs and aspirations. The categorisation of 'abuse' itself forces a proposed commonality of perceptions and interpretation of experiences which are not necessarily borne out phenomenologically. Childhood abuse is not the only formative experience in life: adults who were abused as children have also been subject to the same sorts of other life events and social influences, and have the same range of personality variations and coping styles, as the rest of the population.

Respondents in this study described very mixed outcomes of their varied experiences of counselling. Most had derived some overall benefit from a combination of helpful and unhelpful experiences, whilst one-quarter of the clients had had counselling experiences which they felt had made things worse or which were actually harmful. However, notwithstanding a focus on dissatisfaction in this paper, it is important to reiterate that when counselling goes well it is perceived by clients to have major positive impacts on their lives. Accounts of hard-earned transformations from spirals of hopelessness and despair into the achievement of successful, stable and creative lives and relationships are data which suggest strongly that when counselling for adults abused as children is effective, it can bring profound benefits. Even so, it is interesting that none of the respondents felt that they had reached the

point where they felt that they had resolved all of the problems which they associated with their abuse.

The attitudes and reported experiences of this group also suggest that there is good reason to believe that effective counselling with adults who were abused as children may be essentially similar in most ways to what the past half-century of research has taught about what seems to work, and not to work, in counselling/psychotherapy as a whole (Bergin & Garfield, 1994; Howe, 1993). However, notwithstanding such similarities between the needs of abused clients and the general client population, as discussed in this paper, there are indications that adults abused as children may face specific challenges in counselling.

These findings have significance in relation to debates about training, supervision and standards of practice in counselling in general, and with adults who were abused as children in particular. If some of the negative experiences of respondents in this study have been replicated on any scale, it is likely that many clients have been damaged by the 'help' which they sought, or not helped to the extent that they could have been. Because of the inherent inhibition many clients feel in communicating dissatisfaction, it is likely that many counsellors remain unaware of the negative impact of their approaches. Whilst some such clients persevere, eventually finding suitable counselling, others are deterred for ever from seeking further help.

In this context, there is a pressing need for training, accreditation/registration and commissioning bodies to insist on sufficient levels of theoretical knowledge, and acceptance of good practice principles, by practitioners who offer counselling to adults who were abused as children. In addition to issues discussed in this paper, such principles should also focus on the need to clarify common misconceptions about memory processes to avoid potential pitfalls in counselling related to the controversy about 'false memory syndrome' (Dale *et al.*, 1996; Dale & Allen, *in press*). Finally, there is an equally compelling need for public education to directly alert this particularly vulnerable client group to issues of good and bad practice, so that they are better prepared to monitor and evaluate the counselling which they receive, from a more informed perspective.

### Acknowledgements

This research was supported by the National Society for the Prevention of Cruelty to Children (NSPCC). The authors would also like to acknowledge the helpful comments of the anonymous reviewers.

### References

- ARMSWORTH, M. (1989). Therapy of incest survivors: abuse or support? *Child Abuse and Neglect*, 13, 549-562.
- ARMSWORTH, M. (1990). A qualitative analysis of adult incest survivors' responses to sexual involvement with therapists. *Child Abuse and Neglect*, 14, 541-554.
- BASS, E. & DAVIS, L. (1988). *The Courage to Heal: a Guide for Women Survivors of Child Sexual Abuse*. New York: Harper & Row.
- BENTOVIM, A., ELTON, A., HILDEBRAND, J., TRANTER, M. & VIZARD, E. (1988). *Child Sexual Abuse within the Family: Assessment and Treatment*. London: Wright.

- BERGIN, A.E. & GARFIELD, S.L. (Eds) (1994). *Handbook of Psychotherapy and Behaviour Change* (4th edn). Chichester: Wiley.
- BEUTLER, L.E. & HILL, C.E. (1992). Process and outcome research in the treatment of adult victims of childhood sexual abuse: methodological issues. *Journal of Consulting and Clinical Psychology*, 60, 204-212.
- BLAKE-WHITE, J. & KLINE, C.M. (1985). Treating the dissociative process in adult victims of childhood abuse. *Social Casework*, 66, 394-402.
- BLUME, E.S. (1990). *Secret Survivors: Uncovering Incest and its Aftereffects in Women*. New York: Ballantine.
- BRIERE, J. (1989). *Therapy for Adults Molested as Children: Beyond Survival*. New York: Springer.
- BRIERE, J. (1992). *Child Abuse Trauma: a Theory and Treatment of the Lasting Effects*. London: Sage.
- BRIERE, J. (1997). An integrated clinical approach to self-reported recovered memories of abuse. In J.D. READ & D.S. LINDSAY (Eds), *Recollections of Trauma: Scientific Research and Clinical Practice*. New York: Plenum.
- CAHILL, C., LLEWELYN, S.P. & PEARSON, C. (1991a). Long-term effects of sexual abuse which occurred in childhood: a review. *British Journal of Clinical Psychology*, 30, 117-130.
- CAHILL, C., LLEWELYN, S.P. & PEARSON, C. (1991b). Treatment of sexual abuse which occurred in childhood: a review. *British Journal of Clinical Psychology*, 30, 1-12.
- COURTOIS, C. (1988). *Healing the Incest Wound: Adult Survivors in Therapy*. New York: Norton.
- COURTOIS, C. (1997). Informed clinical practice and the standard of care: guidelines for treating adults who report delayed memory for past trauma. In J.D. READ & D.S. LINDSAY (Eds), *Recollections of Trauma: Scientific Research and Clinical Practice*. New York: Plenum.
- DALE, P. (1993). *Counselling Adults Who Were Abused as Children*. Rugby: British Association for Counselling.
- DALE, P. (1996). Clients' and therapists' perceptions of the psychotherapeutic process: a study of adults abused as children. *Unpublished PhD thesis*, University of Brighton.
- DALE, P. (1997). Adults who were abused as children: some counselling issues. In S. PALMER (Ed.), *Handbook of Counselling* (2nd edn). London: Routledge.
- DALE, P., ALLEN, J. & MEASOR, L. (1996). Clients' and therapists' perceptions of the psychotherapeutic process: a study of adults abused as children. Paper presented at *XII International Congress on Child Abuse and Neglect*, Dublin.
- DALE, P. & ALLEN, J. (in press). On Memories of Childhood Abuse: a phenomenological study. *Child Abuse and Neglect*.
- DAVIES, J.M. & FRAWLEY, M.G. (1994). *Treating the Adult Survivor of Childhood Sexual Abuse: a Psychoanalytic Perspective*. New York: Basic Books.
- DE YOUNG, M. (1981). Case reports: the sexual exploitation of incest victims by helping professionals. *Victimology*, 1, 91-101.
- DENZIN, N.K. & LINCOLN, Y.S. (Eds) (1994). *Handbook of Qualitative Research*. London: Sage.
- DENSMORE, C. (1991). *From Surviving to Thriving: Incest, Feminism, and Recovery*. New York: Albany.
- DOMINELLI, L. (1989). Betrayal of trust: a feminist analysis of power relationships in incest abuse and its relevance for social work practice. *British Journal of Social Work*, 19(4), 291-307.
- DRAUCKER, C.B. (1992). *Counselling Survivors of Childhood Sexual Abuse*. London: Sage.
- FEINAUER, L.L. (1989). Relationship of treatment to adjustment in women sexually abused as children. *American Journal of Family Therapy*, 17, 326-334.
- FORWARD, S. (1990). *Toxic Parents: Overcoming the Legacy of Parental Abuse*. London: Bantam Press.
- FREDERICKSON, R. (1992). *Repressed Memories: a Journey to Recovery from Sexual Abuse*. New York: Simon & Schuster.
- FRENKEN, J. & VAN STOLK, B. (1990). Incest victims: inadequate help by professionals. *Child Abuse and Neglect*, 14, 253-263.
- GEINAS, D. (1983). Family therapy: characteristic family constellation and basic therapeutic stance. In S. SGROI (Ed.), *Vulnerable Populations* (Vol. 1). Lexington, MA: Lexington Books.
- GIARRETTO, H. (1982). A comprehensive child sexual abuse treatment programme. *Child Abuse and Neglect*, 6(3), 263-278.
- GIL, E. (1988). *Treatment of Adult Survivors of Childhood Abuse*. Walnut Creek, CA: Launch Press.

- GLASER, B.G. & STRAUSS, A.L. (1967). *The Discovery of Grounded Theory*. Chicago: Aldine.
- GOLDSTEIN, E. & FARMER, K. (1992). *Confabulations: Creating False Memories; Destroying Families*. Boca Raton, FL: SIRS Books.
- HAAKEN, J. & SCHLAPS, A. (1991). Incest resolution therapy and the objectification of sexual abuse. *Psychotherapy*, 28(1), 39-47.
- HERMAN, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- HILL, C.E., MAHALIK, J. & THOMPSON, B. (1989). Therapist self-disclosure. *Psychotherapy*, 26, 290-295.
- HOWE, D. (1993). *On Being a Client: Understanding the Process of Counselling and Psychotherapy*. London: Sage.
- JANOFF-BULMAN, R. (1989). Assumptive worlds and the stress of traumatic events: applications of the schema construct. *Social Cognition*, 7, 113-136.
- JEHU, D. (1988). *Beyond Sexual Abuse: Therapy with Women Who Were Childhood Victims*. Chichester: Wiley.
- JOSEPHSON, G.S. & FONG-BEVETTE, M.L. (1987). Factors assisting female clients' disclosure of incest during counseling. *Journal of Counseling and Development*, 65, 475-478.
- LINDBERG, F.H. & DISTAD, L.J. (1985). Post-traumatic stress disorder in women who experienced childhood incest. *Child Abuse and Neglect*, 9, 329-334.
- LINDSAY, D.S. & READ, J.D. (1994). Psychotherapy and memories of childhood sexual abuse: a cognitive perspective. *Applied Cognitive Psychology*, 8(4), 281-338.
- LOFTUS, E.F. (1993). The reality of repressed memories. *American Psychologist*, 48(5), 518-537.
- MALTZ, W. & HOLMAN, B. (1987). *Incest and Sexuality: a Guide to Understanding and Healing*. Lexington: Lexington Books.
- MALUCCIO, A.N. (1979). *Learning From Clients: Interpersonal Helping as Viewed by Clients and Social Workers*. New York: Free Press.
- MCCANN, I.L. & PEARLMAN, L.A. (1990). *Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation*. New York: Brunner/Mazel.
- MCCRACKEN, G. (1988). *The Long Interview*. Newbury Park, CA: Sage.
- MCEIROY, L.P. & MCEIROY, R.A. (1991). Countertransference issues in the treatment of incest families. *Psychotherapy*, 28(1), 48-54.
- MCLEOD, J. (1990). The client's experience of counselling and psychotherapy: a review of the research literature. In D. MEARNS & W. DRYDEN (Eds), *Experiences of Counselling in Action*. London: Sage.
- MCLEOD, J. (1994). *Doing Counselling Research*. London: Sage.
- MEISELMAN, K.C. (1990). *Resolving the Trauma of Incest: Reintegration Therapy with Survivors*. San Francisco: Jossey-Bass.
- MOUSTAKAS, C. (1990). *Heuristic Research: Design, Methodology, and Applications*. Newbury Park, CA: Sage.
- OCHBERG, F.M. (1991). Post-traumatic therapy. *Psychotherapy*, 28(1), 5-15.
- PATTON, M.Q. (1990). *Qualitative Evaluation and Research Methods* (2nd edn). Newbury Park, CA: Sage.
- PENDERGRAST, M. (1995). *Victims of Memory: Sex Abuse Accusations and Shattered Lives*. Hinesburg, Vermont: Upper Access.
- READ, J.D. & LINDSAY, D.S. (Eds) (1997) *Recollections of Trauma: Scientific Research and Clinical Practice*. New York: Plenum.
- RENNIE, D.L. (1994). Clients' deference in psychotherapy. *Journal of Counseling Psychology*, 41, 427-437.
- ROSE, D.S. (1991). A model for psychodynamic psychotherapy with the rape victim. *Psychotherapy*, 28(1), 85-95.
- SANDERSON, C. (1990). *Counselling Adult Survivors of Child Sexual Abuse*. London: Jessica Kingsley.
- SGROI, S.M. (1982). *Handbook of Clinical Intervention in Child Sexual Abuse*. Lexington, MA: Lexington Books.
- STRAUSS, A. & CORBIN, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage.
- STRICKER, G. & FISHER, M. (Eds) (1990). *Self-Disclosure in the Therapeutic Relationship*. New York: Plenum.
- VAN DER KOLK, B.A. (1987). *Psychological Trauma*. Washington, DC: American Psychiatric Press.

(Accepted 11 August 1997)