

Research Article

Client's Collaborative Perception on the Therapeutic Relationship Regarding the Role of Psychotherapy in Selected Counselling and Training Centers in Rwanda

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A B S T R A C T

The general objective of the study was to examine clients' collaborative perceptions on the therapeutic relationship regarding the role of psychotherapy in Rwanda with selected counseling and training centers. The study used descriptive and cross-sectional study designs. Statistics provided by the administrators at all the selected centers indicated that Lighthouse Counselling & Training Center received approximately 94 clients in a month, Solid Minds Counselling Center received approximately 63 clients in a month, and the University Counselling Center at Gashora Girls Academy received approximately 157 clients in a month. Hence, the total target population of the study was 314 clients attending therapy sessions in the selected counselling centers. Hence, the total target population for the study was 314 clients. The sample size (n = 176) of the study was determined using Slovin's formula. Purposive and convenience sampling techniques were used. Primary data was collected from the study's respondents using a research questionnaire and interview guide. Findings from the study suggested that 52.8% had a good collaborative therapeutic alliance. Respondents agreed with all the statements that; therapist listens attentively to issues and concerns (mean 4.38); therapist offered an environment that facilitated affective expression (mean 4.49); therapist offered an environment that facilitated deep, exploratory questioning (mean 4.15); therapist offered direct guidance and was always available to factor in any concerns arising (mean 4.26); the therapeutic sessions fostered self-understanding/insight (mean 4.17); my therapist adapts to my needs and goals (mean 4.23); and my therapist offers interpretative responses (mean 4.11). The study recommended that therapists should develop strategies aimed at fostering collaborative relationships by being able to understand the ability of a client to adopt to a treatment plan, involving them in the treatment decision-making process, and discussing any possibilities of therapist mistakes in the initial sessions and clients need to inform their therapists what they feel about the sessions in order to help them reframe the objectives of the counselling sessions as well as goals.

Keywords: Client, collaborative perception, role of psychotherapy, therapist, Therapeutic Relationship

Introduction

All over the world, several scholars have been growing interest in the field of counseling. The recognition of counseling as a profession that assists in addressing the goals of clients through the establishment of a working therapeutic relationship (American Counseling Association, 2010). The therapeutic relationship is believed to be one of the leading areas that are examined to determine the outcomes of psychotherapy. Empirical evidence by Horvath, Del Re, Fluckiger, and Symonds (2011) linked the therapeutic alliance with positive outcomes of the therapeutic process. Furthermore, in theoretical terms, the different results of a therapeutic process are differentially related to the therapeutic relationship established. According to Gelso (2011) the therapeutic alliance determined the working and connection areas of the therapy while the goals of the association are influenced by the psychotherapy conducted. Consequently, a sturdier relationship reflects stronger outcomes of a therapeutic work whereas a weakened relationship reflects the results of the personal therapeutic aspects

The year 1994 for Rwanda can be regarded as the start of a fresh voice towards modern guidance and counseling as one of the ways of responding towards the severe trauma and challenges caused by the genocide against Tutsi (Banyanga, Björkqvist, & Österman, 2017). Therefore, counseling as a concept of building healthy, goal oriented relationships is relatively new in Rwanda but its evolving over time. The Ministry of Health has been sensitive and aware of the importance of counseling in Rwanda and it has been noted that Rwandans especially the Genocide survivors need counseling because of the severe trauma caused by the Genocide in order to accomplish ideal gains throughout their life (Rieder & Elbert, 2013).

Between 1999 and 2000, NGO's in Rwanda adopted long term development activities which were linked to minimizing trauma programs. In addition, numerous working practices were developed in order to train local people, more so those that reacted ahead of schedule to building limit of Rwandan organizations to carry out counselling services while at the same time offer community awareness on trauma related issues. The inability to react enough to the psychological necessities of the Rwandan community has become highly problematic (Banyanga, et al., 2017). The problem can be handled by establishing and implementing a National Counseling center that focuses on preparing different degrees of training to manage trauma and other mental issues over every single Rwandan area, among them network-based mediations, for example, recuperation programs, injury directing, training on conflict resolution, peer support training, and psychological wellness programs. It is also important that the Rwandan population is not

viewed as passive and is rescued from mental health crisis due to the increased vulnerability arising from destroyed traditional protective structures, and increased vulnerability among the population. Consequently, there has been an increased thoughtfulness regarding the psychosocial conditions and progressing stressors have remained important aspects of any intervention (Richter, Foster, & Sherr, 2006).

There is a general mismatch between the expectations of the clients and those of the therapists (Ormhaug, Shirk, & Wentzel-Larsen, 2015). For example, clients think that the number of therapeutic sessions required to address their issues will be few while the therapists tend to overestimate the number of sessions, which sometimes leads to a therapists' underestimation of the number of unilateral terminations done by the client. Some perspective divergences are more potentially problematic than others. For example, research on the therapeutic relationships shows that clients reliably rate their relationships with therapists as higher than do their therapists, but that this does not impact treatment outcome (Westmacott, et al., 2010). Additionally, there is an increased risk of unilateral termination of the therapeutic process if there is a distinction in desires among clients and their therapists about the idea of the therapeutic process. Hence, it is important that therapists factor in the role played by psychotherapy concerning the expectations of the client. It is against this foundation that the present investigation tried to examine clients' perceptions on the therapeutic relationship regarding the role of psychotherapy in Rwanda with specific reference of selected counseling centers.

Statement of the Problem

The government of Rwanda, through the ministry of health, has done a commendable job in establishing pre and in-service arrangements for health facilities and the respective health professionals to help the public with their health needs despite the significant number of devastating occurrences that have rocked Rwanda since the genocide. Through the establishment of a professional collusion between the clients and therapists and a smooth guiding procedure, Rwandan citizens can get solutions for the many health needs that they have. Through empirical evidence, Banyanga, *et al.*, (2017) postulated that there was a national wide mental crisis facing Rwanda due to the existence of violence, which included rape and torturous effects of genocide. Even though the people of Rwanda have not had vital resources to conduct studies at large scales, the sentiments by Banyanga, *et al.*, (2017) have been substantiated by the research done at local levels that utilize scarce resources (Rieder, & Elbert, 2013). Nevertheless, the government of Rwanda, over the last decade, has intensely invested in the deliverance of quality

health services, which has led to the dramatic improvement of the physical indicators (Drobac, *et al.*, 2013; Saksena, *et al.*, 2011; Binagwaho, *et al.*, 2014). The World Health Organization (2015) stipulated that the government of Rwanda, just like other low-income countries, does not have enough mental health facilities, a situation that has persisted before, during, and after the genocide. There is still a limitation in attempts to get professional counseling services in fields such as Post Traumatic Stress Disorder (PTSD) due to the unavailability enough trained medical professionals to treat the symptoms. A significant number of mental health cases are dealt with at the national hospitals, excluding a score of health centers offering mental health services (Umubyeyi, *et al.*, 2016). The perceptions of clients about the therapeutic relationship are a basic factor adding to the objectives of a client (Ormhaug, *et al.*, 2015). So far, no studies have been documented to establish challenges encountered by patients and their perspectives regarding the therapeutic process, most especially based on their relationships with their respective therapists. It is against this backdrop that the researcher examined clients' perceptions on the therapeutic relationship regarding the role of psychotherapy in the country.

Literature Review

A therapeutic relationship is the degree of the association between the client and the counselor collaboratively for the purpose by establishing an emotional connection, which is a common treatment factor in various treatment processes (Thomas, Werner, & Murphy, 2005). Even though Summers and Barber (2013) suggest that the association concerning the client and the counselor has had an historical determination from psychodynamic research, therapeutic relationship has been identified as an essential factor for the success of therapy by other sources. The therapeutic connection between the client and the therapist has gotten the focus of current studies, intending to establish how collaboration could impact treatment in general. Jeffrey and McMaha (2006) state that therapeutic relationships contribute to more than eighty percent of positive therapeutic outcomes. Sharpley, *et al.*, (2016) further argue that for thee to be success, there should be a productive relationship. Countless examinations express that the activities of the therapist to promote healthy therapeutic relationships are essential for the change of client's behavior (Skovholt & Jennings, 2015). Statistics show that there are counselors who are better than other outcomes of therapeutic process and are determined by the relationships built (Carr, 2011).

Carr (2011) further postulates that the results of the anti-depression medication are primarily influenced by the professional prescribing the medicine, rather than the drug itself. The outcome of psychotherapy is vitally

determined by the relationship worked between the client and therapist in this manner the person treating the patients determines the success of psychiatry and psychotherapy, even though the two approaches are different. There is extreme importance for a therapist to establish a productive therapeutic relationship (Black *et al.*, 2015). The capacity of both the client and therapist to form relationships and create attachments significantly influence the success of a therapeutic relationship. The endurance of a therapeutic process is determined in a significant way by how the therapist responds to the vulnerability of the patient (Black, *et al.*, 2015).

Sharpley, *et al.*, (2016) note that counselors can improve the rapport they have with their clients through the show of interests and client engagement as well as attempting to understand the emotional challenges of the client and their overall intentions. There is a difference in the perceptions of various clients on how a therapeutic process should be (Langhoff, *et al.*, 2009). Counselor is required to develop awareness of the fact that clients have different perceptions of therapeutic relationships. A study showed that the choice of the counselors to react to the client's decidedly influenced the results of therapeutic relationship (Sullivan, *et al.*, 2015).

Therapeutic relationships were much helped by counselors who showed sensitivity to their clients during the initial stages of the counseling and the ones that established client-oriented techniques to deal openly deal with the client's feedback (Sullivan *et al.*, 2015). Even though the outcomes of psychotherapy are directly connected with the therapeutic relationship established, relationship by itself can have significant effects on the therapeutic outcomes (Langhoff, *et al.*, 2009). Building a relationship during the initial stages of the therapy is a better influencer of outcomes than relationships built at later phases of the examination (Hersough, *et al.*, 2011).

A decent connection between the client and the therapist can be established and stabilize in the first sessions of the counseling or even within the first ten minutes of the interaction (Littauer, Sexton & Wynn, 2015). A significant number of therapists put the building of a relationship as one of the priorities in counseling because they believe that the client's pledge to the relationship majorly affects the outcomes of the therapy (Littauer, *et al.*, 2015). If a client is committed to the therapeutic relationship, it might create a conducive environment for solving complex therapeutic problems, and help in holding clients accountable for their behavior (Sullivan, *et al.*, 2015).

Client's Perceptions of the Therapeutic Relationship

Customarily, the research about the experiences of the clients and their interactions with the have been connected

with the personal assessment and subjective belief of the researchers and the counselors rather than believe and the feelings of the client. Not long before this study, some studies have taken the perceptions of the clients in their data collection to show that the views of clients are essential to the success of psychotherapy. The influence of the researches that focus on the needs of the clients has challenged psychotherapists to defect from the traditional approaches of therapy and focus on the methods that lead to discovery. This new perspective is further described by Elliott, *et al.*, (2011) in psychotherapy that it is essential to incorporate both the therapeutic process and the outcome research. Additionally, it is vital for the therapy to not only focus on the actions of the therapist but also put consideration to the needs of the clients and their experiences in therapy.

According to Duncan and Moynihan (2014), the views and experiences of the client towards the therapeutic process should be the leading guide to the therapeutic process. The client gets better service if he/she is the point of reference and the therapist should take the client's frame as the guiding feature in therapy for better results. The counselor should not make him/herself the point of reference; he should not be the center of treatment. Collaboration between a client and the therapist should be sought all the time for better results in treatment. During all the phases of the treatment, the client and the therapist should all have the same goals.

Research Methodology

The study used descriptive and cross-sectional study designs. Statistics provided by the administrators at all the selected centers indicated that Lighthouse Counseling & Training Center received approximately 94 clients in a month, Solid Minds Counseling Center received approximately 63 clients in a month, and the University Counseling Center at Gashora Girls Academy received approximately 157 clients in a month. Hence, the total target population of the study was 314 clients attending therapy sessions in the selected counseling centers. The sample size ($n = 176$) of the study was determined using Slovin's formula.

The study used purposive and convenience sampling techniques. Purposive sampling was used to select the three counselling centers judging by their characteristics and ability to be used for the study. In selecting the respondents, purposive sampling procedure was used to aid the researcher to gather first-hand information from the respondents judged to be the most appropriate for the study. According to Kombo and Tromp (2006), the power of purposive sampling lies in selecting participants who provide the richest information for in-depth analysis related to the central issue being studied, which in this case will be clients who were accessed from the counselling

centers. Convenience sampling was used to recruit study participants. Convenience sampling, alternatively referred to as accidental sampling, opportunity sampling or grab sampling, is a version of non-probability sampling involving sampling from the sample population that is easily accessible. Hence, the researcher recruited clients who are available at the center during the time of the study.

Primary and secondary data were both used by the study. To aid in the collection of primary data, a survey questionnaire and an interview guide were used, while peer-reviewed journals and relevant sources from Mount Kenya University library were employed in the collection of secondary data. A research questionnaire was used as the primary tool to document primary data. A questionnaire is a unique research tool whereby study participants are asked to respond to set questions that are in a prearranged order (Neelankavil, 2015). An interview guide was used to record more in-depth information from the study respondents. Interview guides are important in recording qualitative data which is used to explain more about the quantitative data collected in a study. It offers respondents opportunities to express their opinions and document feelings that may not have been expressed in the questionnaires.

Data analysis involves a myriad of activities including organizing raw data, preparing it for analysis, processing and managing data, and undertaking statistical analysis. The first step in the analysis of data was organizing raw data into systematic data sets and documenting defined variables. During preparation, the researcher recorded any analyses to be carried out. Given that the primary research tool for the survey was a questionnaire, the researcher assessed their accuracy and ensured that instructions were followed by participants. Survey questionnaires containing errors were excluded from the set of data analyzed.

The researcher then prepared the data for analysis. Accurately completed questionnaires were coded with codes or labels that assigned symbolic meaning to the descriptive information completed during the study. Data was then be processed by feeding the coded information into the Statistical Package for Social Sciences (SPSS- Version 23) computer software for statistical analyses. Quantitative data was computed into frequency and percentages and presented in the form of tables and graphs based on the primary research questions. Correlations and regression analysis were done to evaluate the correlation of data and determine the relationships between study variables. All the necessary regression diagnostics were conducted and the research findings presented in charts, tables, frequencies and percentages.

Research Key Findings

The study's objective was to assess the client's collaborative

perception on the therapeutic relationship regarding the role of psychotherapy in Rwanda with specific reference of selected counseling centers. Respondents were asked to gauge their collaborative alliance with their therapists and findings recorded in Table 1.

Table 1. How is the collaborative alliance with your therapist?

Response	Frequency	Percent
Poor	6	3.4
Fair	20	11.4
Good	93	52.8
Very Good	57	32.4
Total	176	100.0

Source: Primary Data (2019)

As indicated in Table 1, 3.4% of the respondents indicated that their collaborative alliance with their therapists was poor, 11.4% indicated that the alliance was fair, 52.8% indicated that the alliance was good, and 32.4% indicated that the alliance was very good.

Therapeutic collaboration is an important dimension of alliance and has been associated with therapeutic change. Hence as suggested by the findings, good and positive collaboration between the clients and therapists is the first step towards achieving therapeutic goals. Collaboration encourages positive working alliance which a form of reality-based collaboration between the patient and therapist. Good therapists develop deep interest in their clients and individuals and through collaboration see and relate to them sensitively in ways that are tailored to meet specific needs of the clients.

Table 2. Are you working towards the achievement of some specific goal(s) with your therapist?

Response	Frequency	Percent
Yes	98	55.7
Somehow	73	41.5
No	5	2.8
Total	176	100.0

Source: Primary Data (2019)

Table 2, indicates respondent's responses in regards to working with their therapists towards the achievement of specific goals, where 55.7% suggested that they were working towards the achievement of some specific goals with their therapists, 41.5% suggested that they were somehow working towards the achievement of some specific goals with their therapists, and 2.8% suggested that that were not working towards the achievement of some specific goals with their therapists.

Collaborative alliance between clients and their therapists

determine the achievement therapeutic goals. As per the above findings, most of the clients were working towards the achievement of specific goals with their therapist. However, the number of those that were somehow working to achieve the said goals were alarming, an indication that the level of working towards achievement of goals was not quite successful despite the clients and therapists having collaborative alliances. During the early phases of therapy, client's may perceive therapists and supportive and later on lead to the development of collaborative relationship between the two parties. This means that responsibilities are shared in working in order to achieve the goals of the therapy and a sense of communion created. For the current study, responsibilities were not fully shared in the collaborative therapeutic alliance as achievement of goals was not fully achieved.

Table 3. Do you think that by the end of the sessions you will be able to achieve the set goals through the guidance of your therapist?

Response	Frequency	Percent
Yes	107	60.8
Somehow	60	34.1
No	9	5.1
Total	176	100.0

Source: Primary Data (2019)

As indicated in Table 3, 60.8% of the respondents indicated that they contemplated that by the end of the sessions they would be able to achieve the set goals with the guidance of their therapist, 34.1% were somehow contemplating, and 5.1% were not contemplating.

Collaborative relationships between clients and their therapists not only determine therapeutic goals but also determine the ability of both the client to achieve the goals that prompted them to attend therapy. Therapists establish these collaborative relationships by not only understanding their clients but also guiding them through the achievement of goals. In the case that therapeutic goals are not fully achieved or are somehow achieved, then the effectiveness of the collaborative alliance should be analyzed and improvement made. The findings of the study suggested that a big section of clients contemplated to achieve set goals. However, the remaining percentage that occupied almost a quarter of the sampled population were either not sure on achieving set goals or were not completely contemplating, and hence questioning the effectiveness of the collaborative alliance between the client and the therapist. The quality and strength of the collaborative relationship between the client and therapist determines the agreement and ability to accomplish therapeutic goals, form a relationship bond, and achieve treatment tasks. The collaborative alliance is very essential in a client's change

process, and is a determining factor on how a client’s change process. Hence, how a client perceives their collaborative relationship with the therapists can influence the nature of the therapeutic relationship, which in turn influences the role of the therapy.

Respondents were provided with statements aimed at assessing the collaborative-relevant characteristics exhibited alliance with their therapists. Responses were added and interpreted using means as follows; 1.0 – 1.9 represented strongly disagree, 2.0 – 2.9 represented disagree, 3.0 – 3.9 represented neutral response, 4.0 – 4.4 represented agree, and 4.5 – 5.0 represented strong disagree. Findings were as documented in Table 4.

to make upgrades and advantage from the therapeutic procedure.

The findings of the study were consistent with those by Howe (2016) and Corrêa, *et al.*, (2016). Howe (2016) described the benefits of exploration of personal experience as understanding what is happening during counseling and feeling understood by the counselor to be the most significant parts of their treatment. Corrêa, *et al.* (2016) linked the therapeutic collaboration between clients and their therapists with therapeutic change. The findings were also consistent with empirical evidence by Bachelor, *et al.* (2009) who linked client’s positive perception on the therapist’s dynamic inclusion and furthermore underlined

Table 4. Responses Regarding Collaborative-Relevant Characteristics Exhibited Alliance with the Therapists

Statement	N Valid	Mean	Std. Deviation
My therapist listens attentively to my issues and concerns	176	4.3807	.49854
My therapist offers an environment that facilitates affective expression	176	4.4943	.78556
My therapist offers an environment that facilitates deep, exploratory questioning	176	4.1591	.76175
My therapist offers direct guidance and is always available to factor in any concerns arising	176	4.2670	.66954
The therapeutic sessions foster self-understanding/insight	176	4.1761	.81254
My therapist adapts to my needs and goals	176	4.2330	1.01826
My therapist offers interpretative responses	176	4.1136	.89356

Source: Primary Data (2019)

As indicated in Table 4, respondents agreed with all the statements that; therapist listens attentively to issues and concerns (mean 4.38); therapist offered an environment that facilitated affective expression (mean 4.49); therapist offered an environment that facilitated deep, exploratory questioning (mean 4.15); therapist offered direct guidance and was always available to factor in any concerns arising (mean 4.26); the therapeutic sessions fostered self-understanding/insight (mean 4.17); my therapist adapts to my needs and goals (mean 4.23); and my therapist offers interpretative responses (mean 4.11).

From the above statements, it is clear that clients had a positive perception of the collaborative relationships with their therapists. This could be identified in the therapeutic alliance/relationship through therapists offering conducive environment that facilitated effective expression and exploratory questioning, therapeutic guidance on matters arising, sessions that fostered self-insight, interpretative responses, and establishing therapy with the client’s needs and goals. A strong therapeutic alliance ensures that both sides have a similar objective, which empower the client

the support of their collaborative encounters. The findings matched those of Bachelor (2013) that linked client perception of the therapeutic alliance within the context of collaboration, active commitment, and productive work, which affected the outcomes of the therapeutic process. Clients who have positive perceptions of collaborative alliances with their therapists perceive helpful aspects of the alliance, and the outcome us positive work-related interactions with the therapists through collaboration and achievement of common goals and tasks through the guidance and help of therapists.

Conclusion and Recommendation

Findings from the study concluded that client perceived collaborative alliance determined the nature of working alliance with their therapists, which determined the ability of both parties to work together to achieve positive change for the client. It is this therapeutic relationship that was an important and powerful factor in determining the role of psychotherapy through progress made by clients in therapy. In regards to the achievement of some specific goal(s) with your therapist, the study concluded that responsibilities

were not fully shared in the collaborative therapeutic alliance as achievement of goals was not fully achieved.

The study made recommendations to the following stakeholders;

Approximately half of the sampled population were somehow or not working towards the achievement of specific goals with their therapists. Given the importance of achieving goals in therapy, the study recommended to all the three centers that clients anonymously indicate areas of improvement they wished to see. The centers should then review client recommendations and make improvements in order to enhance the collaborative relationships between the client and therapists.

Counselling centers should provide periodical training sessions to its therapists with the aim of enhancing their abilities on establishing strong therapeutic alliances with their clients, which in turn influences the role of psychotherapy.

Therapists should develop strategies aimed at fostering collaborative relationships through by being able to understand the ability of a client to adopt to a treatment plan, involving them in the treatment decision-making process, and discussing any possibilities of therapist mistakes in the initial sessions.

It is recommended that therapists frequently evaluate therapeutic sessions with their clients in order to identify any areas that require change and evaluate any needs to change working alliances with their clients.

The study identified therapeutic relationship as a tool towards achieving positive psychology. Therefore, it was recommended that the ministry of health develop structures and policies that ensure that hospitals have trained professional counselors/therapists to assist individuals with their mental health issues.

The ministry together with other stakeholders can empower therapeutic counselling by initiating periodical training sessions aimed at enhancing the effectiveness of the therapists to build strong therapeutic relationships with their clients and hence improving the overall goal of psychotherapy.

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