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NAME: Casey Fredericks, Stella Robbins

SIGNATURE: C. Fredericks, S. Robbins

STUDENT NUMBER(S):   FRDCAS002, RBBSTE004

SUPERVISOR'S NAME(S):   Dr Maxine Spedding

University Students' Experiences of the Therapeutic Alliance in Psychotherapy

Casey Fredericks and Stella Robbins

Department of Psychology, University of Cape Town

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Abstract

Previous research has identified the therapeutic alliance as one of the most important factors for successful psychotherapy. However, little is known about the experiences of student patients/clients of this alliance. The present study qualitatively explored university students' experiences of the therapeutic alliance in psychotherapy to better understand what factors students identify as being necessary and important for the development of a good relationship between a therapist and their client. Thirteen students within the Psychology Department at the University of Cape Town were interviewed about their experiences of this alliance and its contribution to the student's overall experience of psychotherapy. Using thematic analysis, four major themes were identified: 1) shifting expectations, 2) therapists' qualities and skills, 3) encountering differences in the therapeutic alliance, and, finally, 4) the role of the therapists' approach to therapy. In general, students' expectations of therapy have shown to shift over time, possibly due to several factors relating to what they understood as central to the therapeutic alliance, including therapists' qualities, client-therapist differences, and the therapists' approach to therapy. Findings can contribute to the design and development of effective therapeutic services for university students and contribute more broadly to the limited literature on the therapeutic alliance from clients' perspectives.

Keywords: therapeutic alliance, psychotherapy, student experiences

Research conducted on the prevalence of mental illness among the South African student population has found a significant number of students suffering from a variety of mental health difficulties (Bantjie et al., 2016). This is unsurprising, as the prevalence of mental illness appears to be highest in low to middle-income countries (e.g., South Africa) due to the socioeconomic conditions present in these contexts (Meyer et al., 2019). Moreover, challenges faced by students in college and university contexts such as high academic workloads, financial instability, and lack of social support can significantly impact their mental health and mental wellbeing (Pedrelli et al., 2015). To combat this, studies have shown that students who attend therapy often find the experience beneficial (Cilliers et al., 2010). In addition, research has shown that a key component of successful therapy is the relationship that exists between the client and therapist, otherwise known as the therapeutic alliance (Ardito & Rabellino, 2011; Arnow et al., 2013; Horvath & Luborsky, 1993; Joyce & Piper, 1998). However, it has been found that this relationship is often researched from the perspective of the therapist and/or using methods that do not adequately capture the clients' subjective experience (Ardito & Rabellino, 2011; Timulak & Keogh, 2017). Very few studies examine client's experiences of the therapeutic alliance specifically from their perspective, even though the client's assessment of psychotherapy is a better predictor of therapeutic outcomes (Ardito & Rabellino, 2011; Arnow et al., 2013). Moreover, little is known about how South African university students perceive and experience the therapeutic alliance, nor the role it plays in their experience of the therapeutic process. An exploration of students' subjective experiences of the therapeutic alliance is indicated, which will provide important data on how the alliance might contribute to their overall treatment outcome or future treatment outcomes for university students within the South African context.

Common Factors Theory in Psychotherapy

Psychotherapeutic research has offered valuable insight into the predictors for positive mental health treatment outcomes (Ardito & Rabellino, 2011). Within this research base, significant focus has been placed on determining the most effective treatment modalities for positive therapeutic change (Skovholt & Jennings, 2004). However, while advocates for specific therapeutic modalities argue that their techniques are the reason for the client's therapeutic progress, research has shown that there are core components underlying these therapies that contribute to the outcome of therapy and are shared between them (Fourie, 2012; Norcross & Newman, 1992; Sparks et al., 2008). These components are what have been termed "common factors" and they include therapist characteristics, client characteristics, the therapist's modality of therapy and ability to successfully execute it, the quality of the therapeutic relationship created between the therapist and client, as well as the applicability of the therapists' approaches in relation to what the client needs (Drisko, 2013). These are significant for both the client and therapist and have been estimated to account for up to 70% of the effects in treatment outcomes (Drisko, 2013; Grencavage & Norcross, 1990). While research has considered individual client and therapist factors as predictive of the effectiveness of psychotherapy, the therapeutic alliance has been the most widely cited and researched common factor (Ardito & Rabellino, 2011).

Conceptualisation of the Therapeutic Alliance

Frank and Frank (1991) conceptualized psychotherapy as being a process "between a trained, socially sanctioned healer and a sufferer," which emphasises the significance of building a meaningful and purposeful relationship between client and therapist (p. 24). Similarly, the American Psychiatric Association (2006) described psychotherapy as a process of change aimed at achieving particular therapeutic goals, which are facilitated through an effective and collaborative relationship between the therapist and client. Although there have been varying conceptualizations of psychotherapy since its emergence, one important

component has been present across most definitions, namely: the therapeutic alliance (Ardito & Rabellino, 2011; Wampold, 2001).

Though the importance of the therapeutic alliance in the realm of therapy has been widely accepted, there has been some variation in its conceptualisation (Andrusyna et al., 2001; Tichenor & Hill, 1989). This is partly due to the various ways in which therapy modalities conceptualise the therapeutic alliance (Castonguay et al., 2010; Raue et al., 1997). One of the more popular definitions of the alliance has been that proposed by Bordin (1979). According to him, the relationship between the therapist and client is an essential component of treatment and an important contributing factor to clients' therapeutic processes.

Therapeutic Alliance and Treatment Outcome

Research concerning the outcomes of psychotherapy has consistently indicated that the quality of the client-therapist relationship is an important aspect across different psychotherapeutic models (Ardito & Rabellino, 2011; Vasquez, 2007; Wampold, 2000). Numerous studies have found the therapeutic alliance to be a significant predictor of the outcome of psychotherapeutic treatment (Barker, 2019). A common theme that has emerged amongst these studies is that a stronger alliance increases the likelihood that the client will experience a successful therapeutic outcome (e.g., Barker, 2019; Martin et al., 2000; Orlinsky et al., 2004). For example, a meta-analysis performed by Martin et al. (2000) demonstrated that by forming a meaningful relationship with the therapist, the client would undergo therapeutic change irrespective of the therapist's choice in treatment modality (Barker, 2019). The strength of this relationship was therefore understood as a predictive factor for the outcome of treatment (Barker, 2019; Martin et al., 2000).

Factors Influencing the Strength of the Therapeutic Alliance

Although the therapeutic alliance is understood to impact therapeutic outcomes, experiences of the factors contributing to the development of the strength of this alliance tend

to vary. This is because many of these factors have been looked at in isolation within the context of therapy (i.e., common factors) and not within the context of the therapeutic alliance. However, a study conducted by Joyce and Piper (1998) found that other factors such as the expectations that both the therapist and the client have can directly and significantly impact the formation of the therapeutic alliance. In addition, research has found that the influence of media can create preconceived ideas of therapy, which can be influential in the expectations that clients have prior to attending therapy (Joyce & Piper, 1998; Midgely et al., 2014). Other expectations, such as the expectation that the therapeutic space should be comfortable, have shown to be as directly influential on the strength of the relationship (Joyce & Piper, 1998). Comfort within the therapeutic space in this context relates to the atmosphere created and the general approaches used by the therapist to make the client feel at ease. In this regard, clients reportedly expect to 'feel safe' within the therapeutic setting, to be able to share their experiences (Geller & Porges, 2014).

Following the above, the therapist's approach to a session can also impact the therapeutic alliance and its overall effectiveness (Ackerman & Hilsenroth, 2003; Bordin, 1979). For example, the impact of a therapist who is characterised as attentive and warm is directly proportional to the strength of the therapeutic alliance (Ackerman & Hilsenroth, 2003). Other factors that can influence the therapeutic alliance are those such as the similarities and differences that may be present between the therapist and client in categories such as age, race, and gender, among others. For example, some research has shown that clients and therapists that match on gender tend to have stronger therapeutic alliances than those that are mismatched (Wintersteen et al., 2005). However, this was a randomised control trial that focused primarily on adolescents and not students. More generally, there is also limited research on other categorical factors, such as the impact of race and ethnicity, in the context of the therapeutic alliance (Campbell, 2021).

Despite its relevance to the outcome of therapy, Ardito and Rabellino (2011) suggest that trying to measure a concept as complicated as the therapeutic alliance does have several conceptual and methodological limitations, which have likely negatively affected research developments within this particular field. Of the studies that have considered client experiences of therapy, several have examined these experiences using quantitative methods (e.g., Elliott et al., 2011; Horvath et al., 2011). However, researching the therapeutic alliance in this way limits the client's experiences to a fixed scoring range on prearranged response scales and therefore does not adequately capture the nuances of this experience (Ardito & Rabellino, 2011; Timulak & Keogh, 2017). Moreover, clients' experience of psychotherapy has been under-researched, specifically students' experiences in the South African context who have scarce resources to manage their mental health is even more limited.

Student Experiences

Most public universities in South Africa have mental health services in place for students (e.g., university counselling centres). However, these services are often constrained, where the amount of available therapists are largely outnumbered by the number of students who require their services. For example, the UCT Student Wellness Centre currently employs seven clinical and/or counselling psychologists and eight registered counsellors, who cater to a student population of over 29 000 individuals (UCT, 2022, n.d.). Given the diversity of the student population, and that students may have little to no say in terms of which therapist they are assigned, the likelihood of students encountering therapists from different backgrounds to those of their own is high. Given the relatively small population of psychotherapists in South Africa practicing in the public sector (specifically in university settings), and the field being overrepresented by white women, the chances of there being therapist-client differences for clients in private settings are quite high (Carolissen et al., 2015). Little is known about how the differences between clients and therapists (e.g., race, gender, culture, and class) might

influence the experience that South African students have of the therapeutic alliance. Thus, research that qualitatively explores the therapeutic alliance from the perspective of students is indicated.

Research Aims and Rationale

The overarching aim of this study was to explore and understand students' experiences of the therapeutic alliance as clients in psychotherapy. As an explorative study, findings could be used to enhance current models of the therapeutic alliance for working specifically with students at a tertiary level that better account for the differences in their subjective perspectives. This can also aid mental health professionals in better understanding the factors that could be negatively affecting the relationship when working with students and can better inform trainees and professionals in university counselling centres on developing meaningful alliances to ensure the quality and suitability of therapists in a university setting, and optimise treatment outcomes (Barker, 2019; Drisko, 2013).

Research Question/s

Main research question:

How do university students experience the therapeutic alliance in psychotherapy?

Sub-questions:

1) How do university students understand the therapeutic alliance in psychotherapy?

2) What do students identify as being necessary and important for the development of a good therapeutic alliance with a psychotherapist?

3) How do students' experiences of the therapeutic alliance contribute to their overall experience of psychotherapy?

Methods

Theoretical framework

This study is embedded in Bordin's (1979) conceptualisation of the therapeutic alliance. Bordin (1979) developed the working alliance model (WAM) to emphasize the role of the alliance and its applicability to different types of therapeutic modalities in facilitating therapeutic change. Though there have been modifications since its development, this conceptualisation of the therapeutic alliance is still widely in use today (Ardito & Rabellino, 2011; Macewan, 2008). The model comprises three key components that Bordin (1979) believed to be essential in the formation of a meaningful therapeutic alliance. These include goals, tasks, and the bond between therapist and client (Bordin, 1979).

First, agreeing on goals is an essential component of a successful alliance between the therapist and client as the goals encapsulate the client's problems and the overall reason for attending therapy (Macewan, 2008). Addressing these goals increases the likelihood of developing a positive therapeutic alliance (Ardito & Rabellino, 2011). Second, agreement on the approaches used to facilitate therapeutic treatment must exist between the client and therapist (Bordin, 1979). The therapist plays a key role in the treatment process as their ability to utilize appropriate techniques affects the success of the treatment (Ardito & Rabellino, 2011; Macewan, 2008). The final element of Bordin's WAM is the bond forged between the therapist and the client. This bond is representative of the connection between the client and therapist, established through mutual feelings of trust and compatibility (Bordin, 1979). It has been agreed that these components not only help establish a meaningful therapeutic alliance but form the foundation for the effective facilitation of therapeutic change through the various treatment modalities (Barker, 2019; Booth et al., 2009; Bordin, 1979). This model has been adapted over time, however, Bordin's (1979) core elements underlie the understanding of the therapeutic alliance for the purpose of this study.

Research Design

As the present study relates to the subjective experiences of university students, this research was conducted using an exploratory qualitative research design. Exploratory research is useful when the researcher is seeking to investigate or understand a phenomenon that has not been previously and/or adequately addressed (Boru, 2018; Singh, 2007). The open-ended nature of this design allows the researcher to explore research questions using the subjective experiences of their participants (Singh, 2007). This includes the use of interviews and/or focus groups, which feature semi-structured conversations between the researcher/interviewer and the participant to develop more naturalistic data (Swain & King, 2022).

Sampling Strategy

This study used a combination of purposive and convenience sampling strategies. Purposive sampling entails choosing participants who embody the criteria that one wishes to study (Palinkas et al., 2015). This was ideal for this research, as it ensured that the specific experiences of the desired participants would be retrieved for analysis. In this case, the researchers were seeking to recruit university students who had been in psychotherapy. Convenience sampling refers to the recruitment of the first available voluntary participants (Etikan et al., 2016). This sampling technique is beneficial as it allows for a faster data collection process as the population from which to draw the sample is greater (Etikan et al., 2016). In this instance, students in the Psychology Department at the University of Cape Town (UCT) represented a convenient population from which to draw a suitable sample. Access to the population sample was gained through a research advertisement/invitation (Appendix A) that was emailed to participants via UCT's Student Research Participation Program (SRPP).

Participants

This study recruited 13 participants who met the inclusion criteria and were willing to participate. Participants were required to be over the age of 18 years and registered as undergraduate students at UCT in 2022. Additionally, participants had to have attended therapy

and/or counselling in the last 12 to 18 months to ensure that they had recent exposure and could adequately recall the experiences associated with the relationship that they had with their therapist. Participants should have attended at least 2-3 sessions of therapy, to ensure that they understood the therapeutic alliance. The type of therapy that the participant had undergone was irrelevant and the study was not gender-specific. Notably, of the 13 recruited participants, 11 identified as female, 1 identified as male, and 1 identified as genderfluid. Participants were not in therapy at the time of the interviews, as this may have influenced the participants' willingness to answer certain questions about their sessions, as well as the participants' therapeutic alliance with their current therapist.

Data Collection

A semi-structured, in-depth interview format provides the interviewer with a framework of topic areas with which to guide the interview process but still allows room for the participant to lead the conversation (Boyce & Neale, 2006; Mears, 2012). As such, this study made use of semi-structured, in-depth interviews to gather information about students' subjective experiences of the therapeutic alliance. Each interview followed a general interview schedule (Appendix B) which overlapped with another qualitative study seeking data from the same participants. Due to the overlap in participants, the interview questions spoke to client's experiences of the therapeutic alliance, but also to broader experiences of psychotherapy, such as accessibility and the perceived effectiveness of therapy. The questions were designed to invite open-ended yet purposeful discussions about specific areas that the researcher was interested in (Boyce & Neale, 2006).

Procedures

Once ethical approval from the UCT Psychology Research Ethics Committee and the Humanities Faculty was obtained (Appendix C and D), the recruitment of participants began. An electronic advertisement was emailed to all undergraduate psychology students at UCT via

the SRPP platform. This advertisement contained contact information with which the participants used to sign up to participate. Once the participants responded to the advertisement with interest in participation, a suitable appointment time and location were arranged with the participant. Participants had the choice of either an online interview, via the Zoom platform, or an in-person interview in the Psychology Building at UCT. Before the interviews began, the researchers reviewed the consent form (Appendix E) with the participant, who then signed it. The consent form contained all the relevant information regarding the study and the participant's role in the study. Interviews lasted between 45 and 60 minutes and were recorded using the Zoom record function or, if conducted in person, using a cellular phone with sufficient recording features. Once the interview was completed, the recording was transferred to a password-secured laptop for safekeeping and confidentiality. The recordings were then transcribed, and the data collected was analysed using thematic analysis.

Data Analysis

Thematic analysis is defined as "a method for identifying, analysing, and reporting patterns within data" (Braun & Clarke, 2006, p. 6). A theme can be defined as a significant or interesting pattern found within the data, which the researcher can use to make sense of certain aspects of the experiences they wish to explore (Braun & Clarke, 2006). Thematic analysis is therefore not bound to any one particular paradigm/theoretical orientation, which makes it more accessible to researchers and suitable for open-ended explorative research (Kiger & Varpio, 2020; Nowell et al., 2017). Moreover, Kiger and Varpio (2020) suggest that the explorative, open-ended nature of thematic analysis makes it an appropriate analysis method when seeking to understand experiences, thoughts, and behaviours across the study sample, such as in this study. As such, a combined technique of inductive and deductive thematic analysis following Braun and Clarke's (2006) six-step process for conducting thematic analysis was used. This involved first becoming familiar with one's data, followed by the generation of initial codes

and the development of themes (Braun & Clarke, 2006). Nvivo software was used to identify initial codes in the data and collect them into common themes, which were then condensed into four major themes. Each major theme was then assigned a name and definition.

Ethical Considerations

In qualitative research, ethical considerations are particularly important, owing to the in-depth and personal nature of the study (Arifin, 2018). Moreover, they ensure the safety of the participants (Kang & Hwang, 2021). The ethical considerations for this study were as follows:

Informed Consent

This principle requires that participants are aware of what the research study includes as well as what they are consenting to (Kang & Hwang, 2021). Participants were therefore presented with a consent form, either online or in-person, which had to be completed by the participant before the study commenced. This form outlined information about the purpose and procedures of the study, the researchers' contact details, as well as any potential risks and benefits to the participant for choosing to participate. The participant was given time to consider their participation and advised that their participation was completely voluntary. Additionally, participants were advised that they had the right to withdraw their participation at any point and without consequence.

Privacy and Confidentiality

Confidentiality refers to the idea that the participant's identity is known by the researcher, but not to anyone else (Kang & Hwang, 2021). Participants had their identities protected by allocating pseudonyms to them and all identifying information was removed from the data. This ensured that they were in no danger of exposure that could have potentially harmed them. The data collected was only transcribed by the researchers, ensuring that no external parties had access to personal information provided by the participants.

Potential Risks and Benefits

In any type of research involving human participants, researchers must ensure that participants are safeguarded from potential mental or physical discomfort, as well as any social harm or danger (Kang & Hwang, 2021). For this study, in-person interviews with participants took place within secure locations within the Psychology Department at UCT. This ensured that the participants were in a safe and protected environment. For interviews that took place over Zoom, the participants were advised to find a private and quiet area from which they could safely participate without any outside interruption or disturbance. Zoom calls were also password-protected, to ensure that no random users could join the meeting. After each interview, the zoom recording was exported to a private folder on a password-protected computer. These recordings were not stored or made available on any online storage servers. Participants were advised that they could choose not to answer any of the research questions should they have felt uncomfortable. They were provided with a referral list of resources after the study for further assistance. Additionally, though participation was voluntary, there was an incentive of 2 SRPP points for the completion of the study.

Data Management

Data recorded from interviews was stored and transcribed on a computer that was password-protected. Only the researchers and the research supervisor had access to the data. All personal information that could be used to identify the participant was removed and each participant was allocated a pseudonym to maintain anonymity and protect their identity. After data analysis, all recordings were to be kept securely stored for a maximum period of 5 years before being destroyed.

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Reflexivity

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The importance of reflexivity is acknowledged in qualitative research (Watt, 2007). Reflexivity refers to the researcher's awareness of their role within the practice of research and

the way this is influenced by the research subject (Watt, 2007). In conducting this research, it was important for us to consider our position as researchers whilst conducting our interviews and analysing our data. We recognised that we were two women conducting interviews on a relatively sensitive topic, which may have had an indirect influence on the participants' responses. Participants who identified as women may have felt more comfortable sharing private information about their experiences within therapy because of this. Another consideration about our role as researchers is how we impacted the data analysis process through the preconceived ideas and expectations that we might have had for our findings. This is an example of selective observation (Rivera, 2015). The information that we have generated from our data may be particularly relevant to our research question, which means that it could potentially be biased and not a true reflection of the general content. Thus, during our interview process as well as our data analysis, it was important for us to remain mindful of our position as researchers and how our interpretations and/or analysis could impact the findings of our study.

Results and Discussion

An analysis of the collected data led to the emergence of four major themes that encapsulate the participants' experiences of the therapeutic alliance while in therapy, namely: 1) shifting expectations, 2) therapists' qualities and skills, 3) encountering differences in the relationship, and, finally, 4) the role of the therapists' approaches to therapy. These themes, as shown in figure 1 below, have contributed to the overall understanding of how participants in this study conceptualise and experience the therapeutic alliance, as well as how this has contributed to the perceived effectiveness of their experience of therapy as a whole.

Figure 1

Thematic Map
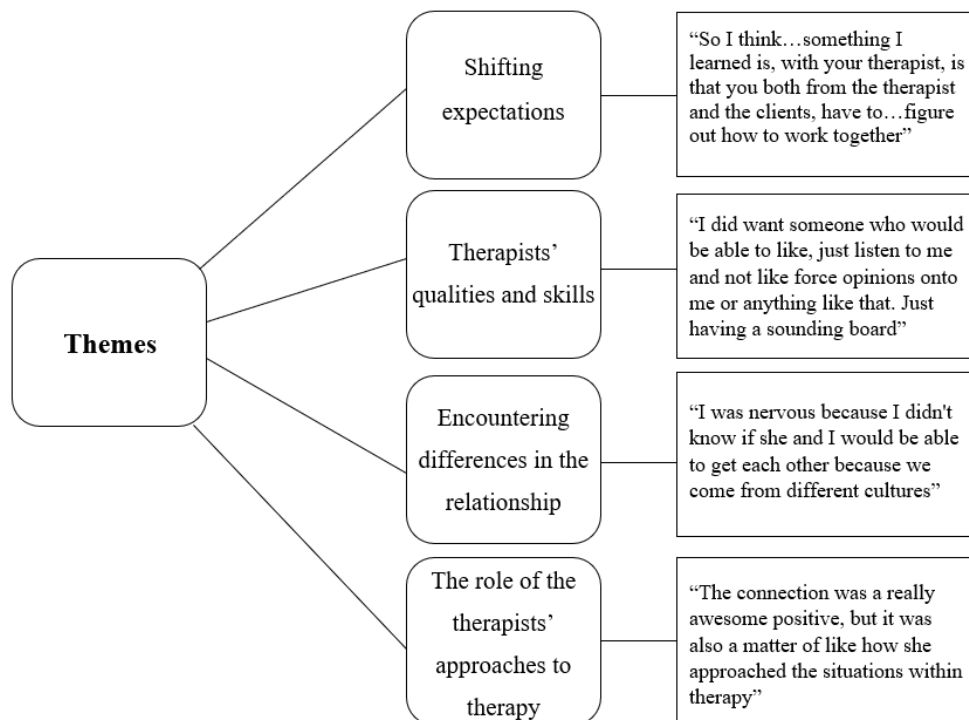
Shifting Expectations

This theme relates to the preconceptions that students had of what therapy and their

therapist would be like prior to attending, and how their experiences throughout therapy shifted

their expectations. In this regard, it is suggested that expectations of therapy are thought to be

influential on the outcome of therapy, as well as the quality of the therapeutic alliance (Joyce

& Piper, 1998). From the participants' responses, it became clear that therapy was a daunting

and "nerve wracking" experience for the majority of those that had never encountered it before.

The data pointed towards the student's expectations of therapy having an impact on their ability

to "open up" towards their therapist and, consequently, their sense of the overall effectiveness

of therapy. Some of the factors that influenced these expectations were how the media portrays

therapy, past therapeutic experiences of close friends and/or family members, as well as various

cultural expectations associated with mental illness and going to therapy. Cultural expectations are further explored in the fourth identified theme.

Previous research has shown that influences, such as that of the media, can impact expectations and understandings of therapy (Robinson, 2013). One participant, Anesu, explained how factors such as the portrayal of therapy in movies influenced the expectations that she held prior to attending therapy.

> **Anesu**: I didn't know what to expect. You know, like when, when, when you watch movies, all they doing is, um, they just asking you questions- writing things down-

Anesu's description of how she understood therapy suggests that she had a very surface-level idea of what the therapeutic process would entail and/or what her therapist would be like. These preconceptions regarding therapy were also centred around her cultural background, as she later explained that her family had a skewed perception of therapy and mental illness. From this, it can be assumed that this lack of understanding within her home environment, as well as the inaccurate portrayal of therapy through the media, influenced her preconceptions of therapy.

> **Anesu**: she, wasn't doing, um, exactly what I saw on TV- her just writing things down like "okay so how do you feel today? Okay. So then, uh, what happened after that? Okay. Would you mind telling me what happened when you were a little girl?" Yeah, it wasn't like that- so, it wasn't like that. It was totally different… So, it actually worked. It was way more than I expected

However, once Anesu attended her first session with her therapist, her view of therapy shifted. She went on to explain that her experience of therapy was not what she had originally

assumed and that it was more effective than she had anticipated. Research has shown that a common preconception of therapy is that therapists will often be "writing things down", as Anesu describes it, and asking numerous personal questions (Midgely et al., 2014). Though this assumption would not necessarily be incorrect, the conceptualisation of therapy in the media is perhaps oversimplified. These expectations create uncertainty around what the therapeutic process will entail, which is fuelled by inaccurate media portrayals of therapy to generate non-clients understanding of therapy. These uncertainties around the experience of therapy may impact the client's ability to form a strong therapeutic alliance with their therapist (Frankl et al., 2014). However, it can be seen that irrespective of Anesu's initial expectations of therapy, she was able to benefit from the experience and shift her initial understanding. For another participant, Rafiqua, her expectations of the therapeutic alliance were influenced by the knowledge that her therapist was of a different racial group than her own. Regardless of this difference between them, she still felt that she would be willing to share all the information necessary to receive the therapeutic support that she required.

> **Rafiqua**: So I went into it knowing that even though she was Caucasian, I was going to tell her everything and anything, as long as it would help me. Um, so when I first met her, she, uh, she was very, um…uh, how do I say, like, her approach was very gentle and kind, you know. Her tone of voice was very friendly, very calm. Um, so that made me feel calm immediately… So I think… something I learned is, with your therapist, is that you both from the therapist and the clients, have to…figure out how to work together.

It seems clear from this quote that Rafiqua anticipated a particular kind of response from her therapist because she was caucasian, but nonetheless decided that she would approach the process with openness. Rafiqua mentioned that she was made to feel calm from the first

meeting with her therapist because of her "gentle and kind" nature. These qualities of her therapist helped Rafiqua shift her expectations and feel comfortable in the therapeutic space that had been created.

In addition, research has shown that a therapists' personal qualities and approaches significantly influence the formation of the therapeutic relationship between the therapist and their client (Ackerman & Hilsenroth, 2001). This will be discussed further in the next theme. Rafiqua carried on to say that during her time in therapy she learned that the relationship between the therapist and the client requires both parties to "work together". This shows the mutual effort that a client and a therapist need to contribute in order for a successful relationship with one another (Bordin, 1979). It can be assumed from Rafiqua's narrative that through experiencing therapy her expectations, about the difference between herself and her therapist, changed over time. These initial encounters emerged as very important in shaping the experience of the alliance, as Simon highlighted:

> **Simon**: I feel like the first session is very, um, important cause that's like an intake session, so they like, you know, it's kind of like an introduction and the first impression is always like the most important and like determines all, um, future sessions

Previous research has shown that the first impressions that are generated in the therapeutic space are highly influential for the outcome of the treatment (Ziegler Kratz, 1988). Simon was aware of the impact that his first experience would have on his future with his therapist, which shows how his preconceptions of therapy and the relationship that he formed with his therapist influenced his reception of future therapy.

Simon: She was just very reserved, I guess. Yeah, that's one thing that I picked up… And maybe that kind of affected the way I told her things or, you know, maybe I didn't open up enough for her to give me the advice I needed.

Simon's initial experience of his therapist as "reserved" impacted his ability to open up to her and receive her input. This lack of connection between Simon and his therapist meant that he could not receive the full benefits of therapy, as he was not comfortable enough to express himself fully. It is understood that this initial experience of his therapist as reserved may have influenced the way in which he disclosed himself to her, which likely affected their relationship and his experience of therapy. According to Ackerman and Hilsenroth (2001), this is one example of how a poor initial connection between a therapist and their client can limit the effectiveness of therapy. This appears to build on some of the ideas embedded in Bordin's (1979) model of the therapeutic alliance, where the bond created between the therapist and their client was understood to impact the strength of the therapeutic alliance and the overall success of the therapy. Thus, if one is not able to improve the experience of their initial interaction with their therapist throughout their sessions, their expectations of therapy and the perceived effectiveness of the alliance will not be shifted. In contrast, Nina exhibited a strong understanding of the therapeutic alliance and the factors needed to create a connection with her therapist. Unlike Simon, Nina explained that she was able to openly speak about the expectations and boundaries regarding their therapeutic alliance.

Nina: the fact that we very explicitly spoke about our relationship, um, instead of like the therapist, um, having, having their agenda, um, here, it was really like, everything was a collaboration and, and, um, yeah, everything was spoken about…like really, really helped me to, to talk very openly about boundaries and the therapeutic relationship in itself. Like that, that has helped me so much, um,   and   discuss

transference, counter transference in therapy because it also- like for clients, it makes me see a therapist more as a person than as a clinician.

Nina and her therapist were able to openly discuss the boundaries and other aspects of the relationship that were important to making their therapeutic alliance feel like a "collaboration". Bordin explained that this agreement on the structure of a therapeutic relationship is vital in ensuring the success of the therapeutic alliance formed between the client and the therapist (Bordin, 1979). Nina also mentioned that she was able to speak about the therapeutic relationship itself, which helped to further enhance their connection by making the therapeutic relationship more 'personal'. Research has listed communication as an influential factor in the formation of a successful therapeutic alliance (Del Giacco et al., 2020). Lesedi explained the assumptions that she had regarding the role of the therapist and the need for clear communication of expectations.

> **Lesedi**: the therapist should make you more comfortable first and tells you, and tell you like what the sessions are gonna be like and all of that, so that you can comfort because for someone who like attending the session for the first time, it's not gonna be easy because you don't know what is expected from you…They need to put you at ease and be like, um, you are more allowed to speak, feel free to do this. Feel free to do this. I'm not gonna interrupt you. I'm not gonna do this so that you can also like, feel like, okay, yeah, this is what I can do as well.

Lesedi referred to the idea that the therapist has a responsibility to make a first-time client feel comfortable, by explaining the structure of therapy and what is expected of them. Lesedi further mentioned that she felt that her therapist made her feel comfortable enough that she could speak freely in their sessions, which showed that her therapist adequately met her

expectations. Lesedi also noted that a therapist may have an expectation of their client. Research has shown that therapists do hold some expectations prior to a therapeutic session (Joyce & Piper, 1998). This further links to Bordin's conceptualisation of the therapeutic alliance being a mutual relationship (Bordin, 1979). The client has certain expectations of the therapy, but there may also be expectations of the therapist for the structure of a therapeutic session.

Therapists' Qualities and Skills

Leading on from shifting the expectations that students had of therapy in relation to their therapist, many participants spoke about the importance of finding the 'right therapist' for effective psychotherapy. In order for successful therapy to occur, there needs to be a strong connection between the therapist and the client (Barker, 2019). For the participants in this study, there were particular characteristics and qualities that they looked for or preferred in a therapist.

> **Lesedi**: I think empathy is very important because you're also like, when I feel like the person can actually understand what you're going through. You don't want someone who's just gonna sit there and be blank, while you're talking like, I can't even read how you feel. Looks like. So yeah. Em, empathy is very important as well. Compassion as well

Lesedi explained how she felt that in a therapeutic setting, the therapist should be empathetic as well as compassionate. Research has proven that positive therapist characteristics can improve the effectiveness of the therapeutic relationship (Koster, 2014). Previous research has shown the importance of therapist qualities in the comfort and stability of a therapeutic alliance (Wensley et al., 2020). Lesedi felt that qualities like empathy, compassion, and a general understanding of one's situation were essential for a good therapist. Previous research,

as well as this study, has found that many participants commonly prefer these characteristics in a therapist (Cooper et al., 2019). Having a therapist that displays these qualities allows a client to feel comfortable, which can influence a client's experience of therapy and how safe they feel in the session (Wensley et al., 2020). Alongside the qualities that a therapist should display, Lesedi felt that a therapist should also use certain skills to engage with their client. For example, Lesedi felt that the therapist should not "sit there and be blank", but rather that they should provide advice on her situation:

> **Lesedi**: I was seeking for an advice, but it's like, there's no way to get an advice. You talk, I listen. And then you figure things out on your own. So sometimes like, I wish you could advise me on some things and then I would just take those advices and then see if they work out or not. But most of the time they just sit there and listen.

This view of therapy is somewhat contrasted by Megan's take:

> **Megan**: I did want someone who would be able to like, just listen to me and not like force opinions onto me or anything like that. Just having a sounding board essentially

Megan explained that she preferred a therapist who would allow her the space to express herself without the input of their opinions. This contrasting opinion to Lesedi demonstrates the variations that clients have in their therapeutic preferences (Cooper et al., 2019). This range in preferences is understandably common, as individuals will naturally have different priorities. Thus, it is important for a client to find the right therapist, as every person has different preferences in the style of therapy, which can ultimately impact the effectiveness of the therapeutic alliance (Iacoviello et al., 2007). For participants such as Simon, his preferences for a particular type of therapist influenced his initial selection criteria as well as his experience of therapy.

> **Simon**: Yeah, I was specifically looking for a therapist that was LGBTQ friendly …I just felt safe and that's like the most important thing for me when it's like, when it comes to that kind of like thing, like consulting a therapist.

Simon chose his therapist on particular criteria, in order to ensure his comfort in the therapeutic space. This was a view that was common amongst other participants, who chose a particular therapist based on their areas of specialisation or orientation. For Simon, this meant that by choosing a therapist that was LGBTQ-friendly, he felt safe enough to share his story. This reinforces Bordin's claim that therapeutic relationships require trust in order to be effective (Bordin, 1979). When participants felt as though they could not trust their therapist, this impacted the strength and efficacy of their therapy. One example of a participant that experienced a poor therapeutic relationship is Adrienne.

> **Adrienne**: very much like, yeah, not very interactive. She was very much like focused on her notes. Didn't look at me… after that I was like, no, I don't, um, wanna go back to therapy, cause I felt very overwhelmed actually was shocked

Adrienne explained that her therapist was preoccupied with her notes and did not make eye contact during their sessions. The therapist's lack of skills to connect with her client was experienced as alienating and Adrienne described her experience as 'overwhelming' and 'shocking'. This lack of comfort influenced Adrienne's overall experience of therapy, to a point that she no longer wanted to receive therapy at all in the future. This shows the importance of the therapist's qualities and skills in creating an effective therapeutic space and therapeutic connection with their client (Ackerman & Hilsenroth, 2001).

From these narratives, it can be said that students had varying opinions regarding therapeutic preferences. It was found that even though individuals may have different needs, all participants wanted to feel safe, heard, and understood, and that this was central to their

ability to establish a good working relationship with their therapist. These preferences show how important the relationship and the environment created in therapy are for an effective therapeutic alliance.

Encountering Differences in the Relationship

In conjunction with what students believed to be qualities of a good therapist, students' also identified differences between themselves and their therapist that impacted the relationship they formed, most markedly in terms of gender and cultural background.

Gender

Prior research examining the effects of matching therapists and clients in terms of gender on the therapeutic alliance has found inconsistent results (Bhati, 2014). Of the 13 participants interviewed, 4 participants had an explicit preference for seeing a woman therapist. When asked why they would prefer to have a woman over a man as their therapist, one participant (Rafiqua) responded:

> **Rafiqua**: "Um, I went to all-girls school and, or basically all girls college cause um, guys don't study teaching (laughs). So I was never, uh, exposed to, to being in environment with men. Um, and I never felt- till today, I still feel a hundred percent comfortable with men. So because of that, I would never see a male therapist."

Rafiqua believed that having not been exposed to an environment with men throughout adolescence caused her to feel less likely to see a man as a therapist. Other participants were slightly more ambivalent, with a few having no explicit preference and/or having a subconscious preference but not realising it until asked. This was found mostly in cases where the participants' choice of therapist was based on immediate need, urgency, or otherwise out of their control (e.g. the choice is made by a parent or as the result of limited university counselling services), rather than because of having an explicit preference prior to attending

therapy. However, another participant (Lesedi) believed that having a woman as a therapist would contribute to how well they were able to be understood.

> **Lesedi**: "And also like, I was like, okay, who do I choose? Also, like in terms of genders, like I prefer female therapists. Maybe they were like understand me more"

Lesedi associated having a woman therapist with being able to understand her better. Similarly, Rafiqua further highlighted how they assumed a woman would better understand their position in relation to men within the workplace:

> **Rafiqua**: Um, another factor is her being a woman, because when I would talk about it, a field of being a woman in South Africa, she could understand, or, uh, you know, speaking up in the workplace with men, she could understand.

As identified in the common factors theory, both client and therapist characteristics can affect the outcome of therapy (Drisko, 2013; Landes et al., 2013). Though not necessarily considered within the context of the therapeutic alliance, research has shown that clients often differ in their preference of their therapist's gender, particularly in instances where they are asked directly (Landes et al., 2013; Speight & Vera, 2005). This is due to the association formed between women and the concepts of understanding, support and/or warmth (Landes et al., 2013). This is reflected in both Rafiqua and Lesedi's responses above, however, Lerato also shared a similar experience:

> **Lerato**: Although I think it would have, I think I would, if I was in front of a male, I wouldn't be as vulnerable or sharing, like most of yeah my story or anything like that? Yeah. I don't think I would've been as vulnerable.

Similarly, Lerato did not think she would be comfortable engaging with a man about her feelings in therapy as she associated that kind of vulnerability with being a woman. Although studies have generally found mixed results, some research has shown that women clients often gravitate toward women therapists (Wintersteen et al., 2005). In this sense, she believed that a man would not be able to adequately understand her, thereby limiting her self-disclosure. In this regard, gender matching between therapists and patients has on occasion shown to increase client self-disclosure (Zane & Ku, 2014, as cited in Campbell, 2021). As with Rafiqua and Lesedi, the inability to feel comfortable in the therapeutic space with a man as her therapist emphasizes the impact that gender had on her experience of the therapeutic alliance.

Culture

"I was nervous because I didn't know if she and I would be able to get each other because we come from different cultures"

Alongside differing experiences of gender, participants' responses also highlighted the importance of understanding cultural differences between a therapist and their client, and how this played a role in the participants' ability to form a relationship with their therapist.

Many participants viewed having a different cultural background to their therapist as a potential barrier to feeling understood and in their therapists' ability to connect with them. Cultural influences were seen in the preconceptions that students had about therapy, as well as the difficulties experienced when trying to express their feelings. Anesu provided an explanation of the impact of culture on the ability to express oneself openly.

Anesu: Because like, um, in our culture, we are not allowed to do that at all. So, if you are- so if you are young and black, you are not even allowed to open up.

Anesu, who spoke from the perspective of a black student, noted how it went against the social norm of her culture to openly express herself when it came to problems associated with mental health. Based on her response, it is evident that many young Africans feel that they are not allowed to speak freely about their emotions, tying to the idea that therapy is not considered a necessary outlet for mental health issues in African communities. This creates a raised level of stress for the individual, as they withhold their emotions and fears (Nduna et al., 2011). This is indicated by Anesu's further explanation of her narrative.

> **Anesu**: I had so many questions and there was nobody there to help me at all cuz it's- it wasn't allowed- it's not allowed in my, in my culture

Anesu explained that she was unable to ask for help or have anyone in her culture to speak to about the questions that were plaguing her. She mentioned how it was "*not allowed*" when referring to asking for help, which emphasizes how strict the African culture is with keeping one's feelings and emotions to oneself. In this regard, therapy offered a safe space with which to engage with these feelings. This is not only relevant to African communities but can be seen in other ethnic groups with consequently different cultures.

> **Megan**: I come from this very small, coloured community where- and I don't know if you know this, but as coloureds, it's always- it's- there's always this- this big stigma on, you know, mental health and speaking to psychologists or social workers, like, "no, you crazy" and, you know?

Megan reflected on a similar experience of mental health within the "coloured community". Based on her response, it is clear that there is a relative amount of resistance from the community towards therapy and seeking help for one's problems. In this regard, it is important to note that for students experiencing psychotherapy in South Africa, there is a high

chance of encountering a therapist from a different cultural or racial background from their own (Carolissen et al., 2015). According to Bordin (1979), the bond formed between a client and their therapist is representative of the connection between the two, which is established through mutual feelings of trust and compatibility. From this perspective, if the client does not feel that they are compatible with their therapist, it is likely to negatively affect the therapeutic alliance. For Rafiqua, this was a substantial concern for her experience of therapy:

Rafiqua: will this person, if she's not Indian, be able to understand the problems that I've come with? That was something that was, I was nervous about.

Rafiqua shows that before attending therapy, she already had concerns about differing racial backgrounds. She explained that she felt nervous at the thought of having a therapist who had a different background from herself as there may be misunderstandings regarding her feelings and experiences. Rafiqua further explained in her narrative:

Rafiqua: When I would speak about the Indian parts, like the Indian stigmas and the pressures and the Indian society. Um, she never like she, thankfully, she never said anything that made me feel like uh she's not understanding where I'm coming from, which was nice

Even though Rafiqua spoke about her own cultural experiences that may have differed from her therapists, the therapist created a space that allowed for understanding and non-judgement. This is an important acknowledgment, as previous research has shown that cultural differences can potentially create power imbalances within the therapeutic alliance if not treated carefully (Kurniawan, 2018). For other participants, they found the opposite to be true as they would prefer a therapist who has a different or racial orientation to them.

Lesedi: I didn't really want- like- okay, an African therapist. Because why? Because I know how we are. Sometimes it's like the case of you say something and then they're more likely to judge you or they won't like understand.

Unlike Rafiqua, Lesedi spoke to the idea that having a therapist from the same racial background may be more challenging due to the judgment and expectations that they may hold. This refers back to the issue of stigmas and stereotypes, as Lesedi felt that having a therapist similar to them may result in misunderstandings. Thus, having a therapist from a different racial/ cultural background may enable the participant to speak more freely on their traditions as they may feel less judgement from a therapist who does not share their views.

The Role of Therapeutic Approaches

"The connection was a really awesome positive, but it was also a matter of like how she approached the situations within therapy"

Based on participants' responses, another major factor affecting students' experiences of the therapeutic alliance was the way that their therapist approached the therapy session. Research has shown that clients' preferences of the approaches used in therapy can differ significantly, with some individuals desiring a specific therapeutic approach and others refusing the one given to them (Cooper et al., 2019). Data from our participants showed the range of approaches that were preferred and how the approach used by their therapist ultimately affected the therapeutic alliance. This can be seen in Lailah's narrative, where she felt that the advice that she received from her therapist was generic and impersonal.

Lailah: Oh, yeah, I don't think it was meant for me. Like the, the way she interacted with me, it just, like I said, it felt very generic. It didn't feel like she was tailoring her advice to me. Like, it just felt like she was giving generalized advice and then, it almost like- it didn't help me, like the- and she would also, she also offered me coping mechanisms,

which was different to like the previous counsellor, but, um, they still didn't feel tailored to like what I was going through.

Lailah emphasised that her therapist's approach lacked personalisation towards the difficulties she was experiencing, which made it difficult to connect with her therapist. Another participant, Lerato, shared Lailah's sentiment through her explanation of how her therapist had paid minimal attention to the seriousness of her problems.

Lerato: Or following up, if I did make an appointment, I also emphasized that I'm not doing my schoolwork, but then there wasn't really like, yeah, it wasn't really, they weren't really treating my symptoms in a really um, serious way.

Lerato noted how even though she had emphasised what her problem was, the approach adopted by the therapist did not meet Lerato's needs at that point in therapy. In contrast, Tamia explained how her therapist's ability to pay attention to her and make her feel like she was not just another student contributed positively to the relationship she built with her therapist.

Tamia: So, the fact that, you know, she kept track of me, like, and paid attention to our sessions and not just, okay, it's just another student, another session. So, I feel… I really like that. And it obviously, you know, made me open up more and made me help and- or help me. And like I could ask for advice on anything I- so, I really think she's a good therapist.

Tamia noted how her therapist's approach to therapy had a positive impact on her ability to open up. As a student, mental health difficulties can be difficult to manage. Having someone that listens to and understands what those difficulties are is paramount to coping with these difficulties. Importantly, it is understood that the therapist plays a key role in the therapeutic treatment as their ability to utilize appropriate techniques affects the success of the treatment (Ardito & Rabellino, 2011; Macewan, 2008). Based on both Tamia and Lesedi's

responses, it can be understood that a good therapist should acknowledge this and try their best to adjust their approaches to meet the needs of the individual client irrespective of the context therapy takes place in.

Conclusion

The overarching aim of this study was to explore and understand students' experiences of the therapeutic alliance as client's in psychotherapy. Thematic analysis of the data led to the understanding that influences such as expectations of therapy and the actual experiences that the students had when attending therapy, influenced their perception of the strength of the therapeutic alliance. This is consistent with other literature that states that expectations can influence the clients' experience of therapy and the overall strength of their therapeutic alliance (Joyce & Piper, 1998). Another theme that was evident in our findings was the therapist's personal qualities and the approaches that the therapist used in the session. Participants from the study reported that having a therapist that made them feel comfortable through their effective skills and approaches, and who was actively attending to their difficulties made them feel 'safe' in their relationship. These participants also reported a greater perception of the effectiveness of their therapeutic process, which is consistent with the literature that claims that strong therapeutic alliances stem from greater comfort levels between the client and their therapist (Joyce & Piper, 1998). Finally, one of the most commonly identified themes was the impact of similarities and differences that clients experienced between themselves and their therapist. The findings highlighted that gender was significantly influential in participants' ability to relate to their therapist as well as open up in their sessions, with the majority of participants stating a preference for a woman therapist. While cultural differences seemed to be important to participants in terms of shaping their expectations of how they might be understood, this seemed less important than gender. Fewer participants reported seeking help from a therapist from the same cultural background, while several overtly expressed the

preference for a woman therapist. It is possible that participants were more comfortable stating their gender preferences over their racial or cultural preferences, given South Africa's history in racial inequality and discrimination (Mhlanga & Garidzirai, 2020). It is also possible that participants were more willing to look past these differences in the name of receiving help.

The research also showed evidence of the influence of gender and racial similarities and/or differences on the ability of students to connect with their therapist. Significantly, Bordin's (1979) model of the therapeutic alliance does not speak to the influence of factors external to the work done in therapy or the cultural competency of the therapist. For example, Bordin (1979) does not make allowance for cultural, gender, or other relevant differences between the therapist and client. While Bordin (1979) does suggest that compatibility contributes to the formation of the bond between therapist and client, factors which accurately reflect the level of compatibility and/or what constitutes "compatibility" between client and therapist are unclear. Attending to differences such as class, race, culture, and gender seems an essential consideration for the conception of therapeutic alliance in a multicultural and diverse country, such as South Africa.

The findings from this research study have shown that multiple factors influence the strength and efficacy of the therapeutic alliance for students that have attended psychotherapy. However, it should be noted that there were a few limitations that arose within this study.

Limitations and Recommendations

One limitation of the research is that the researchers were only able to communicate with participants in English. Even though UCT is an English-medium university, some participants may not use English as their primary language and may therefore have difficulty accurately translating their thoughts and feelings into a language other than their native language. Secondly, of the participants interviewed, only one participant identified as a man in comparison to 11 participants who identified as women and 1 participant who identified as

gender-fluid. Based on this study's demographic characteristics, this could have been a possible limitation as the results captured predominantly reflected women and/or non-binary experiences of the therapeutic alliance. Future research should explore the experiences of men in relation to the therapeutic alliance.

Another limitation is that participants will only be interviewed once. Conducting more than one interview may enrich the data; however, this is beyond the limited scope of an Honours project. Additionally, it may be important to consider that the experiences of students in the study may not be representative of all students' experiences as the sample was taken from a single faculty in one university. However, the aim of this study is not to generalise its findings, but rather to explore the subjective experiences of each participant individually (Polit & Beck, 2010).

Significance of the Study

Previous research has consistently shown that the quality of the therapeutic alliance is associated with the perceived success of psychotherapeutic treatment across a range of treatment methods and client types (Flückiger et al., 2012; Horvath & Symonds, 1991; Martin et al., 2000; Stubbe, 2018). This research study has identified two important factors that contribute to a successful therapeutic alliance between a therapist and their client, namely: the ability of the therapist to create and maintain a 'safe' therapeutic space, as well as the influence of the perceived relatability of the therapist on the therapeutic connection. These findings are important for researchers and therapists alike, as it provides insights into the elements that university students find valuable within therapy. This can be used to inform future research as well as therapeutic training to improve the understanding of how to create and maintain a successful alliance in university counselling services ((Barker, 2019; Bilodeau et al., 2021; Drisko, 2013). Moreover, this research has contributed to a better understanding of the influence that expectations, cultural expectations, as well as gender preferences, have on the

ability of students to connect with their therapists and create a long-lasting therapeutic alliance. This is particularly significant as there is currently no research available on the factors that influence the therapeutic alliance from the perspectives of students as clients in therapy specifically. Moreover, these findings can be used to enhance current models of the therapeutic alliance for working specifically with students at a tertiary level that better account for the differences in their subjective perspectives.

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Appendix A

Research Advertisement / Invitation

Dear Student,

Have you been in psychotherapy or counselling in the past 12-18 months? Are you currently registered as an undergraduate student at UCT? Would you like to contribute to some interesting research?

If you answered yes to the above, **we would love to know more about your experience!**

Details about the study:

The purpose of this study is to understand more about students' experiences of psychotherapy to gain a better understanding of how students access and experience counselling and therapy, including their experience of the therapeutic alliance or working relationship. This research is being conducted for two Honours research projects in Psychology at the University of Cape Town. Please note that we will **not** ask you anything about why you went to therapy or counselling, or what you discussed in therapy or counselling. We will also **not** ask you to name your therapist or counsellor.

Participation in the study will involve one interview of approximately 45-60 minutes in duration, whether in-person or on Zoom (your choice). The interviews will be audio recorded.

To participate in this study, you need to:
- Be over the age of 18
- A registered undergraduate student at UCT
- Must have attended at least 2-3 therapy sessions within the last 12-18 months
- Not currently be in therapy

If you are a Psychology student, you will be given the choice of being entered into a raffle to win a R500 Cavendish voucher, or being awarded 2 SRPP points. If you are from a different department and not a Psychology student, you will automatically be entered into the raffle.

This study has been approved by the Research Ethics Committee of the Department of Psychology. Prior to commencing the interview, you will be required to provide your voluntary consent. All personal information will be secured and will only be accessible to the researchers of this study.

If you wish to withdraw from the study at any point, you may do so without consequence. However, please note that should you wish to withdraw, no SRPP points will be awarded (where applicable) and/or your name will be removed from the raffle.

If you have read the above information and would like to participate in the study, or if you have any questions or concerns regarding participation in the study, **please contact the following:**

Researchers:

Nicola Brent : [brnnic056@myuct.ac.za]

Casey Fredericks : [frdcas002@myuct.ac.za]

Giliane Ramos : [rmsgil001@myuct.ac.za]

Stella Robbins : [rbbste004@myuct.ac.za]

Supervisor:

Dr Maxine Spedding (Supervisor): maxine.spedding@uct.ac.za or 021 650 3425

Appendix B

Qualitative Interview Schedule

Opening

    A. **(Establish Rapport)** Hello, my name is _____ and I am an Honours student in Psychology conducting research on Undergraduate Psychology students such as yourself.

    B. **(Purpose)** In this interview, I would like to ask you some questions about your time in therapy and the relationship you shared with your therapist. These questions will focus on your experiences of therapy as a student and your overall relationship.

    C. **(Motivation)** The reason for these questions is to learn more about how you as a student, as well as others, experience therapy and your relationship with your therapist to contribute to the current research. This will hopefully help therapists understand how to improve their practices to benefit people such as yourself.

    D. **(Timeline)** This interview should take between 45 minutes to an hour.

(**Transition:** Let me begin by asking you about your experience accessing therapy.)

1. The student's experience of access to therapy

    a) Where did you receive therapy?

    b) How did you decide to receive therapy at this centre? Who recommended this centre?

    c) Can you describe more about your experiences with accessing therapeutic services as a student?

    d) **(If the student uses UCT therapeutic services)** Could you talk a bit more about your experience with the student wellness service in UCT? What are your thoughts on the availability of therapeutic resources in UCT?

    e) What are some of the challenges/barriers you have faced while accessing therapy? How did you overcome these barriers?

    f) What aspects would you say would improve your access to therapy? What advice would you give counsellors/university administrators about how to improve accessibility to therapy services for students?

(**Transition:** I would now like to discuss your relationship with a previous therapist/ counsellor.)

2. The relationship between the therapist and the student

    a) When did you first seek professional assistance and how did you come to find your therapist/counsellor?

    b) Have you seen any other mental health practitioners prior to the therapist you had most recently?

    c) What made you decide to continue therapy with this therapist?

    d) How would you describe the relationship you had with this therapist?

    e) In what ways did you feel that you could or could not relate to your therapist?

(**Transition:** Having spoken about your relationship with your therapist, I would like to understand more about what factors contributed to maintaining your relationship.)

3. The student's experience of therapy/therapeutic alliance

    a) How important do you think the relationship formed with your therapist was to your overall experience of therapy?

    b) What factors do you think contribute to a successful alliance between an individual and their therapist?

    c) How do you think these factors, if any, have affected the relationship you formed with your therapist?

    d) How do you think similarities/differences between you and your therapist have impacted your therapeutic relationship and experience of therapy?

    e) How did you feel about your therapist's approach to therapy? In the context of your relationship, what do you think your therapist did well and what do you think could have been improved?

(**Transition:** Now that I have a better understanding of your experience of the therapeutic alliance, I would now like to discuss your experiences regarding engagement to therapy, specifically within the university setting.)

4. The student's engagement with therapy and perceived effectiveness

    a) How often did you engage in therapy? E.g., once a week, once in two weeks?

b) Tell me about your experience of therapy. What did you like and not like about the therapy services you received?

c) What aspects would you say would improve your engagement with therapy?

d) What are your thoughts on the effectiveness of therapy? In what ways was therapy helpful/not helpful to you?

e) Based on your experiences, would you recommend any therapeutic support to friends and family in the future?

f) What advice would you give to counsellors/university administrators about how to improve the quality of therapeutic services for students?

(**Transition:** Well, it has been a pleasure finding out more about you. Let me briefly summarise the information that I have recorded during our interview.)

Closing

A. **(Maintain Rapport)** I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know so as to better understand your experience?

B. **(Action to be taken)** I should have all the information I need. As discussed, this interview will be transcribed for research purposes but the information you have provided me with, as well as your personal information, will remain completely confidential. You are welcome to access the report as soon as it is made available. Thank you again for your time.

Appendix C

Ethical Clearance (UCT Psychology Department)

UNIVERSITY OF CAPE TOWN

Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

30 June 2022

Casey Fredericks and Stella Robbins
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Casey and Stella

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *University Students' Experiences of the Therapeutic Alliance in Psychotherapy.* The reference number is PSY2022-021.

I wish you all the best for your study.

Yours sincerely

Lauren Wild (PhD)
Associate Professor
Chair: Ethics Review Committee

Appendix D

Ethical Clearance (UCT Humanities Faculty)

Humanities Postgraduate and Research Office
University of Cape Town
Humanities Faculty Research Ethics Committee

Room 116, Level 1, Beattie Building
Private Bag X3 Rondebosch 7701
Tel: +27 (0) 21 650 4175
E-mail: kerewin.parfitt@uct.ac.za

25 July 2022

Ref. NO.: HUMREC202207-04

Casey Fredericks & Stella Robbins
Department of Psychology
University of Cape Town

Dear Casey Fredericks and Stella Robbins

RE: Ethical Clearance for Research Project

I am pleased to inform you that ethical clearance has been granted by an Ethics Review Committee of the Faculty of Humanities for your research project entitled *University Students' Experiences of the Therapeutic Alliance in Psychotherapy.*

I wish you all the best with your study.

Yours sincerely,

_____
Associate Professor Christopher Ouma
Chair, Humanities Faculty Research Ethics Committee

Appendix E

Informed Consent Form

UNIVERSITY OF CAPE TOWN

DEPARTMENT OF PSYCHOLOGY

INFORMED CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY

Study Title: *University Student's Experiences of Psychotherapy and the Therapeutic Alliance*

RESEARCHERS: Nicola Brent, Casey Fredericks, Giliane Ramos, Stella Robbins

SUPERVISOR: Maxine Spedding

You are being invited to participate in a research study exploring students' experience of psychotherapy and the therapeutic alliance as clients in psychotherapy. The study is being led by researchers (Honours students) from the Department of Psychology at the University of Cape Town.

Purpose of the study?

The purpose of this study is to understand more about students' experiences of psychotherapy to gain a better understanding of how students access and experience counselling and therapy, including their experience of the therapeutic alliance. This research is being conducted as part of two Honours theses in Psychology at the University of Cape Town.

Procedure and Duration:

If you choose to participate, we will arrange a date and time that best suits you to complete an interview that will last approximately 45-60 minutes. The interview which will take place at the University of Cape Town. If you are uncomfortable meeting in person for any reason, the interview may be conducted online via Zoom. In the interview you will be asked questions regarding your experience of psychotherapy or counselling, but not about your reasons for attending therapy or what you discussed in therapy. We will also not ask you to name your counsellor or therapist.

Why are you being asked to participate?

As a student currently enrolled at UCT, you are being asked to participate in this study to provide insight into students' experiences of psychotherapy. Your experience as a client of psychotherapy/counselling provides valuable insight into a students' experiences which can hopefully create a foundation of understanding for future research for how services might be improved and/or training of therapists might be adapted.

What will it cost to participate?

While it will not cost you any money to participate, it will require you to give up some of your time. We anticipate that we will need approximately 45-60 minutes of your time. This process will include an overview of this consent form, conducting the interview, as well as a short debrief session.

What are the risks associated with participating?

Participating in the study is likely to hold minimal risk to you. Feelings of discomfort and stress may occur with certain topics, however this is anticipated to be minimal and in the case of such you are free to choose not to answer particular questions or stop the interview. There will be no consequences and you are free to withdraw if you then decide to do so. A list of resources will be provided to you that you may consult should you feel distressed, uncomfortable or anxious. Moreover, if you do find that participating in this study has made you feel uncomfortable or has brought up difficult or painful feelings, please let one of the researchers know so that we can talk about what kind of support you might need.

Are there any benefits to participating?

We hope that the information gathered in this study will help us to understand more about your experience of psychotherapy and the psychotherapeutic alliance. We hope that you derive some benefit from making an important contribution to our understanding of this. Additionally, should you choose to participate in this study, you will be awarded 1 SRPP point on completion (where applicable), and entered into a raffle to stand a chance to win a R500 Cavendish Mall voucher.

How will your identity and information be protected?

Your participation in the study will remain anonymous and no identifying features will be included in the research report. An audio-recording will be made of the interview. The transcribed interview and notes taken by the researchers will be used for analysis. These forms of recording are to ensure that your experiences will be portrayed as accurately as what has been shared by you. The recording will not be accessible to anyone outside of the researcher group and will be kept on a password protected computer until it is transcribed, and then it will be destroyed. The researchers will transcribe the data themselves, censoring all personal identifying information. They will also be asked to commit to keeping the data confidential. The information that you provide us in the interviews will be used to write two Honours theses and may be published in an academic journal. From time-to-time, the popular media also takes an interest in the research that we produce. However, all of your identifying information, including your name, the name of your place of work, or any other information that makes you identifiable to someone else will <u>not</u> appear in this research report or in any publications. Moreover, in the case of referring to your experience in the research report a pseudonym will be used in place of your name.

What happens if you change your mind about participating?

Participation in the study is entirely voluntary, which means that you are welcome to change your mind and there will be no consequences for you. If you decide to participate in the research project, you can decide to stop at any time and you will not need to provide any explanation for why you would like to stop. Please do let the below researchers know if you choose to withdraw. In this case, any data collected will be destroyed.

If you have questions about the study, please feel free to contact the following people:

Researchers:

Nicola Brent: [brnnic056@myuct.ac.za]

Casey Fredericks: [frdcas002@myuct.ac.za]

Giliane Ramos: [rmsgil001@myuct.ac.za]

Stella Robbins: [rbbste004@myuct.ac.za]

Dr Maxine Spedding (Supervisor): maxine.spedding@uct.ac.za or 021 650 3452

If you have any questions, comments, or complaints about your rights as a study participant, please contact Ms Rosalind Adams at the Department of Psychology, University of Cape Town: 021 650 3417.or rosalind.adams@uct.ac.za

I _____ (name) have read the above and I am satisfied with my understanding of the study; it's possible benefits, risks and alternatives. My questions about the study have been answered. I hereby voluntarily consent to participate in the research study as described. I have been offered copies of this consent form.

Signature of Participant: _____   Date: _____

Signature of Researcher: _____   Date: _____

I give permission for my interview to be recorded with an audio recorder to assist the interviewer with remembering the information.

Name of Participant (Printed): _____

Signature of Participant: _____   Date: _____