Constructing Client Agency in Psychotherapy Research

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Certain researchers lay claim to focusing on client agency and offer examples of client agency in their work. However, research that focuses on client agency does so in very different ways. In the psychotherapy research literature, there are few reflections about the various ways in which client agency is constructed. This article offers such reflections. First, an existential definition of agency is introduced. Then, two general models that grasp aspects of agency are presented. Differences between them are highlighted. A new model is then presented that identifies six ways in which psychotherapy research constructs client agency. Central examples from the research literature are presented to describe the new model.

**Keywords:** client agency; psychotherapy research; extra therapeutic factors; constructing psychotherapy; client factors

Clients often enter therapy as they experience problems relating to their sense of agency in their everyday lives. How client agency is grasped in psychotherapy research is therefore of paramount importance. There are many statements of opinion and intention in the network of client-centred researchers about the need to move the field of psychotherapy research forward in its approach to understanding clients’ agency (e.g., Bohart & Tallman, 1999; Miller, Duncan, & Hubble, 1997; Rennie, 2001). Nonetheless, when reading psychotherapy research from an existential background, one can sometimes wonder what has happened to client agency in much of the literature. This article addresses this issue.

Certain researchers lay claim to focusing on client agency and offer examples of client agency in their work (e.g., Bohart & Tallman, 1999; Rennie, 1990, 2001). However, research that focuses on client agency does so in very different ways. In the psychotherapy research literature, there are few reflections about the various ways in which client agency is constructed. This article offers such reflections. First an existential definition of agency is presented. Then two models that present client agency in...
psychotherapy research are described and differences between them are highlighted. A new model is then presented that identifies six ways in which psychotherapy research constructs client agency. Central examples from the research literature are presented to describe the new model.

Client Agency in Existential Thought

Existential philosophers share a common interest in the phenomenology of human existence (MacQuarrie, 1973; van Deurzen-Smith, 1997). Agency is an important aspect of this. In his classic tome *Existentialism*, MacQuarrie (1973) notes how existentialism is a way of philosophizing, rather than a particular school of philosophy, and that philosophers who may be categorized as existential thinkers, may not necessarily define themselves as such. An example of such a philosopher is MacMurray. MacQuarrie draws on his Scottish contemporary to expound an existential view on agency, noting that MacMurray, in unison with other existential philosophers, proposes that action and existence should be the root of philosophy rather than thinking and reflection as suggested by Descartes with his *cogito ergo sum* (MacQuarrie, 1973, p. 94). MacMurray highlights how thinking is a subcategory of action, as many other forms of action are possible. MacMurray (2004) views acts as manifestations of action and notes that “to act is to effect a change in the external world” (p. 36). Thus, MacMurray (1957) highlights that the self is primarily experienced as nonreflexive agency, rather than as a reflecting subject. In moments of self awareness or reflection, persons step out of activity and are aware of their activity.

Agency is also grasped in the work of the existential philosophers when they struggle with the dialectic of freedom. Heidegger (1962) captures this when he describes persons as both “thrown” into the world of objects and relations and as a “thrower”. The metaphor of the *thrown thrower* underlines both that a person’s impact on their life conditions is in many ways limited as each person is *thrown* into a particular historical, physical, and social world of constraints and possibilities; and the metaphor highlights that having an impact on the world is also a given. What a person does or does not do, affects the world. Agency is thus viewed as both limited and as a condition of existence.

As agency is considered a general condition of existence, the agency of psychotherapy clients is not considered qualitatively different to the agency of other persons. Furthermore, the agency of psychotherapy clients is not viewed as tied to particular places such as therapy rooms or AA meeting
rooms. From an existential perspective, psychotherapy clients are considered agents everywhere.

Existential thinkers also focus on how persons deal with their agency. Persons are thus viewed as agents in relation to their own agency. There are many descriptions of how persons disregard their agency and become absorbed by the perspectives of other people; what Kierkegaard terms “the crowd,” Nietzsche calls “the herd,” and Heidegger refers to as “Das Man” (van Deurzen-Smith, 1997, p. 38). Thus, from an existential perspective, client agency is a condition that especially challenges each of us when we experience the will to acting differently from others. Agency is thus considered a feature of human interrelation or relatedness (Spinelli, 2007, p. 12). Somewhat similarly, Taylor (1985, p. 3), who is typically characterized as a communitarian rather than an existential philosopher, highlights a different aspect of agency. As opposed to MacMurray, Taylor characterizes human agency solely as an aspect of reflection, specifically the act of defining one’s worth or value in relation to the distinctions made about what is of worth or value. For Taylor, a person’s agency involves what he terms strong evaluation, that “there can be and often is a plurality of ways of envisaging my predicament, and the choice may be not just between what is clearly the higher and the lower, but between two incommensurable ways of looking at this choice” (p. 27). A central aspect of Taylor’s view on agency relates to community, as a person’s interpretations of what is of value “are drawn from the interchange which the community carries on” (p. 8). Inspired by the work of Frankfurt (1971), Taylor attempts to grasp the aspect of agency that characterizes human rather than animal agency. In this endeavor, Taylor notes, “A fully competent human agent not only has some understanding (which may be more or less misunderstanding) of himself, but is partly constituted by this understanding” (p. 3). From an existential perspective, Taylor only grasps a fraction of client agency. Taylor disregards both central aspects of nonreflexive agency, for example when a person merely follows the crowd without thinking, or when a person is engaged in everyday nonreflexive activity or routine, and he disregards reflexive agency related to matters other than worth.

To summarize, agency is concerned with affecting things, others, oneself, or one’s life. This article will now analyse how these aspects of human agency are constructed in psychotherapy research.

**Background**

A central review of psychotherapy research that attempts to grasp client agency is found in Chapter 2 of Bohart and Tallman’s (1999) *How Clients*
Make Therapy Work, where evidence of how the client is an “active self-healer” is presented as a list that is divided into two. First findings are presented that highlight how client change may be attributed to that which occurs outside the therapeutic setting, and to that which is at the same time independent of the therapeutic intervention. In this section, evidence is presented that describes how client change may be attributed to spontaneous recovery, the role of social support, events, such as joining the army or losing a parent, the role of maturation, resilience, personal abilities to organize change processes, placebo effects, and finally nonprofessional help and self-help activities. This list is offered as evidence for the existence of extra therapeutic client agency. The extent to which, and the way in which, the changes in client conditions presented in the list are the consequences of client agency is, however, not always clearly addressed. The list describes aspects of the environment in which client agency is located. The review lists examples of forces that may affect client agency, rather than examples of clients affecting things, others, themselves, or their lives. A reason for this may be found in the terms employed by Bohart and Tallman. They note, for example, that “maturation is a nebulous variable” (p. 39), and they discuss “placebo effects” (p. 41). The use of terms show that Bohart and Tallman’s are offering a list of variables or factors that suggest extra therapeutic client agency, rather than a list of examples of extra therapeutic agency.

After listing extra therapeutic factors that suggest independent client agency, Bohart and Tallman list evidence for client agency in therapy sessions. This analytical distinction does not correspond to the nature of agency in clients’ practice. Client agency does not exist independently in and outside sessions. As mentioned, clients often come to therapy sessions in the hope that problems relating to their sense of agency outside sessions can be dealt with in sessions. Thus, “clients pursue change across contexts” and psychotherapy involves clients “linking” experiences across contexts (Dreier, 2008). Client agency is thus an aspect of clients’ cross-contextual practice. Clients are agents everywhere.

Another way of dealing with client agency can be found in the work of Lambert and colleagues (Asay & Lambert, 1999; Lambert, 1992; Lambert & Barley, 2002). In a review of research into therapy outcome, Lambert and Barley attribute 40% of therapeutic change to extra therapeutic factors. The term extra therapeutic factors refers to variables that are independent of the therapeutic intervention. Once again, this term does not refer to examples of client agency, but to forces that may affect client agency. At a glance, this categorization may seem to correspond to that employed by Bohart and Tallman (1999). However, Lambert and Barley’s concept of extra therapeutic factors includes both variables that suggest client agency, such as
spontaneous remission, social supports, self-help, and nonprofessional help, which are included in Bohart and Tallman category, but they also include factors that do not suggest client agency, such as “the severity and complexity of the disorder,” “the length of time the disorder has persisted,” “the presence of an underlying personality disorder,” and “diagnosis” (Lambert & Barley, 2002, p. 19), which are not included in the Bohart and Tallman construction. There are other important differences between the two models. Bohart and Tallman’s extra therapeutic category includes placebo effects, where Lambert and Barley assign these to their own category. Bohart and Tallman and Lambert and colleagues’ constructions of client agency don’t leave a clear picture of the various ways client agency is constructed in psychotherapy research and theory.

The above presentation of two models is perhaps rather unfair. Neither of the two research teams set out to construct a model of client agency. The Bohart and Tallman (1999) text is intended as a presentation of evidence for client agency. It is, however, more of a list than a model. The Lambert texts (Asay & Lambert, 1999; Lambert, 1992; Lambert & Barley, 2002) do present a model, but not a model of client agency. Their aim is to present a model of common factors significant to therapy outcome in response to an ongoing debate emphasizing the significance of evidence-based techniques. Nevertheless, the above literature represents two central examples of how psychotherapy research reviews grasp client agency. The above presentation reveals a need for a clearer way of classifying client agency in psychotherapy research.

In the following section, six ways in which psychotherapy research constructs client agency in psychotherapy are described. The model has been developed by reviewing approaches to psychotherapy research.

1. Constructing Client Agency as General Client Change Processes

There are studies that look at the processes clients typically go through to make therapy work. Two common theoretical models employed in such studies are Stiles and colleagues’ assimilation of problematic experiences scale (Stiles et al., 1990) and Prochaska and DiClemente’s (1982) transtheoretical model of change. The assimilation of problematic experiences scale constructs a series of stages that clients with problematic experiences typically pass through: warded off, unwanted thoughts, vague awareness or emergence, problem statement or clarification, understanding or insight,
application or working through, problem solution and mastery (Stiles et al., 1990). The transtheoretical model of change constructs a series of five stages of change: precontemplation, contemplation, preparation, action, and maintenance (Prochaska & DiClemente, 1982). Each stage represents “a period of time and a set of tasks needed for movement to the next stage” (Prochaska & DiClemente, 2005, p. 149). These models are employed to grasp aspects of the client’s change process as they struggle to effect a change in their lives. A client who is warding off a problematic experience is not employing the same kind of agency as a client who is working to understand a problematic experience. A client who is precontemplating or contemplating change is not employing the same kind of agency as a client who is preparing to take a different course of action. Thus, these theories offer a way of grasping aspects of client agency.

Thus, both the assimilation of problematic experiences scale (Stiles et al., 1990) and the transtheoretical model of change (Prochaska & DiClemente, 1982) enable the construction of aspects of client agency. These constructions suggest that client agency varies at different stages of the change process. The constructions primarily chart the course of changes in the client’s reflexivity during the change process. They do not focus specifically on reflexivity in relation to values. The constructions chart the courses of individual clients, without relating this change to the perspectives of others in the individual’s environment. The constructions do not offer a way of clarifying whether the change process may be attributed to client agency, therapist agency, the agency of others, or a combination of agencies. As such, they do not grasp the interrelational aspect of agency. The constructions of agency are not context specific. They do not consider whether client change occurs in therapy sessions or outside therapy sessions. The constructions view client agency as a pervasive feature of being a client, just as the existential understanding of agency views agency as a given of existence. The constructions translate concrete client agency into a general model of change for individuals.

2. Reconstructing Client Agency as Diagnoses and Personality Types

A second approach to client agency involves the use of diagnoses and personality types. This approach involves subjecting clients to tests, interviews, and rating scales. The results of these methods are used to qualify and quantify client agency and thereby translate client agency into a
variable or set of variables. The client’s agency is thus deconstructed and subsequently reconstructed as a diagnosis and/or as a personality type. Clients are then viewed as contributing to psychotherapy in generalized ways according to their diagnosis or type. For example, the depressed client may be viewed as contributing to the psychotherapy process in a different way from the client with a particular type of personality disorder. The aim of reconstructing client agency in this way is to control the therapeutic variables studied by matching the diagnosis or personality type with specific interventions and to predict outcome. This reconstruction of client agency does not differentiate between whether client agency occurs in or outside the therapeutic setting. The client’s agency is reconstructed as a general decontextualized characteristic of the client. Random control trials reconstruct client agency in psychotherapy in this way.

Although this reconstruction of client agency attempts to capture the notion that persons have an impact on the world, the reconstruction also strips the notion of client agency of much of its meaning. Whether a person has agency in relation to their personality type or diagnosis, or whether this is a condition one is thrown into, is not addressed in such analyses. The reconstruction presumes that certain types of people have a similar type of agency. The existential definition of agency is concerned with interrelation and the experience of being a singular person among persons. This approach offers no sense of the client as a reflexive agent in this sense. When the term agency is applied to categories of persons, this fundamental aspect of personhood is lost. The reconstruction turns the person into a crowd or herd. This reconstruction of agency is, however, necessary when attempting to predict the behavior of particular groups of persons.

3. Extra Therapeutic Moderating Variables—The Elimination of Client Agency

A third approach to client agency constructs what occurs in the therapy sessions as primary, and caused by the intervention, and everything that occurs outside the therapeutic setting as secondary extra therapeutic, factors that may aid or inhibit the intervention. Extra therapeutic factors are thus constructed as moderating variables. In this construction, introducing the category extra therapeutic factors effectively eliminates client agency. Extra therapeutic factors encompass events in the client’s life or more persistent contextual conditions in the client’s life. Examples of these types of factors might include a change of employment situation, starting an education, a new
life partner, the death of a parent, an illness, or an accident. These examples highlight how events may be short-term or they may signal a persistent change in the client’s life conditions. Factors such as the client’s social network or financial situation might also be considered moderating variables. For this third type of construction to be present, the events and conditions of the extra therapeutic setting must be viewed in a particular way. The client’s agency in relation to the event or condition is not emphasized. This construction does not investigate whether or how the client was active in finding a new job or partner, dealing with a parent’s death, or changing their network or financial situation. The extra therapeutic events are not viewed as central parts of the client’s therapeutic endeavor. Thus, this approach effectively removes any notion of client agency. MacMurray (2004, p. 39) similarly differentiates between events and acts, noting that events just happen and actions involve intentions, stressing that an event is the opposite of an action. Nonaction is by its nature a form of action. This approach views therapy as occurring in sessions and the product of therapist agency. A version of this type of construction of client agency can be seen in the work of Hill (1989).

4. Constructing Client Agency as What Clients Do in Sessions

A range of empirical studies of psychotherapy highlight how clients are active participants rather than passive recipients of interventions during sessions. These offer a fourth type of construction of clients’ agency. The existence of many studies of client experiences of sessions underline the fact that clients interpret what occurs in sessions and these interpretations are significant for psychotherapy. Furthermore, the existence of many studies that stress the significance of the therapeutic relationship underlines the significance of client agency during sessions. The therapeutic relationship is not an intervention that the therapist contributes to alone. The agency of both the client and the therapist is implicit in the notion of a relationship. For a review of research into the therapeutic relationship see Norcross (2002).

Studies of sessions also reveal more specific examples of client agency. A central example of this is the work of Rennie (1990, pp. 160-163). Rennie’s grounded theory studies reveal how clients pursue tracks and have plans and strategies during sessions that they sometimes conceal from their therapists. Rennie reveals how clients appraise their therapist’s plans and strategies in relation to their own plans (p. 164). Rennie describes how the client is active in maintaining the therapeutic relationship (pp. 163-164).
Rennie is the master of research into how clients are agents in sessions and focuses on key aspects of client interrelational agency in sessions. Rennie (2001, 2004) addresses the concept of client agency using Frankfurt (1971) and Taylor’s (1985) definitions of agency, that focus on agency as a specific kind of reflection. This choice makes sense in some ways, as Rennie’s core category in relation to clients’ experience is reflexivity. However, this narrow definition of agency is problematic. Though Rennie (1990, 2001, 2004, 2007) offers many outstanding examples of clients having an impact on what occurs in sessions, and these examples of agency in sessions generally involve some form of reflexivity, Rennie does not succeed in relating these examples to Taylor’s (1985) definition of agency as strong evaluation. Rennie’s use of Taylor is particularly problematic as the only community Rennie focuses on, is the community the client shares with the therapist. Were Rennie to follow the intentions behind Taylor’s concept of agency, he would focus on how the client develops their sense of what is of value in relation to the range of communities the client participates in. Thus, when Rennie writes “what tends to be suppressed is the granting of agency to the client in the production of treatment” (Rennie, 2001, p. 83), he ignores the fact that what tends to be suppressed even more, and what he also suppresses, is the granting of agency to the client in the production of change in their everyday lives as a whole, where the treatment is but one part. For other examples of research that describes client agency in sessions see Bohart and Tallman (1999, pp. 48-50). These studies construct client agency as what the client does or does not do during sessions. Client agency elsewhere is not addressed.

5. Constructing Client Agency During the Life Course

Client agency can also be constructed in relation to the course of the client’s life more generally, where the therapy is viewed as but one (small) part of the clients’ life. In this construction, clients are viewed as thrown into the world and impacting on the world during the course of their lives. As the life course of a person can never be fully grasped, this approach is ultimately always narrative in nature. The narrative of the life course is coconstructed by the researcher or researchers and client or clients in some way or other. This approach to understanding client agency is rather similar to a natural or spontaneous recovery approach to development, but this approach constructs narratives of recovery that include professional assistance. Davidson (2003), for example, presents narratives describing the
following steps taken by persons diagnosed with schizophrenia who have “recovered”: redefining the self, accepting illness, overcoming stigma, renewing hope and commitment, resuming control and responsibility, exercising citizenship, managing symptoms, being supported by others, and being involved in meaningful activities and expanded social roles. Studying persons who sense they have had an impact on their own conditions during a recovery process has generated these steps. Asking clients to reflect generates the steps, but reflection is not viewed as a central aspect of the agency described. This type of approach can also grasp interrelational aspects of client agency. A type 5 construction of client agency focuses on personal narratives concerning life changes, where experiences during psychotherapy sessions are viewed as one condition among many. Where a type 3 construction viewed the client’s extra therapeutic life as a factor that might influence the therapeutic intervention, this fifth approach conversely constructs the therapy as a condition that may be used by the client to realize a change in the life course. Approach 5 differs from approaches 2, 3, and 4 in that the context within which agency is constructed is not the therapeutic intervention, but the client’s life as a whole. Another example of this type of work is the narrative research of Kühlein (1999) who describes different ways in which clients retrospectively interpret the impact of participation in a course of therapy sessions on their life course. This approach creates a post therapeutic or retrospective view of client agency.

Spontaneous or natural recovery is not included in the model as an independent category as spontaneous recovery per se does not say anything about client agency in psychotherapy. Spontaneous recovery suggests that clients may recover without psychotherapy.

6. Constructing the Client as a Cross-Contextual Agent

The sixth approach to client agency is similar to the fifth approach in that the client is viewed as an agent of change in all the contexts the clients participates in. This approach however focuses on the relationship between the clients’ agency and the contexts. The therapy session, for example, is viewed as one special and peripheral context that the client typically participates in intermittently. The approach constructs clients as pursuing concerns, for example a desire to change in a particular way (e.g., become slimmer, happier, find a partner) across the contexts of their lives; at home, with friends, at work or at school, in church, at the pub, at therapy sessions, and so on. The approach highlights how client change does not just occur during psychotherapeutic interventions, but that clients make connections
between experiences in different contexts and use this experience to make changes in the way they participate in contexts. This approach has been developed by Dreier, who has mainly published German and Danish, but whose work is now readily available in English (see Dreier, 2008). This approach differs from approach 5 in two central ways. First, client agency is investigated prospectively rather retrospectively, as researchers collect data during a course of therapy. Second, rather than focusing on client narratives, this approach focuses on how the client goes about practically rearranging or reorganizing the conduct of their everyday while they are in therapy. Dreier develops concepts about different ways clients can have an impact on their everyday life contexts. Dreier also focuses on interrelational personal change, highlighting how clients use therapy to change their forms of participation in their everyday lives, for example when choosing not to follow suit. This is probably the approach that coincides most with an existential view of agency. Dreier does not tie his notion of agency to reflection, though reflection is viewed as an aspect of agency. Clients are both viewed as agents across the contexts of their life; and clients’ agency is viewed in relation to specific contexts and the agency of others. This approach is also found in the work of Mackrill (2007, in press).

A model of six ways of constructing client agency in psychotherapy research has now been presented. The constructions vary significantly with regard to how client agency is constructed. Constructions 2 and 3 effectively strip clients of most of their agency. Constructions 1 and 5 grasp important general aspects of agency required in relation to change. Constructions 4 and 6 offer ways of constructing concrete examples of the interrelational aspects of client agency.

The constructions contextualize (client or therapist) agency during the change processes in a range of ways. Researchers may focus primarily on agency inside sessions 2, 3, and 4. They may construct agency in relation to the life course of the client (session 5). They may construct agency inside sessions, outside sessions, and across contexts (session 6); or the context of change may not be specified (session 1).

Types of Constructions—Not Types of Factors

This article has showed how researchers often attempt to grasp agency by listing or categorizing types of factors that suggest client agency. A range of such factors has been mentioned. Many of these factors, for example, client expectations and hopes can be constructed across the range of approaches to client agency presented above. Let us now see how this might be achieved.
Approach 1 would construct client expectations and hopes as relating to the stage of change the client is in. Clients in later stages of change would be expected to have more hope in relation to the specific change process they are engaged in. Approach 2 would construct client hopes and expectations as diagnoses or personality types and might, for example, construct a severe lack of hope on the part of the client as depression. Approach 3 would construct the client’s hopes and expectations or lack of them as a moderating variable that aids or inhibits the efficacy of the therapeutic intervention. If the client has less hope or lower expectations, the intervention would be considered less likely to work. Approach 4 would construct clients’ hopes and expectations as an ongoing part of the in-session therapeutic process and look at how clients’ hopes and expectations influence their participation in the therapeutic setting. Approach 5 would construct how participation in the therapeutic intervention influences the client’s hopes and expectations in relation to aspects of their life course. Approach 6 would look at the hopes and expectations clients bring with them concerning their everyday life into psychotherapy sessions. Approach 6 would also focus on how these hopes and expectations are realized or transformed as part of the therapeutic process, which is viewed as occurring both in and outside sessions. This example shows how client factors can be constructed by all the approaches to client agency contained in the model. The aim of the model is thus not to differentiate among the types of factors that suggest client agency, but to describe the different ways client agency is dealt with in psychotherapy research. The model is intended as a tool whereby psychotherapy researchers can differentiate among the ways in which they construct client agency.

**Perspectives**

This model has been developed by reviewing the different ways that client contributions to psychotherapy are constructed in psychotherapy research. Other types of constructions may need to be added. I hope this analysis will enrich the debate on client agency and act as a tool for reflection for those considering undertaking research.

**References**


**Thomas Mackrill** qualified as a psychologist at the University of Copenhagen in Denmark. He is a qualified body orientated, Gestalt, and existential phenomenological psychotherapist. He has spent 10 years in clinical practice in a variety of settings. He recently submitted his PhD thesis, a qualitative diary study of psychotherapy with adult children of alcoholics while employed at the Centre for Alcohol and Drug Research under the University of Aarhus.