

Clients' Experiences of Counseling Engagement in Thailand

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The Asian Conference on Psychology & the Behavioral Sciences 2020
Official Conference Proceedings

Abstract

This qualitative study aimed to explore clients' lived experiences of counseling engagement, which is regarded as the common factor contributing to successful counseling outcome. The study examined clients' counseling engagement in Thailand where counseling is not commonly known while seeking mental help tends to be stigmatized. It also attended to how sociocultural aspects influence clients' counseling engagement. Participants were six clients who had completed face-to-face individual counseling and had changed positively as the result. Data were collected via semi-structured in-depth interviews and were analyzed using Interpretative Phenomenological Analysis (IPA). The study resulted in the three main themes which were 1) Attending and Disclosing, consisting of Perceived Benefits of Counseling, Readiness to Disclose and Listen, Positive Client Image, and Confidentiality 2) Working Together, consisting of Problem and Solution Exploration, Acceptance, Equality, and Boundary 3) Working By Oneself, consisting of Responsibility for Change, Contemplation, Behavior Change, and Counseling Evaluation. The findings revealed that with the determination to change, despite some uncertainties, clients willingly and actively engaged in the counseling tasks and in applying what they had learned from counseling in real life. Sociocultural aspects, such as language, the social image, and the relational power structure shaped the way clients perceived and engaged in the counseling process. Implications for counseling practice and future research include sensitivity to context. For example, counselors may openly discuss with their clients how their relationships may be affected by the social norms in their societies, while researchers may pursue studies on clients' counseling engagement in various sociocultural contexts.

Keywords: Client's Counseling Experience, Client's Counseling Engagement, Counseling In Thailand, Interpretative Phenomenological Analysis

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Introduction

Counseling engagement can be defined as all efforts clients make throughout counseling, both within and between sessions, toward the achievement of changes (Holdsworth, Bowen, Brown, & Howat, 2014). It is regarded as a common factor that contributes to successful counseling outcomes, regardless of counseling approaches (Bohart & Tallman, 2010). While clients' experiences of counseling, including clients' experiences of counseling engagement, have been extensively researched within the western contexts (Levitt, Pomerville, & Surace, 2016), Thai clients' experiences of counseling engagement may be different than previously suggested as seeking professional mental health services tends to be stigmatized in Thailand (Tuicomepee, Romano, & Pokaeo, 2012). Moreover, counseling services are largely invisible and inaccessible to the general public, and instead of counseling, Thai people usually seek psychological help from others sources such as family, friends, Buddhist monks, psychiatrists, fortune tellers or folk healers (Ægisdóttir, Leach, Romano, Tomlinson-Clarke, & Canel-Çınarbaş, 2019). This is partly due to the lack of the national licensure system for professional counselors in Thailand (Sangganjanavanich & Nolrajsuwat, 2015). Moreover, how Thai clients engage in counseling may be influenced by the hierarchical, collectivist, and patronage nature of the Thai social structure (Iwasaki & Horie, 2000). For the reasons that clients' counseling engagement can be pivotal to clients' positive changes as well as the possibility that Thai clients' experiences of counseling engagement may be different than previously suggested by the existing literature, the research objective was to explore clients' lived experiences of counseling engagement in Thailand.

Method

Participants

The study received ethical approval from Chulalongkorn University Ethics Committee before the commencement of the study. Prospective participants were recruited via purposive sampling. Inclusion criteria were as follows: (a) aged 20 years and above, (b) attended face-to-face individual counseling, (c) experienced positive changes as a result, and (d) acknowledged their counseling engagement. The study's advertisement posters were distributed via social media platforms, counseling centers, and counselors.

A total of six counseling clients participated in the study. All participants were Thai female, aged between 26 and 37 years (mean 31 years). Four participants had a bachelor's degree, one had a master's degree, and one had a doctoral degree. All participants voluntarily chose to attend counseling. The number of counseling sessions ranged from 1 to 12 sessions (mean 5 sessions). The identities of the participants, as well as the people and places mentioned by the participants, were kept anonymous.

Data Collection

One-on-one semi-structured in-depth interviews were used for data collection. All interviews were audio-recorded with the participants' written informed consent and were later transcribed verbatim. The interviews were conducted by the first author,

while the second and third authors assisted in developing the interview outline which included: (a) Please describe your experience of deciding to attend counseling; (b) Throughout the counseling process, how was your experience of counseling engagement?; (c) What were the factors contributing to your counseling engagement?; and (d) Did you experience any difficulty in engaging? If so, please describe the experience. The interview outline was used flexibly to allow the participants to tell and elaborate on their experiences. Each interview was conducted in a private location around 70 – 110 minutes each. Five participants were interviewed once except for one participant who was interviewed twice for more information and clarification.

Data Analysis

The transcribed interviews were analyzed by the first author using Interpretative Phenomenological Analysis or IPA (Smith, Flowers, & Larkin, 2009). Following the IPA guideline by Smith et al. (2009), the analysis was as follows: (a) Starting with the first participant, the first author immersed herself with the recorded interview by repetitively reading the transcript as well as listening to the audio recording; (b) The first author produced a comprehensive and detailed set of notes, identifying ways the participant talked, understood and thought about the issues. The notes consisted of descriptive, conceptual, and linguistic notes. Descriptive noting had a phenomenological focus, staying close to the participant’s explicit meanings. Conceptual noting had an interpretative focus, looking for implicit meanings in the participant’s account. And linguistic noting explored the participant’s specific uses of language; (c) Emergent themes were developed. Emergent themes were concise statements of what was crucial in the various notes and reflected a synergistic process of description and interpretation; (d) Emergent themes were organized in categories that allowed a structure of the most interesting and important aspects of the participant’s account to emerge; (e) Step (a) through (d) were repeated until all transcribed interviews of each participant were analyzed; and (f) Table of themes and subthemes were produced as patterns across cases emerged. The first author regularly consulted with the second author to ensure that the final table of themes represented a good fit to the data.

Results

Themes	Subthemes	Number of Participants Representing each Subtheme
1. Attending and Disclosing	1.1 Perceived Benefits of Counseling	All
	1.2 Readiness to Disclose and Listen	3 4
	1.3 Positive Client Image	
	1.4 Confidentiality	
2. Working Together	2.1 Problem and Solution Exploration	All All
	2.2 Acceptance	3
	2.3 Equality	3
	2.4 Boundary	
3. Working By	3.1 Responsibility for Change	4

Oneself	3.2 Contemplation	3
	3.3 Behavior Change	5
	3.4 Counseling Evaluation	3

Table 1: Themes, Subthemes, and Number of Participants Representing each Subtheme

1. Attending and Disclosing

1.1 Perceived Benefits of Counseling

All clients expected that counseling would help in solving the problems that they could not handle or solve by themselves, as illustrated by what Participant 5 said, “I had hopes that I would feel better. At the time, I decided to attend counseling with the feeling that the counselor would be able to help me with the decision, I thought. It was like I would finally know what to do.”

Three clients also considered meeting a psychiatrist, but ultimately decided to meet a counselor as they saw that counseling would be a better fit for their problems. For example, Participant 2 stated, “I thought only taking medicine was not the best solution. I realized that many [of my problems] were because of my attitudes, my actions, or how I perceived them.”

In other words, clients considered counseling as the best current solution to their problems in comparison to other solutions, such as trying to solve the problems by themselves, asking for help from close ones, or meeting a psychiatrist.

1.2 Readiness to Disclose and Listen

All clients hoped to rely on the counselors’ expertise. They were open to follow the counselors’ guidance or suggestions. Participant 4 reported, “I was quite open to attend counseling and take [the counselor’s] advice. I was open to [the counselor] from the very beginning. It was like because I had decided to depend on this person.”

Four clients also described being ready to disclose their personal experiences in detail, even if it was something they normally did not want to disclose to other people. They saw open disclosure as a way to assist the counselors in helping them. For example, Participant 3 explained, “Some stuff I never told anyone, but I felt like I ought to tell [my counselor] in case [the counselor] would have any idea that could help me.”

1.3 Positive Client Image

Three clients attributed their counseling engagement to the ability to normalize being a client. Two clients perceived stigma from others regarding psychological problems and seeking mental health services. However, they were not self-stigmatized as they normalized their problems and their decisions to seek counseling. For example, Participant 6 stated, “My sister perceives this kind of treatment as something for abnormal people [...] but I disagree because I learned about this in college and I know that [psychological problems and professional help] are normal and can happen.”

Participant 6's positive attitude towards mental health services was due to her being well-informed on the issue.

Meanwhile, Participant 4 was disappointed with herself for seeking counseling as she believed that it meant she was a failure, but her counselor helped her to normalize seeking counseling during the first session, as illustrated by her account, "[The counselor said] at some points, we all need to seek help sometimes." As a result, Participant 4 decided to regularly and continuously attend the sessions.

1.4 Confidentiality

Four clients felt safe to attend counseling and disclose their personal experiences due to their trust in counseling confidentiality. Three clients trusted that their counselors would maintain their ethical standards of nondisclosures. Participant 6 stated, "I knew that [the counselor's work] involved nondisclosure of their clients' private information."

Additionally, two clients built their confidence in confidentiality as they began their sessions. Participant 2 directly asked her counselor if she could be sure that her personal stories would not be leaked, while also covertly checked the surroundings of the counseling room, as illustrated by Participant 2's account, "I checked if there was a video recording or any sort of recording. When I saw that there was none, I was more at ease."

2. Working Together

2.1 Problem and Solution Exploration

All clients soon learned that their counseling engagement was not only to disclose sufficient information and wait to follow their counselors' guidance but also to collaboratively explore their problems and possible solutions. For example, Participant 1 reported, "Whenever [my counselor] said or suggested something, he would always ask for my inputs, or if I had anything in mind. He always invited me to engage in the process. It was not like he just told me that I should do this, I should do that, and then moved on to the next problem without checking with me if I felt like I would be able to do what he told me."

Counselors helped clients to expand their perspectives with various counseling techniques, while clients openly examined themselves or their problems. These led clients to gain new insights about themselves, their problems, possible solutions, or new options for the future. Participant 3 explained, "[The counselor said] 'But you are proud of yourself, right?' Then, I told [the counselor] that was right. [The counselor said] 'This has made you who you are today right?' I told [the counselor] that was right. I forgot. I forgot to be proud of myself. [The counselor] encouraged me to be very proud of myself. I overlooked what gave me strength. I overlooked it."

2.2 Acceptance

All clients were non-judgmentally understood and accepted by their counselors, which then allowed them to openly explore their problems and possible solutions with

their counselors without having to conceal or being defensive. For instance, Participant 5 described, “Deep down, I knew that my counselor would never disapprove of me, and I could talk about everything.”

2.3 Equality

Three clients described the psychological distance with their counselors who held a higher status in their relationships due to being an expert. The psychological distance was further enhanced as the clients felt socially obligated to use proper sets of words that showed humble respect to their counselors who held a higher status. For example, Participant 2 reported, “If I were to call anyone an ‘Ajarn’ (meaning a teacher), then I would behave like I am lower. And I would not be overly friendly with that person, because that person is an ‘Ajarn’.” Participant 2 felt like she needed to properly address the counselor with respect as an ‘Ajarn’, which at the same time reinforced her feeling of being at a lower status and needing to keep her distance.

However, when counselors chose to use informal words that represented a more equal status between them, clients were able to relax and straightforwardly express themselves without having to censor or carefully choose their words. For example, Participant 2 said, “[The counselor] called herself a ‘Phee’ (meaning an older sibling), so I felt like I talked to someone who was a ‘Phee’.” Participant 2’s counselor addressed herself as a ‘Phee’, making her more comfortable to express herself in a way that she would not be if she were talking to an ‘Ajarn’.

It should also be noted that in Thailand, a person may be called a ‘Phee’ or a ‘Nong’ (meaning a younger sibling) even if that person is not a blood relative. Even though calling someone a ‘Phee’ still suggests that the person holds a higher status in a relationship, it also suggests a more patronage relationship as well as more psychological closeness than calling someone an ‘Ajarn’.

2.4 Boundary

Three clients felt secure and comfortable to work on their problems within the appropriate professional boundaries that were limited to that of a helper and a help-seeker. Participant 5 also suggested that she deliberately maintained these boundaries with her counselor by only talking about her problems unless the counselor brought up other topics, as illustrated by her account, “I tried not to ask [the counselor] something personal, even though sometimes she brought them up herself. I tried not to talk about things that were not related to my problems.”

3. Working By Oneself

3.1 Responsibility for Change

Four clients realized their responsibilities to apply what they had learned from counseling to continuously change themselves or solve their problems in everyday lives. For example, Participant 1 stated, “If I did not use [what I had learned from counseling] to change my perspectives, I felt like [counseling] would be for nothing.”

3.2 Contemplation

Three clients continuously contemplated themselves, possible solutions, or what they had learned from counseling in everyday lives. For instance, Participant 4 reported, “[What I learned from counseling] was like a piece of new information that I stored. [...] Then after the session, I began to process the information and consider the various options of what I could do.” The continuous contemplation led the clients to gain new insights or new solutions that did not arise within counseling sessions.

3.3 Behavior Change

Five clients tried new behaviors learned from counseling that they hoped would lead to positive changes. For example, Participant 6 did not want to keep being depressed, so she tried forcing herself to get up whenever she was lying in bed. Participant 6 explained, “After my [counseling] sessions, as I was by myself, on the days that I was lying in bed, I would recall what the counselor said, ‘If my [loved one] could see me right now, would she want to see me lying in bed like this?’ That made me felt like I needed to get up.”

Two clients were initially reluctant to try new behaviors as they feared that they would lead to negative consequences but eventually decided to risk it. Participant 1 decided to test new behaviors after thinking that the possible negative consequences could not be worse than what she was feeling. Participant 1 stated, “I was tired. I was tired of being sad. I was tired of being down. I had nothing to lose.”

After testing and attaining positive results, clients felt affirmation that the new behaviors worked. They were then encouraged to continue these new behaviors.

3.4 Counseling Evaluation

Three clients evaluated their counseling outcomes and decided whether to continue or terminate their counseling process. Participant 3 decided to terminate counseling after she experienced positive changes, as illustrated by her account, “I felt more secure with life. I felt happy. I felt relieved from [what I had gained as the result of counseling].”

Discussion

The clients’ accounts reflected the socio-cultural context they lived in. The invisibility of counseling services in Thailand (Sangganjanavanich & Nolrajsuwat, 2015) was reflected in the interviews as four clients were not aware of the counseling services before and only came across them while looking for an alternative solution to their problems. After they learned of counseling, three clients also considered meeting a psychiatrist as another alternative, suggesting that meeting a psychiatrist was a more common and well-known professional mental health service used by Thais (Ægisdóttir et al., 2019). Moreover, two clients also perceived stigma from others around them regarding seeking professional mental health services (Tuicomepee et al., 2012).

In some ways, the clients in the study were found to experience counseling engagement similar to what has been suggested by the existing literature. Clients voluntarily attended counseling because they believed that counseling would help in solving the problems that they could not handle or solve by themselves (Cooper & Cooper, 1991; Goldfried, 1991). By ultimately deciding that counseling would be a better fit for their problems in comparison to meeting a psychiatrist, clients' ability to choose the best current solution to their problems was also demonstrated (Bohart & Tallman, 1999). Moreover, the ability to normalize psychological help-seeking despite the perceived social stigma allowed clients to engage in the counseling process (Corrigan, 2004). This can be suggested that, given the social stigma within the Thai context (Tuicomepee et al., 2012), being able to normalize counseling is one of the important factors that relate to clients' counseling engagement among Thais.

As they were attending counseling, the clients in the study hoped to rely on the counselors' expertise and professionalism and were ready to disclose their personal experiences in detail. Their expectations about their roles and their counselors' roles were consistent with previous studies suggesting that clients may expect that their main role as clients was to disclose their personal experiences (Farber, Berano, & Capobianco, 2004). Moreover, clients may anticipate their counselors to play a directive role as the primary contributor to the counseling work and change process (Bachelor, Laverdière, Gamache, & Bordeleau, 2007; Westra, Aviram, Barnes, & Angus, 2010). This might suggest clients' deference to their counselors (Rennie, 1994) who were perceived as an expert in the hierarchical counseling relationships (Linell & Luckmann, 1991; Strong, Sutherland, & Ness, 2011). However, how the clients in the study trusted in their counselors' expertise and were open to follow their counselors' guidance while saw their disclosure as a way to assist their counselors might also suggest the patronage nature of the hierarchical social structure in Thailand. The patronage nature means that people with lower status usually expect people with higher status to assume responsibilities in helping and protecting them, while they in return show humility, respect, trust, and willingness to be guided (Iwasaki & Horie, 2000). The patronage nature within the Thai context may influence clients' counseling engagement to initially be assisting their counselors while waiting to follow their guidance. However, clients later learned that their counseling engagement was not only to disclose sufficient information and wait to follow their counselors' guidance but also to collaboratively explore their problems and possible solutions with the counselors.

Components of the counseling relationships found to contribute to clients' counseling engagement were consistent with previous literature. These were confidentiality (Fitzpatrick, Janzen, Chamodraka, & Park, 2006), acceptance (Carey et al., 2007), and appropriate professional boundaries (Rolvsjord, 2016). Moreover, previous research suggested that clients may be able to engage more as their counselors position themselves more like a friend than a distant professional by revealing something about themselves, expressing genuine interests in their clients, or refraining from exerting authority over them. (Gibson, Cartwright, Kerrisk, Campbell, & Seymour, 2016). The current study further suggested that clients may feel the psychological closeness with their counselors as the result of their counselors' word choices. This was due to the Thai language structure having different sets of vocabularies for different occasions and social positions (Iwasaki & Horie, 2000). Clients in the

study initially chose words that showed humble respect to their counselors who held a higher status in their relationships. Their preoccupations with formalities and mannerisms with their counselors were found to make it difficult for them to openly engage in counseling or straightforwardly express themselves. However, they were able to open up and be themselves after the counselors chose to use informal words that suggested a more equal status and more psychological closeness between them, signaling to clients that they could relax and adopt a more casual set of vocabularies. It should also be noted that in Thailand, people with higher status, including the counselors, usually need to express their desire for informality first, even though clients themselves may also desire it. This point underlines one of the challenges of clients' counseling engagement specific to the Thai context and Thai counselors should be mindful of their word choices.

Moreover, coherent with the existing literature, clients in the study not only willingly and actively engaged in the counseling tasks, but also assumed the responsibilities of continuously changing themselves or solving their problems by applying what they had learned from counseling in everyday lives (Hoener, Stiles, Luka, & Gordon, 2012). Clients continuously contemplated themselves, possible solutions, or what they had learned from counseling in everyday lives (Bowman & Fine, 2000). They also tried new behaviors learned from counseling that they hoped would lead to positive changes (Clarke, Rees, & Hardy, 2004). Lastly, clients evaluated the counseling outcomes and decided whether to continue or terminate their counseling process (Hill, 2005).

Conclusion

This IPA study explored clients' experiences of counseling engagement in Thailand where seeking professional mental health services tend to be stigmatized, while counseling services are generally invisible and inaccessible to the public. The study found that the clients were able to normalize seeking counseling despite the perceived social stigma. It also found that the counseling relationships in the study were initially influenced by the hierarchical, collectivist, and patronage nature of the Thai social structure as clients initially were waiting to follow their counselors' guidance while maintaining proper mannerisms with their word choices. However, as the counselors were inviting their clients to collaborate and using informal words, clients were able to openly engage with their counselors towards the achievement of changes. Therefore, despite the lack of clients' previous knowledge regarding counseling as well as the initial power difference within the counseling relationship, clients learned to actively engage in the counseling tasks, while also continued their engagement outside sessions by applying what they had learned from counseling in everyday lives.

Suggestions

For clients: Current or prospective clients can use the results presented in the study to consider adapting or increasing their engagement in the counseling process.

For counselors: Counselors may use the results presented in the study to help encourage clients' counseling engagement, for example, by discussing confidentiality or maintaining appropriate boundaries with their clients. Moreover, specific to the contexts where counseling is not commonly known or where there is the social stigma

regarding mental health services, counselors may need to directly discuss their roles and their clients' roles or may need to help normalize their clients' psychological problems and their decisions to seek counseling respectively. Additionally, counselors should be mindful of their word choices in the contexts where choices of words could imply the extent of the psychological distance within the counseling relationships.

For future research: In the Thai context, future research may pursue studies of clients' experiences of difficulties in counseling engagement or counseling experiences of involuntary clients. Additionally, because all the participants in the study were coincidentally female, future research may also include Thai male clients' experiences of counseling engagement, as the social norms or values related to being a Thai male may affect their counseling engagement differently from those of Thai females.

Acknowledgments

Sincere gratitude to all the participants for their valuable contributions to the study.

References

- Ægisdóttir, S., Leach, M. M., Romano, J. L., Tomlinson-Clarke, S., & Canel-Çınarbaş, D. (2019). Sociopolitical, cultural, and historical contexts that influence counseling practice in four countries. *The Counseling Psychologist, 47*(4), 578-607. doi:10.1177/0011000019883321
- Bachelor, A., Laverdière, O., Gamache, D., & Bordeleau, V. (2007). Clients' collaboration in therapy: Self-perceptions and relationships with client psychological functioning, interpersonal relations, and motivation. *Psychotherapy: Theory, Research, Practice, Training, 44*(2), 175-192. doi:10.1037/0033-3204.44.2.175
- Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: American Psychological Association.
- Bohart, A. C., & Tallman, K. (2010). Clients: The neglected common factor in psychotherapy. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 83-111). Washington, DC: American Psychological Association.
- Bowman, L., & Fine, M. (2000). Client perceptions of couples therapy: Helpful and unhelpful aspects. *American Journal of Family Therapy, 28*(4), 295-310. doi:10.1080/019261800437874
- Carey, T. A., Carey, M., Stalker, K., Mullan, R. J., Murray, L. K., & Spratt, M. B. (2007). Psychological change from the inside looking out: A qualitative investigation. *Counselling and Psychotherapy Research, 7*(3), 178-187. doi:10.1080/14733140701514613
- Clarke, H., Rees, A., & Hardy, G. E. (2004). The big idea: Clients' perspectives of change processes in cognitive therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 77*(1), 67-89. doi:10.1348/147608304322874263
- Cooper, A., & Cooper, J. (1991). How people change with and without therapy. In R. C. Curtis & G. Stricker (Eds.), *How people change: Inside and outside therapy* (pp. 173-189). Boston, MA: Springer.
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59*(7), 614-625. doi:10.1037/0003-066X.59.7.614
- Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients' perceptions of the process and consequences of self-disclosure in psychotherapy. *Journal of Counseling Psychology, 51*(3), 340-346. doi:10.1037/0022-0167.51.3.340
- Fitzpatrick, M. R., Janzen, J., Chamodraka, M., & Park, J. (2006). Client critical incidents in the process of early alliance development: A positive emotion-exploration spiral. *Psychotherapy Research, 16*(4), 486-498. doi:10.1080/10503300500485391
- Gibson, K., Cartwright, C., Kerrisk, K., Campbell, J., & Seymour, F. (2016). What young people want: A qualitative study of adolescents' priorities for engagement

across psychological services. *Journal of Child and Family Studies*, 25, 1057-1065. doi:10.1007/s10826-015-0292-6

Goldfried, M. R. (1991). Transtheoretical ingredients in therapeutic change. In R. C. Curtis & G. Stricker (Eds.), *How people change: Inside and outside therapy* (pp. 29-37). Boston, MA: Springer.

Hill, C. E. (2005). Therapist techniques, client involvement, and the therapeutic relationship: Inextricably intertwined in the therapy process. *Psychotherapy: Theory, Research, Practice, Training*, 42(4), 431-442. doi:10.1037/0033-3204.42.4.431

Hoener, C., Stiles, W. B., Luka, B. J., & Gordon, R. A. (2012). Client experiences of agency in therapy. *Person-Centered and Experiential Psychotherapies*, 11(1), 64-82. doi:10.1080/14779757.2011.639460

Holdsworth, E., Bowen, E., Brown, S., & Howat, D. (2014). Client engagement in psychotherapeutic treatment and associations with client characteristics, therapist characteristics, and treatment factors. *Clinical Psychology Review*, 34(5), 428-450. doi:10.1016/j.cpr.2014.06.004

Iwasaki, S., & Horie, P. I. (2000). Creating speech register in Thai conversation. *Language in Society*, 29(4), 519-554. doi:10.1017/S0047404500004024

Levitt, H. M., Pomerville, A., & Surace, F. I. (2016). A qualitative meta-analysis examining clients' experiences of psychotherapy: A new agenda. *Psychological Bulletin*, 142(8), 801-830. doi:10.1037/bul0000057

Linell, P., & Luckmann, T. (1991). Asymmetries in dialogue: Some conceptual preliminaries. In I. Markova & K. Foppa (Eds.), *Asymmetries in dialogue* (pp. 1-20). Hemel Hempstead, UK: Harvester Wheatsheaf.

Rennie, D. L. (1994). Clients' deference in psychotherapy. *Journal of Counseling Psychology*, 41(4), 427-437. doi:10.1037/0022-0167.41.4.427

Rolvjord, R. (2016). Five episodes of clients' contributions to the therapeutic relationship: A qualitative study in adult mental health care. *Nordic Journal of Music Therapy*, 25(2), 159-184. doi:10.1080/08098131.2015.1010562

Sangganjanavanich, V. F., & Nolrajsuwat, K. (2015). Counseling in Thailand. In T. H. Hohenshil, N. E. Amundson, & S. G. Niles (Eds.), *Counseling around the world: An international handbook* (pp. 153-159). Alexandria, VA: American Counseling Association.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. London: Sage.

Strong, T., Sutherland, O., & Ness, O. (2011). Considerations for a discourse of collaboration in counseling. *Asia Pacific Journal of Counselling and Psychotherapy*, 2(1), 25-40. doi:10.1080/21507686.2010.546865

Tuicomepee, A., Romano, J. L., & Pokaeo, S. (2012). Counseling in Thailand: Development from a Buddhist perspective. *Journal of Counseling and Development*, 90(3), 357-361. doi:10.1002/j.1556-6676.2012.00044.x

Westra, H. A., Aviram, A., Barnes, M., & Angus, L. (2010). Therapy was not what I expected: A preliminary qualitative analysis of concordance between client expectations and experience of cognitive-behavioural therapy. *Psychotherapy Research*, 20(4), 436-446. doi:10.1080/10503301003657395

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