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THE ROLE OF SILENCE IN THE COUNSELLING RELATIONSHIP

by

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Introduction

A dialogue is defined as a conversation between two or more people. Studies of social interaction have shown that there is a pattern to communication in conversations. One person, whom we will call Sue, says something to Bob and then waits for Bob to reply before speaking again. The conversation pattern is one where each participant speaks in turn, with Sue waiting for her cue from Bob to speak again. Her cue is the pause when Bob stops talking, making it almost obligatory for her to fill in the silence. If a third person is introduced into the conversation, there are many more possibilities, making it rare that the exact same pattern would be repeated. John could as equally well speak after Sue's pause as Bob, and indeed Bob could choose to refrain from participating and sit quietly listening during the conversation. However, if one person were to refrain from participating in a one-to-one conversation, the conversation would cease. Headington (1979) notes that learning from social interactions such as the above is hard to ignore and can cause difficulties for the beginner counsellor who believes she must fill every pause in the two-party conversation. This raises the question whether there is a difference between a therapeutic conversation and a social interaction.

The relationship between counsellor and client involves a great deal of talking, using words to explore meanings. All aspects of a conversation are included, such as speaking, listening and body language. A conversation without pauses rarely takes place. When those pauses stretch to five seconds or longer, they become silences (Sharpley 1997). As silence is part of the interaction between the counsellor and the client, it is likely that its use affects the development of the therapeutic relationship with a resulting influence on the success or otherwise of the overall process. Thus, the question emerges: what role does silence play in enabling the client to benefit from the counselling process?

Counselling process can be interpreted as "a movement, development or continuation; to effect or move towards finality" (Feltham and Dryden, 1993 p. 142). The underlying premise then is that the client enters counselling at point A and leaves at point B, having gained a greater awareness of himself and his ability to solve the problem. For each client, successfully completing the process or not correlates to the degree of effectiveness of the therapy. Can it be shown that silence plays a part in the process, is that part significant and can its effectiveness be measured empirically?

From a theoretical perspective, the process is seen and defined in very different ways depending on the therapeutic approach under consideration (see Table 1). Even

such a cursory overview of just some of the many available counselling approaches prefaces the possibility that the counselling process or "all that goes on within counselling" (Feltham and Dryden 1993 p142) for each orientation would neither view nor make use of silence in the same way.

Table 1: Interpretation of the counselling process in different approaches

Therapeutic Approach	Purpose	Means
Freudian psychoanalysis	"a process of reeducating the ego " (Nelson-Jones, 2001, p 39)	by using free association
Jung's analytical therapy	focusses "on attaining specific goals	(by) dealing with complexes and strengthening consciousness and ego functioning" (Nelson-Jones, 2001, p 64)
Rogers' Person-centred therapy	trusts the client's ability to actualise his human potential	by providing the right conditions
Gestalt	enables clients to gain "higher levels of awareness to take into their everyday lives" (Nelson-Jones, 2001, p 124)	by using experimentation
Transactional analysis	encourages clients to assume greater personal responsibility for their lives	by establishing contract goals and using "interventions and interpositions" (Nelson-Jones, 2001, p 159)
Existential therapy	seeks to assist clients to understand their "inner conflicts in relation to the ultimate existential concerns of death, freedom, isolation, and meaninglessness"	by sharing their story. (Nelson-Jones, 2001, p 216)
Behaviour therapy	(assists clients to) "overcome maladaptive habits"	(by using)"experimentally derived principles and paradigms of learning" (Nelson-Jones, 2001, p 271)
Cognitive therapy	"aims explicitly to 'reenergize' the reality-testing system"	by teaching clients "how to think about their thinking" (Nelson-Jones, 2001, p 342)

As shown in Table 1, however, different approaches attribute different degrees of importance to the therapeutic relationship. For example, psychodynamic (Holmes 1999) and person-centred therapists see it as the major focus of the therapeutic work. For

Mearns and Thorne (1999), person-centred counsellors, the relationship is "*all-important*", indeed it is "the aim of the counselling process with *every* client." (p. 22). Yet for the rational emotive behaviour therapist, for whom work and practice through the homework assignment is the effective part of the therapy, it is an adjunct (e.g. Wilkins, 1999; Nelson-Jones 2001). Or, in the words of Sanders and Wills, "if the therapeutic relationship was a car, the cognitive therapist would use it to travel from A to B, whereas the psychodynamic or person-centred therapist would be a collector, spending hours polishing and fine-tuning each vehicle." (in Feltham 1999, p. 121). While the therapeutic relationship in transactional analysis is presupposed and a "sine qua non of effective therapy" (Stewart 1996 p 198), Berne's own views would seem to imply that "the establishment of a relationship, in and of itself, is not necessarily therapeutic" (Stewart 1992 p74). Gestalt counsellors see the therapeutic relationship as a 'working' rather than a 'talking' one. Thus the emphasis is on looking at what one is doing, "especially being aware of how one is aware" (Yontef and Simkin 1989 cited in Nelson-Jones 2001 p 124) rather than talking about a difficulty. Both therapist and client are responsible for maintaining their own part in the relationship: the former for the quality of their knowledge and skills, their presence and self-awareness, the other for their commitment to working to become more self-aware and to bring that awareness into their daily lives. For existential therapists the quality of the therapist-client relationship is central and within it they aim to provide "presence, authenticity and commitment" (Nelson-Jones 2001, p 208), while trying to understand and experience the client's current situations and enveloping fears, i.e. his 'being'.

Silence and counselling approaches

From the previous section it follows that the role of silence in the counselling process is likely to vary depending on the approach and probably different approaches would define silence differently. While they broadly agree on the most general attribute of silence, that is, silence is "the temporary absence of any overt verbal or paraverbal communication between counsellor and client within sessions" (Feltham and Dryden, 1993, p 117), there are wide differences when it comes to the qualification of this negative definition. Sharpley (1997) and Cook (1964), for example, defined silence as a pause of five seconds or longer in the dialogue between counsellor and client. Tindall and Robinson (1947) referred to silence as "any noticeable pause" (p. 136), while Frankel

et al. (in press) considered pauses in the conversation of three seconds or longer as silence. This is not merely a definition question, however, as the analytical phase of the research depends on this. For Sharpley or Cook a four-second interruption of dialogue would not constitute silence, while for Frankel et al. it would. On the other hand, for Tindall and Robinson the length is open to interpretation. In many approaches time is subjective, the qualification of silence by the clock is only an approximation that requires contextualisation. At the most general level, the context can be the client or the therapist (with his approach).

In the person-centred approach the client is clearly the context: the counsellor, trusting that the client will work in a way and at a pace that is suitable for him, gives him control of the content, pace and objectives. This includes listening to silences as well as words and sitting with them, recognising that the silence may help the client to focus (Mearns, 1997).

The psychodynamic therapist helps the client become more self-aware by the use of her "expert" interpretations about the ways in which that "real" relationship breaks down (Holmes, 1999). Being primarily a listener, she needs dialogue from the client in order for her interpretation as expert to be possible. Furthermore, silence contravenes the basic rule of psychoanalytic procedure: that the client attempt to put all his thoughts into words (Greenson 1961). It would therefore follow that the psychoanalytically inclined see silence from the client as resistance, something to be overcome. On the other hand, as therapists they might use silence "not in order to frustrate the patient, but in order to allow the signifiers in which his frustration is bound up to reappear" (Lacan, NANO).

As for transactional analysis, being an "actionistic and highly interventionist form of counselling" (Tudor, 1999, p96), it is not easy to see how silence would sit within Berne's eight 'therapeutic operations': interrogation, specification, confrontation, explanation, illustration, confirmation, interpretation and crystallization used by the counsellor as interventions. Indeed, Berne (1966) considered supportive therapy as 'intrinsically spurious' and was suspicious of the term relationship.

In contrast to Fritz Perls' often-confrontational relationship with his clients, in modern Gestalt judicious use of silence is perceived as a technique that can help to overcome the block that can be manifested as silence through a lack of available words. The gestaltist, Harris (1994), helped a young bereaved client towards talking of his experiences by sitting in silence with him. In the process the counsellor experienced his

own deep feelings of sadness and was later able to engage the client by encouraging him to increase his awareness of the sensations he was experiencing in his body. By this means a space was created in which the client was able to find a few words to give his experience meaning without being influenced by any interpretation the counsellor might have been tempted to put on it.

The more highly structured, short term approaches, such as rational emotive behaviour therapy, solution focussed brief therapy and cognitive-behavioural therapy (CBT) tend to be more directive, and the use of silence within such approaches does not figure in the key texts. However, in 1995, Sharpley and Harris decided to look at the effects of silence on client-perceived rapport in a CBT setting. Starting from the premise that therapy exists for the benefit of the client, Sharpley and Harris collected their data for this exploratory study through client ratings as the only reliable source of evaluating therapist-client interactions (Zarski et al. 1980). The 1995 study showed that silence was "positively and significantly associated with client-perceived rapport" and that client-initiated and therapist–terminated silences were those "rated as very high in rapport" (Sharpley and Harris 1995 p 3). They concluded that, rather than being seen as a cause for therapist anxiety and concern, silence in CBT sessions needs to be seen as giving time to clients to ponder statements therapists have made prior to the silence. Furthermore, in the interests of building client-therapist rapport, CBT therapists are better advised to use reflections or confrontations to break clients' silences. This study was significant in helping me realise the importance of looking at silence from the client's point of view, while recognising some of the difficulties inherent to it.

Effectiveness of Silence

Given that silence can be therapeutic or negative in its connotations, it is important to differentiate between active, 'working' silences which promote the therapeutic relationship and passive, unhelpful ones which impede it (Zeligs 1961).

In 1942, Rogers gave his views on the issue of silence and timing: "In an initial interview, long pauses or silences are likely to be embarrassing rather than helpful. In subsequent contacts, however, if fundamental rapport is good, silence on the part of the counselor may be a most useful device." (Rogers, 1942, p. 165) Pietrofesa et al. (1978) noted the importance of allowing some time for the client to respond even in the initial session to avoid a possible 'rescuing from silence' pattern developing.

Mearns and Thorne (2000), in talking of 'the quality of presence', feel there is "a silence of communion where counsellor, client and the 'something larger' are interconnected in a world where time stands still". For these authors "it is in the late stages of therapy, when it is the silence between two human beings, or their non-verbal responsiveness to each other, that brings the healing and the inner peace which Carl Rogers saw as a defining quality of the 'Person of Tomorrow'" (p 66).

Swain (1995) sees silence as a useful way to begin a session, as part of waiting for the other person to speak. However, he warns that although "silence is a way of keeping out of the other person's way… it can be embarrassing for the listener and threatening for the other person" (p129).

Cook (1964), using case study evidence, used the length of silences as a measure of the efficacy of the counselling process (percentage of silences broken by clients). Cook hypothesised that "silence might well be a necessary condition, or at least an index of a necessary condition, for movement in psychotherapy" (p42). Results showed that lack of silence was linked to the unsuccessful cases and a lower percentage of speech raised the likelihood of a successful outcome. However, there was no correlation between the percentage of silence in the excerpt and whether it was taken from early or late in the process. He suggested a possible link between the silence ratio (on the side of the therapist) and the core conditions of empathy, unconditional positive regard and congruence.

Perceptions and use of silence

New counsellors are typically uncomfortable with pauses, often rushing in to fill up the space, "thus assuming inappropriate responsibility for the session". They need to learn to "trust their own feelings in particular situations, which requires great sensitivity to the client's nonverbal communication" (George and Cristiani 1990, p150). Trainee counsellors are therefore taught to "cope with silence" (Burnard 1999).

Clients can be enabled by the creative use of silence that gives them space to focus (Mearns 1997) and encouragement to reflect (Nelson-Jones 1988, Swain 1995, George and Cristiani 1990) and can help them get more in touch with their thoughts and feelings, especially discomforting ones (Culley and Bond 2004). The skill is in finding the correct balance, for using silence "clumsily may do more harm than good" (Nelson-Jones 1988, p 73). Brammer (1985) observes that since quiet time alone may help clients pull their

feelings together before they explore further, which often makes silence a very productive time, counsellors are best served by waiting quietly until the client is ready to continue. Furthermore, George and Cristiani (1990) consider that silence "lets clients know that the responsibility for the interview lies on their shoulders" and also "allows clients to ponder the implications of what has transpired during the session". (p 150).

This, obviously, raises the question of who is entitled to break silence. From their integrative perspective, Culley and Bond (2004) suggest the counsellor could break a silence by giving specific feedback on what they observe and encourage the client to explore further by using paraphrasing. Or again, by asking 'process' questions such as "What are you feeling at the moment?" which, "although direct, are much less intrusive than 'content' questions" (p31), while helping to retain counsellor focus on the here and now. Burnard's (1999) clue for knowing when to ask, "What are you thinking?" to encourage verbalisation of a useful insight is "when the client suddenly falls silent or stops his train of conversation and glances to one side" (p161). George and Cristiani (1990) feel that if the silence is client-initiated, the client should be allowed to break it.

The problem is that silence could be a manifestation of a number of feelings and a number of motives. For George and Cristiani (1990) "silence communicates to the client a sincere and deep acceptance". It also sends a message of the counsellor's "deep concern and willingness to let the client experience the relationship without sensing pressure to be verbal." (p 151). Headington (1979) asserts that the rules of general conversation do not apply in a counselling interview. Whereas in a dialogue, a pause would normally mean the other party felt obliged to say something to fill the silence, "what feels *natural* in a silence during a counseling interview is generally inappropriate." (p. 13). Pietrofesa et al. (1978) mention the fact that culturally we have been taught to be uncomfortable with silence and this could influence both counsellor use of silence and clients' reactions to it.

In order to deal with the discrepancy between the manifested and the manifestation Levitt (2001) introduced the category of obstructive silence with three subcategories: resistance, regression and communication (and the combinations of these). This allowed her to distinguish between disengaged pauses and interactional pauses. During the former, the client switches off from the topic being treated in order to either actively avoid anxiety or difficult feelings, or to shut down, a more passive and often automatic response. Interactional pauses, on the other hand, occur as the emphasis shifts from the

therapeutic content to the relationship itself and can be explained as: "the demands of the interpersonal communication, the safeguarding of the therapist alliance, and confusion around therapist comments or tasks." (p 234) Importantly, Levitt argued that both types could occur during a single counselling session and in different approaches.

The efficacy of silence as a skill

Tindall and Robinson (1947) considered pauses from the point of view of both counsellor and client when analysing the frequency of the use of pauses in transcripts and how their use affected the dynamics of the counselling situation. From this they developed seven categories of silences (three initiated by the counsellor and four by the client). Counsellor-initiated pauses can be a) deliberate, to force the client to "carry the burden of the conversation"; b) organisational, to collect his thoughts; or c) normal, showing the natural ending of a phase of the discussion. Client-initiated pauses can be: a) a result of indecision as to how to proceed; b) normal, a natural ending to his part of the conversation; c) organisational, a need for a break to collect his thoughts before repeating or elaborating on the point just made; d) or to solicit a response from the counsellor thus satisfying a need for approval, advice, information or an answer to a direct question. In the same way, categories were devised that helped describe the effects of all these types of pauses and the data tabulated to show the distribution of types of pauses and their effects on the interview. For both counsellor and client-initiated pauses, clarification was the most frequent effect, with summarisation and resistance occurring only rarely.

While the theoretical literature seems to suggest the use of silence is a basic skill (George and Cristiani 1990), the workings of which it pays to understand (Pietrofesa et al. 1978, Headington 1979), a cursory look at course prospectuses has turned up only limited consideration of it until the later stages of training (Frankland and Sanders 1996).

Indeed, recent empirical research suggests that learning about the use of silence occurs 'on the job' (Hill et al. 2003), from therapists' experience of personal counselling or in supervision (Ladany et al. 2004). Both studies found that therapists generally see silence as having a positive effect on therapy and as a result of their findings express concern at the lack of information on its use as a skill in basic textbooks. Several leading ones do not even mention the term in the index (e.g. Nelson-Jones 2001; Hough 2002; McLeod 1998; Egan 2002). Others contain just a passing mention of silence from a

paragraph to two pages in length (e.g. Chaplin 1999; Manthei 1997; Yalom 1985; Shertzer and Stone 1980; Corey 1991).

Methodology

In this research I am primarily interested in gaining insights into subjective meanings and understanding through allowing different voices to emerge from examining personal experiences (Annesley 1995). I therefore recognised from the outset that the methodology for this research project would need to be mainly qualitative, rather than quantitative. However, in the interests of validity of data, I also introduced 'triangulation'. Thus, I combined survey and in-depth techniques, while remaining open to moving along the qualitative data analysis continuum towards the more quantitative counting and coding if necessary (Dawson 2002).

The semi-structured questionnaire (see Appendix I) included both closed and open questions to glean information to help test my hypotheses and also source suitable candidates for in-depth interview to provide a richer understanding. The interview protocol was adapted from Ladany et al. (2004) with their permission (see Appendix II). Some of the original interview questions (Nos. 5, 6 and 8) were included on the questionnaire to reach a wider survey base and Question 14 was reworded to align with my interest in client perceptions (see Appendix IIIa). In addition, I developed a twelve-question interview protocol for clients (see Appendix IIIb).

A pilot study was undertaken prior to the main research study both to check for procedural feasibility and to ensure that for both clients and counsellors the layout and questions were clear and understandable and would produce data useful to the researcher. The feedback was then used to make certain amendments to the design and distribution procedures before the main body of questionnaires was sent out. In view of the nature of the changes, results from the five pilot questionnaires were not used in the main study.

For the main research study 118 semi-structured questionnaires were sent out: 45 to clients and 73 to counsellors or trainee counsellors. Forty-seven questionnaires were returned completed (39.8 %).

The five candidates selected for interview were given the choice of being interviewed in person or by telephone; each interview lasted for up to an hour. A total of

five semi-structured interviews, including the two taken for the pilot study, were conducted over a period of four months, one by telephone and the remainder in person. Time constraints meant that transcriptions were only made of four of the interviews, which were then summarised on an interview summary form; data from the remaining interview was entered directly onto the summary form.

I used thematic analysis to analyse the interview and open-ended questions' data. As suspected when formulating my research proposal, my being a sole researcher and not a member of a research team meant it was not feasible to follow all facets of consensual qualitative research (Hill et al, 1997) as used by Ladany et al. (2004). As intended, the interview data was used to cross-check and enrich the questionnaire findings.

Findings and Discussion

I will begin the description with some demographics and then turn to a consideration of the central findings of this research in relation initially to efficacy and then to each of my three hypotheses. In view of the number of results to be presented and to avoid undue repetition, discussion or applied analysis will follow directly on from results where appropriate.

Of the 47 returned questionnaires, 17 were from counsellors, 9 from trainee counsellors and 21 from clients. The client total includes client data from one questionnaire where Part B data was discounted due to the fact that the respondent was neither a trained nor formally qualified counsellor. However, due to constraints on the research all following counsellor data will include that for trainees. Client data is unavailable for three of the 26 counsellors, due to their failure to complete Part A of the questionnaire.

By far the majority of the forty-four respondents (79.5%) were women: thirteen of them were clients and twenty-two counsellors. Just one male counsellor responded, together with eight male clients. Two thirds of the respondents were aged between forty-five and sixty, eleven between thirty and forty-five, just five between seventeen and thirty and the remaining nine over sixty.

Efficacy

In view of the question that is central to this research study: "Does the use of silence enable clients to move through the counselling process?", it seems appropriate to look at results dealing with efficacy before turning to each hypothesis in turn. There are several things by which the effectiveness of the use of silence can be measured: directly, by counsellors and clients being asked to rate its value; by looking at how its use affects the therapeutic relationship from both sides; by considering its contribution to the client's progress through the counselling process from the point of view of both client and counsellor and from a look at the term "comfortableness" in connection with the use of silence.

An overwhelming majority of client-respondents (86%) feel silences during counselling sessions are beneficial in comparison to just 2% who feel they are a waste of time. None admitted to it being a waste of money, although one interviewee, of silences that don't work well said, with a laugh,

> "(there were) times when I thought what is the point of, you know,
>
> payin' this money for just sittin', struggle in silence type of thing",

which suggests this category may contain some prestige bias. The remaining 12% felt silences were neither beneficial nor a waste of either time or money. When asked to rate the value of silence in counselling on a scale of zero to ten, responses placed silence firmly in the positive half of the scale (see Figure 1).

Counsellors were asked the same rating scale question as clients. Of the twenty-six counsellors, none rated the value of silence during counselling sessions at lower than three, with just three placing it at either three or four. Again, the twenty-three between five and ten are almost exactly in line with clients' assessments, although there was a higher proportion (eighteen, or 69%), who rated it at eight and above. These results strongly suggest that both counsellors and clients consider silence in counselling to be beneficial and of value.

Figure 1. VALUE OF SILENCE
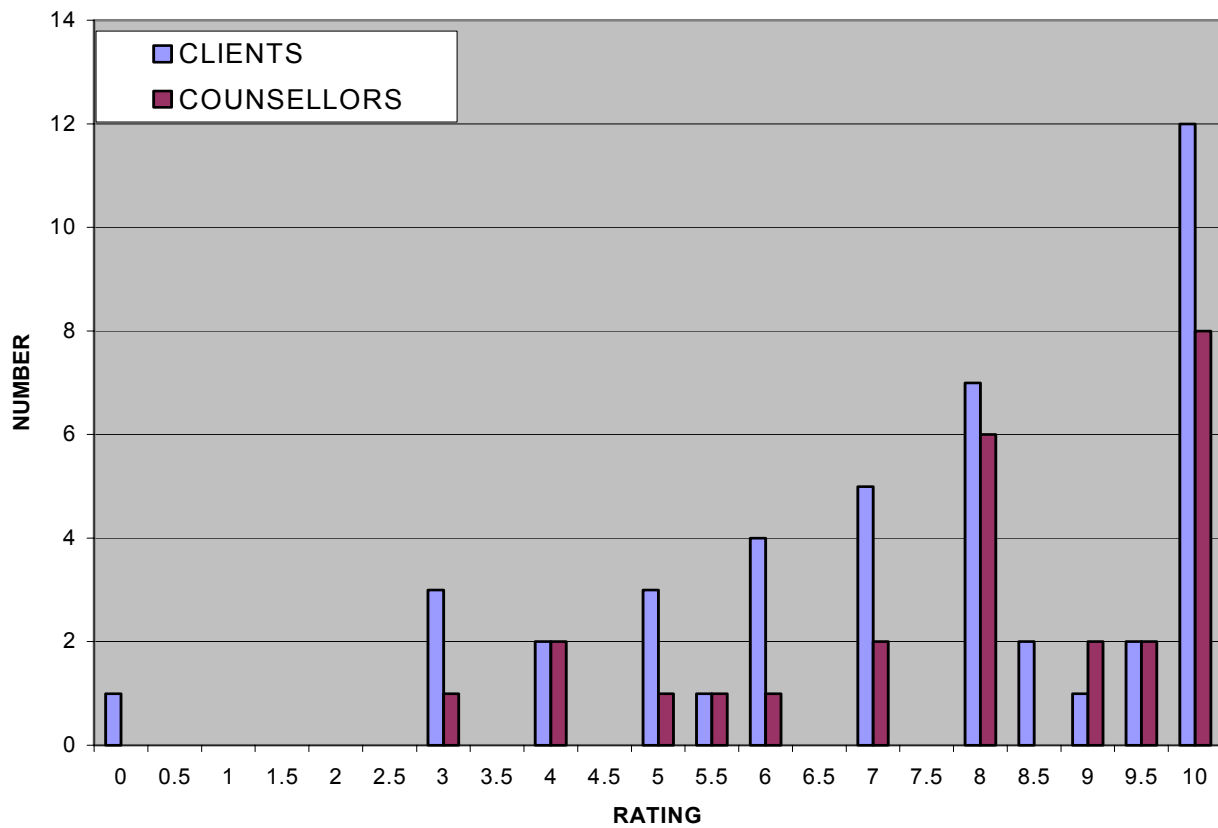
Turning to assessing the efficacy of the use of silence with regard to the therapeutic relationship, clients and counsellors were first asked to ascribe one or several of the suggested adjectives to their relationship with counsellors and clients respectively. 'Open' and 'respectful' were the most popular in almost the same proportion for both parties, with fewer counsellors opting for 'intimate' than clients and just one counsellor ticking the "cold" box. They were then asked if the use of silence had affected the client/counsellor relationship. These results attest to the belief on the part of both clients and counsellors that the use of silence is beneficial, or at least not detrimental, to the therapeutic relationship.

When clients were provided with a chance to assess the efficacy of silence in their own personal process, three to one showed themselves in favour of the counsellor's use of silence contributing to the client's progress through the counselling process. By coding responses in the 'open' part of the question where clients were asked to explain their response, several broad themes became evident. The use of silence resulted in movement via clients' 'thought processes', 'experiencing' and 'relationship issues'. A sample of

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comments from each of the first three categories describes silence as a: *"…signal for reflection and thought"*; *"I was encouraged to pay deep attention"*; *"If you are both comfortable with silence and being in each others' company without the need of words then I think that is therapeutic"*. Clients were then asked to assess whether they thought their own use of silence had contributed to their progress through the counselling process. The three to one in favour trend is slightly stronger here among the 41 respondents. Analysis of the answers to open questions showed the same themes to be in evidence here. Comments such as *"it has helped me ….to find my own answers"*, *"I am learning to pay attention beyond words…"*, or it *"made me feel more in control"*, while assuming that there are also other factors, give a flavour of the ways clients consider their own use of silence to have contributed to their progress in the counselling process.
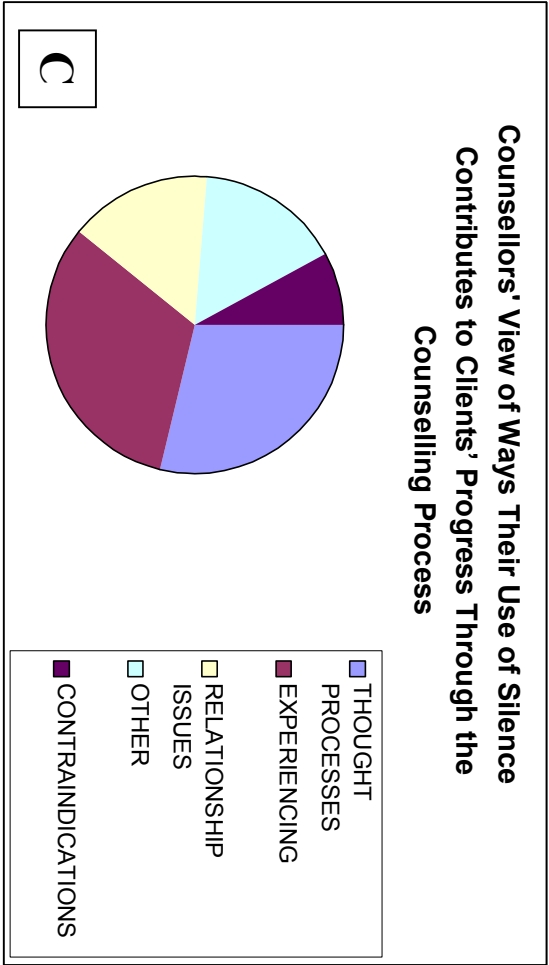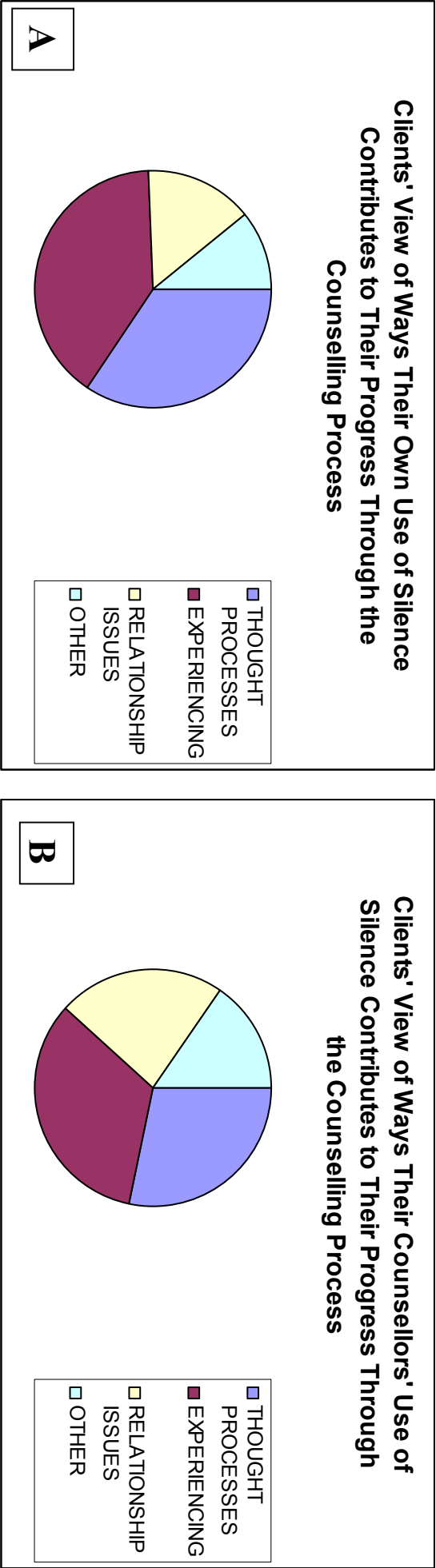
Counsellors were also asked if they felt their use of silence contributed to their client's progress through the counselling process. Of the 24 respondents, twenty-three (96%) answered 'Yes' and just one 'No'. Interestingly, despite the overwhelming agreement among counsellors that silence can help the process, some of the comments in the open-ended second section of this question focussed on when silence is contraindicated. One counsellor acknowledged that although it sometimes helps, it sometimes makes a client feel awkward, a second talked of being *"aware of the potential dangers, for example the abuse of power (that could be involved in the use of silence)"*, illustrated in fact by a third, who was adamant that they *"**never** use it to force a client to open a session"* (counsellor's emphasis).

A comparison of the charts summarising results for these three questions (see Figure 2) shows that overall both clients and counsellors perceive silence as helpful to the counselling process by facilitating 'thought processes', 'experiencing' and contributing to the therapeutic 'relationship'. The proportion of comments that come under each of these categories is startlingly uniform whether either clients or counsellors are talking about the counsellors' contribution. More clients' comments fell into the 'relationship issues' category than counsellors' (23% versus 16%), but almost the same proportion of clients saw their own use of silence as contributing in some way to the 'relationship' as counsellors did of theirs (15% and 16% respectively.).

Lastly, the series of questions using the term 'comfortable' contained the implication that both parties' degree of 'comfortableness' with silence may be equated with how effective silence is in the counselling situation. Frequent use of the word 'comfortable' in

association with silence is evidenced by the fact that in describing their feelings, it is used in varying degrees from 'sometimes uncomfortable' to 'very comfortable' by twelve of the counsellors and seven clients (e.g. "uncomfortable mostly"). There also seems to be a movement over time towards greater 'comfortableness' with silence for both counsellors and clients, which is seen as positive and could come from training and/or increased understanding and experience of the process. When clients were asked to rate how comfortable they were with silence on an ordinal frequency rating scale, results show that by far the majority of the forty-four clients are more comfortable with silence than not. If, as could be supposed, positive rather than negative feelings around silence correlate to 'comfortableness', then the fact that more than half (55%) felt negative feelings during silences, would be surprising. However, since most clients used the term 'on occasion' to describe the frequency of how comfortable they feel during silences, this suggests a certain amount of ambivalence about how 'comfortable' they actually feel most of the time. These results may suggest that 'comfortableness' also includes those times when the client stays with the silence even when the feelings are negative. As to counsellors, all twenty-six replied unequivocally that they are comfortable with silence. However, unfortunately the used research tools do not give information whether their 'comfortableness' varies at different times. It would seem probable that counsellors know that the expectation is that they be comfortable with silence, but in reality this is not always achievable. To sum up, assuming that being 'comfortable' with silence facilitates its positive contribution to the process, the fact that more clients profess to being comfortable with silence at least 'on occasion' than not and all the counsellors sampled indicated they are comfortable with silence, it is not unreasonable to conclude that this is an indicator of the efficacy of the use of silence in enabling clients to move through the counselling process.

Figure 2 – Clients' and Counsellors' Views of Ways Use of Silence Contributes to Clients' Progress Through the Counselling Process

A

Clients' View of Ways Their Own Use of Silence Contributes to Their Progress Through the Counselling Process

- THOUGHT PROCESSES
- EXPERIENCING
- RELATIONSHIP ISSUES
- OTHER

B

Clients' View of Ways Their Counsellors' Use of Silence Contributes to Their Progress Through the Counselling Process

- THOUGHT PROCESSES
- EXPERIENCING
- RELATIONSHIP ISSUES
- OTHER

C

Counsellors' View of Ways Their Use of Silence Contributes to Clients' Progress Through the Counselling Process

- THOUGHT PROCESSES
- EXPERIENCING
- RELATIONSHIP ISSUES
- OTHER
- CONTRAINDICATIONS

Links between therapeutic approach and/or timing in the process

Having considered the questions looking at efficacy, I now turn to those around therapeutic approach with a view to making some comparisons. In order to gather data on different therapeutic approaches used in counselling clients, clients were asked which therapeutic approach their counsellors used. Results showed that the majority of clients who responded to the questionnaire were receiving/had received person-centred counselling. Some had received counselling in more than one approach. Although I made an effort to contact counsellors from various schools of therapy, I had no means of knowing which therapy clients had received prior to receipt of the questionnaires. Other approaches that clients had experienced included: psychosynthesis, psychoanalysis, solution-focussed brief therapy, Adlerian, music therapy and neuro-linguistic programming. Responses from counsellors about the therapeutic approach they use when counselling clients indicate that some use several approaches. Again the majority of counsellors are person-centred, but with some representation from all the suggested categories. Those practising using 'other' approaches use: solution-focussed brief therapy, Adlerian, other skills and "technical eclecticism".

In order to explore the link between the effective use of silence in therapy and therapeutic approach, the value of silence rating was set against each response for all of the different approaches represented in the research sample. For ease of reporting, the zero to ten rating scale was divided into three equal bands: 0-6 = 'low'; 7-13 = 'medium', and 14-20 = 'high'. Table 2 summarises results on how the approach may impact on the use of silence in the counselling process. Approaches are presented here in alphabetical order. In an attempt to find a correlation between the value of silence rating as expressed by counsellors and clients, the last two columns of Table 2 include the value of silence rating in responses. All categories of responses are included, in order of their importance for respondents.

The preponderance of 'high' ratings for the value of silence across the therapeutic approaches underlines that all approaches consider the use of silence to be valuable and by deduction therefore effective. At first sight, this might appear to refute the hypothesis that different approaches may view its effectiveness differently. However, it is important to note the varying size of sample for the various approaches represented in this study (from one client working with an NLP counsellor to forty-one person-centred clients and/or counsellors). Indications are that there may be a correlation, especially between

the 'high' and 'medium' value rating: see person-centred versus Gestalt, and a more balanced sample would have perhaps brought out clearer delineations and made firmer conclusions possible.

As to the possible correlation between efficacy and timing in the process, information derives from the open-ended questions and interviews: one counsellor interviewed is "*aware that I use silence less near the end of a session…because I do see it as something that facilitates deeper work as a rule*". One counsellor emphatically states as a contraindication of furthering the process that they "**never** *use it to force a client to open a session*". Regarding timing in the process, an interviewee said, "*It's something I use less in the early sessions than I do as I get to know the client…as the relationship deepens.*" These comments would seem to suggest counsellors do have some guidelines about the timing of their use of silence, and for the purposes of this study the search for a possible correlation between this and the effective use of silence therefore becomes a suggestion for further research.

Variance in perceptions of the use of silence in therapy for both therapist and client

As mentioned above, 86% of clients perceive silence as beneficial, a result that is repeated in the value assigned to it in the rating scale. This result moves even higher, to 88%, when counsellors rate the value of silence. The almost exact alignment of these results clearly suggests no variance in perception in the area of efficacy.

Clients were asked whether, in their view, silence is used intentionally by the counsellor. Of the 44 respondents, 39% felt that it is, 41% felt that it sometimes is, 11% answered that it isn't and 9% didn't know. Counsellors' responses when asked if they use silence intentionally elicited twenty (77%) 'Yes' and six (23%) 'No' answers. Thus, eighty percent of clients perceived that silence is used intentionally by the counsellor and 77% of counsellors professed to use it intentionally. Again, this suggests similarity rather than variance in perception between client and counsellor. However, comments from those counsellors who deny they use silence intentionally intimate that there may be a difference in the understanding of the term 'intentionally'. For them, silence is not used intentionally in a premeditated sense, rather "*silences occur and an experienced therapist often realises when to allow them to continue*".

Table 2. Therapeutic Approaches, the Therapeutic Relationship and How Clients and Counsellors Rate the Value of Silence

Therapeutic Approach	Importance of therapeutic relationship	Directive Approach	Non-Directive Approach	Therapist as "expert"	Client-centred	Clients' value rating	Counsellors' value rating
Adlerian	extremely important	*		*	*	high	med
Cognitive Behavioural	(*)	*		*	*	n/a	high
Gestalt	central				*	high/med	high
Integrative	very important		*	*	*	high	high
Neuro-Linguistic Programming	*	*			(*)	high	n/a
Psychoanalysis	*	*		*	*	high	n/a
Psychodynamic	*	*		*	*	high/med	high/low
Psychosynthesis	*	*		*	*	high	n/a
Person-centred	*all* important		*		*	high to low	high
Solution-focussed brief therapy	very important					low	high
Transactional Analysis		*		*	*	high/med	high

Key

(1) * denotes elements of the therapeutic relationship considered a part of the approach in question.
(2) adjectives supplied by counsellor-respondents.
(3) ratings include all rating levels given by respondents for approach, beginning with predominant rating.

Asking what clients and counsellors do during silences in the form of an open question gave rise, as expected, to many different replies. However, on coding client responses two main themes emerged: there are unproductive silences, where the client does "nothing", "stare(s) at the floor" or "shut(s) off" (14%), or productive ones (86%). Among the productive silences, replies clustered under two main headings: thinking processes and experiencing. During a productive silence, 59% of clients will be doing something that relates to a thinking process, e.g. "reflect", "think and gather my thoughts", "make connections", "wait for words or images to emerge" or "remember". The other forty-one percent will be 'experiencing' something. For example, they might "contact feelings", "allow(ed) feeling or lack of it to develop", "cry", "recover my emotions" or "be(ing) in presence of another". These comments appear to corroborate the observations regarding client behaviour during silences found in Nelson-Jones (1988), Swain (1995), George and Cristiani (1990), Culley and Bond (2004) and Chaplin (1999). The themes that emerged from the counsellor data were rather different, with no mention of unproductive types of silence; instead the replies seemed to fall into either a client-focussed (60%) or self-focussed category (40%). Some client-focussed actions from the responses are: "maintain 'gentle' eye contact", "attempt to stay in tune with client's non-verbal behaviour", "stay 'bodily' alongside my client", "build empathy" or "observe the client's safety; keep checking if I can assist". Examples of self-focussed actions from the responses are: "notice my experiencing", "relaxed body language", "reflect to myself" or "gather thoughts". Such responses seem to correlate to Bandler and Grinder (1982), Brammer (1985) and George and Cristiani's (1990) observations of counsellors. The differing behaviours of client and counsellor would seem to suggest a difference in perception from the outset, possibly related to role.

Clients and counsellors were then asked how they feel during silences. Apart from three responses, the feelings expressed by both parties again separate into a positive and a negative theme. During silences clients experience many more negative feelings (55%), expressed as: "struggling"; "awkward"; "afraid"; "vulnerable"; "alone"; "sad"; "furious" or "numb", than counsellors (32%). The latter preferred to express it as a "range of feelings", "sometimes a bit awkward" or "sometimes pain". As for the positive feelings, clients used such terms as: "peaceful", "thoughtful", "healing" and "focussed" and counsellors: "relaxed", "optimistic", "engaged with the client" and "centred". I would suggest that the vocabulary used here differs as a function of role in the therapeutic relationship and reflects a definite attempt on the part of the counsellor to empathise

with the client. It is also important to note that, despite the negative feelings they experience, both client and counsellor, through their rating of the value of silence in the counselling process, see the use of silence as effective. The above results correlate to client feelings, whether negative or positive, found during silences observed by Culley and Bond (2004); Chaplin (1999); Brammer (1985) and Mearns (1997), and also to those for counsellors as found by Hill et al. (2003).

Turning back for a moment to the questions asked of clients and counsellors as to whether their respective use of silence has contributed to the client's progress through the counselling process, clients saw their counsellor's use of silence as a "signal for reflection and thought", as "allow(ing) me space to explore my feelings", or as "gently seeking more depth". Counsellors saw their own use of silence as "giving time for reflection for both client and counsellor", "giving time to clients to get in touch with feelings", or as "allowing for deeper work". These comments illustrate the main themes, which, as explained above, have been categorised as: 'thought processes', 'experiencing', 'relationship issues', 'other', and 'contraindications' where appropriate. Clients, commenting on their own use of silence, said, " (it) *gives time to consider the real meaning to what has just been discussed and weigh up the situation*", it contributes to progress "*because of the range of feelings silence allowed me to experience*", or is "*perhaps a deeper way of communicating*". Thus the same themes are evident as in the case of therapists.

Despite the fact that the main themes above are the same the nuances of meaning evidenced in the comments are interesting. While broad categories may make for stronger arguments, nuances may provide insights in unique differences.

Turning to a consideration in more detail of the in-depth interviews involving two pairs of 'linked' clients and counsellors, I feel it is significant that both counsellors were using the person-centred approach. One counsellor sees "*the use of silence in the (person-centred) approach as one of the ways in which the work can be quite challenging.*" This same counsellor also thinks:

> "clients are challenged by silence, even when they have a very trusting relationship with me they are aware that when the silence is there and we work with the silence it takes them into deeper work."

When talking about how silence influences the therapeutic relationship, both client and counsellor talk of "respect": "*I mean personally that the silence is sort of …giving me space and respecting that I need space.*" The counsellor puts it this way:

> "That I think it accommodates deeper thought…it gives permission to people to struggle … and it acknowledges in some way and gives respect to that struggle…"

One of the purposes of interviewing pairs of 'linked' clients and counsellors was to attempt to test whether their perceptions of the use of silence in the counselling relationship differ and whether those perceptions affect the client's progress through the counselling process. Both counsellors and clients were asked to think about two examples of when they used silence intentionally: one when the silence worked well and one when it didn't. (Emphasis in the following extracts from the interviews is the interviewees' own.)

One counsellor, when discussing silences that don't work well, identified silences with:

> "clients who are really quite damaged (for whom) almost (a) physical blocking goes on … And those struggling silences where… I perceive that they *have* sometimes to be allowed to have the time to force the words out. And if I… cut in or help them the same thing is not achieved… I think they're the silences that sometimes I can feel are less purposeful, less constructive, they don't *actually* work out as well as they might."

In not staying with it the counsellor's perception is that the silence is not as useful as it might be.

For one client the silence that didn't work well was one where she was really struggling:

> "Sometimes I go into my child and I get really really agitated and really frightened and there's all sorts going on and … it was caught sort of in time for it not to be really bad …but it could have been done sooner. (The silence) probably felt longer than it actually was… and me counsellor picks up on it, it's just like, I think, once or twice it's been sort of left a bit too long and I've felt… more out of control and more scared than if she'd have brought me back or broke the silence sooner."

The client's perception was that she needed the counsellor to recognise the signs and bring her out of her child state by breaking the silence and sometimes it didn't happen soon enough.

The counsellor goes on:

> "but I perceive that the client can think that I am putting her through the mill here... and ...that's not what I want, so I will break those (silences) sometimes and I will ...just ask a question like ... I wonder whether I can help you with this... I wonder what you want me to do here... I rarely put things into someone's mouth, but when I do something like that and have an intervention before the client has broken the silence themself, what it usually does is give them the opportunity to shift away from it."

There was a recognition that the client was unable to do work at this time and possibly needed help.

Later in the same interview, this same counsellor was asked if they ever get a sense that the client is asking them to break the silence. The reply was very clear: "*Yes. Yes. I do. And if I get that sense, I just go with it... Almost without a second thought really. I consider it to be **definitely** counter-productive to put the client under pressure, or put **our relationship** under pressure maybe.*" Here then it seems to me is the key. Despite apparent contrasting perceptions between counsellor and client about staying with or breaking silences and how that relates to progress through the counselling process, the person-centred counsellor will not run the risk of jeopardising the therapeutic relationship in its cause. Indeed, as discussed earlier, it is the strength of that relationship and the trust within it that enables work through the use of silence to be accomplished.

Another area where client and counsellor perception could potentially differ is in regard to the length of silences. The majority (79%) of the forty-two clients who responded to the question aimed at establishing a correlation between the degree of "comfortableness" and length of silences felt that to some degree the length of silence affected whether they felt comfortable with the silence or not. Sixteen felt their 'comfortableness' could be affected 'a little' the longer a silence lasted, eleven 'a fair amount' and six 'a great deal'. The remaining nine (21%) saw no effect at all. Although, as discussed earlier, all 26 counsellors are comfortable with silence, their question was not phrased in a way to elicit degree and therefore it is not possible to make a direct comparison. However, more than half (11) of the twenty-one counsellors gave their guideline in terms of minutes, with five giving it in seconds. Only two gave specific times: one 15 minutes and the other, 30 minutes. It is important to note that twenty counsellors gave additional explanations, which sends a strong message that many feel a personal guideline based on units of time to be inappropriate, that they "tend to measure by 'feel' (rather than) watch seconds". Thus, to sum up in the words of one counsellor:

> "I do not give this specific attention. When/if silence and the opportunity for its effective use arises I 'go with the flow', with reference to my own 'sense' of what is happening to me and to/for my client."

As these results show, clients' degree of 'comfortableness' with silence is affected to varying degrees by how long it lasts, and counsellors prefer to use their intuition in deciding how long to leave the client with silence. The interview evidence shows that counsellors rely on meta communication in decisions around breaking silence.

> " …sometimes I've kind of held a silence for a few moments to try to help them to look or search and to give them the opportunity to do it and then the kind of the eye contact the glances, the slight unsureness, and I will break a silence then. I won't struggle with whether I should carry on with it or not, I'll just, come in."

However, sometimes counsellors 'get it wrong':

> "He was my second client ever, I can still see his face. No clue what I was doing. I don't think (the silence) was intentional for him at all. I think he was so badly depressed that he was hardly functioning – on loads of medication. I don't think it was a good assessment for him to come to counselling at that point… We were sitting there and he didn't say anything and it went on and on and I didn't know what to say and I didn't know how to engage him in any kind of conversation and I tried a couple of times and we just fell into this silence. I think I was so naïve as to believe that some of this silence might have been useful to him. I don't think it was useful at all and in some ways it worries me because I didn't quite know how to get him out of it – out of a whole hour, you know, if we spoke for 15-20 mins. of the hour we were doing well… I was out of my depth. I think I thought, kind of naively that he'd make sense of some of his experiencing and keeping the silence… and I think I eventually broke the silence and I don't quite know how I did it 'cos he could hardly talk. Interesting that I remember, it really sticks in my mind and I really feel "You did a pretty lousy job there" and I did… No, he didn't come back. And I wasn't surprised. I didn't engage with him but I don't think he could have engaged with anybody."

My expectations in regard to this hypothesis were to find great differences in perception of the use of silence in therapy for both therapist and client with the resulting fear that these differences might threaten the efficacy of the use of silence by undermining the therapeutic relationship. The results show that it is possible to group what clients and counsellors do and feel during silences into broad common categories, which seem to disprove the hypothesis. However, as already explained, I feel this could mask some important differences which could undermine the efficacy of the use of silence and ultimately have a negative effect on the therapeutic process. The above

interview extract illustrates how this can happen and especially early in the relationship, before the relationship has even begun to develop, it can mean the client discontinues the process. Nevertheless, the previous extracts from linked client-counsellor interviews show that despite some variations in perception, if the therapeutic relationship is strong, even silences that don't work well can be risen above and different perceptions do not necessarily harm the efficacy of the silence or interfere with the process. This would seem to underline the critical importance of a strong therapeutic relationship, corroborating Ladany et al's (2004) conclusion.

Variance in practitioners' intentions behind using silence in therapy and clients' reactions to its use

It would appear from the results discussed above, that clients are as aware as counsellors are that the latter use silence 'intentionally'. However, in view of the difficulties for those therapists who feel that "silence is a natural occurrence" and that to use it "with intent implies some manipulation", it comes as no surprise that for one counsellor at least "it would never be used as a deliberate technique, unless set up as a negotiated experiment". Of the twenty counsellors eligible to provide a percentage of clients with whom they use silence intentionally, fourteen used it with 51% percent or more and just seven with less than 50%; two counsellors refrained from replying to this question, and one ticked four boxes from 31% upwards. When asked how often during a session silence might be used intentionally, only fifteen of the twenty counsellors eligible answered the question, eleven choosing 'on occasion', four 'frequently' and one 'twice'. Counsellors appear to be rather vague about frequency: "*It's impossible to quantify*"; "*It's more a matter of leaving silences and making appropriate judgements about that*". Another puts it this way, "*I do use it, but not in a premeditated way. I think now, in being more client-led – I only use silence when the client desires it*".

Interviewees were also asked about 'unintentional' silences. One counsellor talked of "awkward" silences, or "lost" silences when they or the client may have said something that wasn't very clear and they were trying to "fish something out of it". Or it happens when the counsellor may have said too much, has said several things together and the client doesn't know how to ask for it to be simpler.

> "the client's been talking and I'm trying to make sense of it. I actually haven't deliberately intended to take time out, but it's important what they've just said, I actually think, 'Hang on, hang on' and I've got to take this seriously… and I don't know what it is…, and the other bit is … sometimes I feel so awed at what either they've disclosed or almost like we've touched together, maybe

> spiritual is too strong a word, but there's something so awesome that it's almost like there's no way anybody should speak at this time."

As discussed earlier from the interview transcripts of a silence that worked well, the counsellor read the signs and recognised that the client needed some space to just "mull that around" and therefore, made a conscious decision to use silence, i.e. she used it intentionally. In contrast, one client who was interviewed talks of how the silence to accommodate her need to assimilate a new insight "just happens…".

> "Quite often my counsellor will say something that will sort of hit home like…like I believed for years and years that I'm this bad person and to be told and to believe …that …you're not this bad person and then to take that on board and that's when a silence has been used (mm) to take it on board and take it in, I mean (mm) that's huge. Absolutely huge. (mm). So yeah that (silence) hasn't happened on purpose, it's just she's said something that's sort of taken me aback and I thought, "Whoa!".

A similar type of silence is seen by the counsellor as 'intentional' and by the client as something that 'just happened'.

One counsellor describes how a young client's expectations of the counselling process and her role in it didn't coincide and how she ended up taking the decision to discontinue the sessions "because I didn't feel like it was therapy". The client didn't want to finish and

> "probably found it supportive, but I didn't think he could look at himself, you know he was lookin' at what had happened to him and it didn't feel like he ever moved beyond that…. I felt I was somebody that he came and sort of chatted to and (mm) and if he didn't have anything to say then he sat and brooded… **very** silent, very silent and you know I was supposed to let him know what I thought was goin' on, but eventually I thought I'm not goin' to keep doing this because I don't know what's happening and so I let the silence go on. I think there was twenty minutes silence, which was the longest I've ever (been aware of), … and then he got up and left …"

Both counsellor and client used silence intentionally here, but the fact that the reactions from each party did not match the intentions behind their use of silence caused a breakdown in the therapeutic relationship.

Is it important for counsellors to discuss their use of silence, and as such to make their intentions clear? There seems to be a disagreement among therapists. In principle, they follow their intuition that develops over time, although less than half of the counsellors discuss their use of silence with clients and over a quarter never do. In

contrast, over half of the clients felt that their counsellor had not explained their use of silence and less than a fifth felt they had.

As has already been discussed above, clients react to silence whether unintentional or intentional in many ways: both positively and negatively, comfortably and less so. Many counsellors have difficulty with the term 'intentional' when related to their use of silence. Very few clients seem to think they received an explanation of the counsellor's use of 'intentional' silence and if they did it happened more towards the beginning of the process than the end. Counsellors vary widely in their policy of giving explanations of their use of silence, often preferring to explore the feelings it evokes as an integral part of the process. It all seems very subjective and extremely difficult to measure.

Conclusions

The purpose of my research study was to look at subjective meanings and experiences of both clients and counsellors with a view to determining whether the use of silence enables the client to move through the counselling process. Overall results show that silence is effective in this regard, although there are problems with validity and generalisability.

The strength of the findings lies in the 'free' answers to the open-ended questions and semi-structured interviews because they gave both meaning and colour, aiding understanding of the phenomenon of silence when it occurs in the counselling process.

The method probably threw up too many variables and factors for an analysis in such a limited study; however, I strongly oppose the positivist approach that tries to investigate isolated variables. Reflecting on the lack of conclusive results in this study, I have become aware that when answering questions, while clients will have been thinking in terms of one or two relationships, counsellors were being asked to generalise across all their clients and therefore were having to make an average. The same could be true when considering therapeutic approaches and it is perhaps this that has confounded the hypotheses.

Hypothesis 1: the effective use of silence in therapy may correlate to therapeutic approach and/or timing in the process.

Despite an expectation from the literature review that philosophical and practical differences among therapeutic approaches will affect counsellors' view of and use of silence, which in turn could affect the efficacy of its use, the imbalance in the sample, mentioned above, precluded it being tested in any other than a cursory way. As discussed earlier, it was also not possible to test the second part of the hypothesis, due to lack of requests for data in the questionnaire.

Hypothesis 2: There is a variance in perceptions of the use of silence in therapy for both therapist and client.

The two interview questions concerning a specific silence that worked well and one that didn't supplied the most useful information and there were two significant findings for me when testing this hypothesis. The first was that analysis by 'coding' comments into themes and then grouping them into categories may be accepted practice in qualitative analysis to help to 'strengthen' arguments, but can also do a disservice to the research by masking the nuances of experience and meaning, which were at the centre of this hypothesis. Secondly, that despite the variances in perception evident from the interview extracts and the 'mistakes' they can engender, a strong therapeutic relationship usually means that silences that don't work well do not adversely affect efficacy of the process in the long term.

Hypothesis 3: There is a variance between practitioners' intentions behind using silence in therapy and clients' reactions to its use.

Testing this hypothesis involved looking at results from questions that included the word 'intentional'; this term evoked concerns for many counsellors and set the scene for this being a difficult hypothesis to prove. Not only was there a reluctance to quantify with what percentage of clients counsellors use silence intentionally, this extended to how often in a session it might arise. McLeod (2001) recognised that links between interventions and outcomes may be established through descriptive accounts given by therapy participants and indeed, more insights were gained from the open question and interview responses. The client-counsellor 'links' were intended to help

provide data, but direct comparisons are not possible unless clients and counsellors were to be asked to talk about a specific example of a silence that they experienced during their own sessions. Furthermore, as mentioned in the discussion of results, it would seem that the intuitive nature of the use of silence would negate the variance even if it could be proven that there is one.

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