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Note-taking during counselling sessions:

A mixed-methods research on the client's perspective

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THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR DATA PROTECTION/CONFIDENTIALITY REASONS:

pp. 157-162: **Part C. Case study:** An intervention of trauma focused cognitive behavioural therapy with a client suffering from posttraumatic stress disorder to multiple events.

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pp. 163-197: **Part D. Publishable journal article:** 'Note taking during counselling sessions: a research on the client's perspective.'

pp 239-241: **Appendix H.** Guidelines for publishing a manuscript with The Journal of Counseling Psychology.

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DECLARATION

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PART A: PREFACE

This preface will offer a description of the three parts of the DPsych portfolio. Moreover, it represents an opportunity to discuss the theme that binds these parts together.

Given the necessity to make several personal and self-reflective references throughout this section, the use of the first person is warranted.

1. DPsych Portfolio

This portfolio is composed by three components:

Part B: Research thesis

Part C: Case study

Part D: Publishable journal article

I will endeavour to describe each of them.

1.1 Part B: Research thesis

My research aimed to investigate the impact that of note-taking in counselling from the client's perspective. In order to do so, it employed a mixed-methods approach

with chronological priority given to a quantitative piece of research, followed by a qualitative phase.

Although this research will be described in detail in the introduction of the thesis and in the chapters containing the quantitative and qualitative analysis of data, it is useful to offer a brief summary.

In the first part of the study, I carried out a quantitative research with the aim to objectively measure whether note-taking in counselling has an impact on the client. Therefore, I designed an experimental paradigm with the following materials: four videos depicting different levels of note-taking; and a questionnaire to investigate the participant's perception of the counsellor and the session in general. After collecting and analysing the quantitative data, the qualitative phase followed. In this phase, I contacted some of the participants, upon consent, who completed the quantitative phase of the study for a semi-structured interview. The interviews were recorded, transcribed and analysed by using the Interpretative Phenomenological Analysis (IPA). The emerging themes from the analysis were described, interpreted and interwoven with the extant literature. Finally, I connected the quantitative and qualitative analyses and proposed some suggestions on the use of note-taking in counselling.

1.2 Part C: Case study

This case study describes my work with a client, who suffered from posttraumatic stress disorder (PTSD) following repeated traumatic events. I used the trauma-focused cognitive-behaviour therapy (TF-CBT) theory and techniques to help the client to process her traumatic memories. This was a challenging journey, due to the

complexity of the client's presentation and my own tendency to focus more on the cognitive rather than the affective elements of the client's traumatic experience. Throughout the case study, along with accounts of the sessions, I report on the use of supervision and on elements of the therapeutic relationship.

1.3 Part D: Publishable journal article

Part D is not very different from the quantitative analysis chapter of the research thesis (Part B), which aimed to measure the impact that the note-taking counsellor has on the client. However, the writing style and layout have been adjusted in order to meet the criteria for publishing this piece of work as a journal article. I also highlight its relevance to counselling psychology.

2. Cyclical interaction between subjectivity and objectivity

The theme of this DPsych portfolio, which applies to all its three components, is the 'cyclical interaction between subjectivity and objectivity'.

First of all, I will explain how this theme applies to the research parts (B and D) of this portfolio. Following this, I will also elucidate how the theme is reflected in the case study (Part C).

With regards to my research, the phenomenon of note-taking represents a fluid interaction between subjectivity of objectivity. Indeed, when taking notes, the counsellor momentarily transforms the client's subjective experience into an objective written product. Following this, this objectivity is rendered subjective again, as it is

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processed through the counsellor's own schemas and understanding of the world. Therefore, this creates a cyclical motion of subjectivity and objectivity.

This also takes place thanks to the active interaction between the counsellor and the client. The temporary dichotomy of objectivity-subjectivity is also reflected in my epistemological stance and the methodology used in the research. My epistemological stance can be described as post-positivistic, in that there is an acknowledgment that phenomena can be experienced objectively, for example by measuring them; however, such objectivity is not sufficient to appreciate all their nuances. Therefore the emphasis should be also placed on the subjective aspects of phenomena. This is reflected in my choice of mixed-methods to investigate note-taking in counselling.

The theme 'interaction between subjectivity and objectivity' can also be found in Part C of this portfolio. When working therapeutically with a patient suffering from PTSD, the aim of the therapist is to help the patient process past traumatic events. This involves guiding them to describe those events in detail, with the ultimate goal of integrating the traumatic memories with the rest of the normal ones (Ehlers & Clark, 2000; Schauer, Neuner, & Elbert, 2011). Therefore, when the therapist listens to the client's story, regardless the use of note-taking, he or she, at least momentarily, will nomothetically 'objectify' the client's experience. Indeed, the therapist will filter the experience through his or her theoretical knowledge, in order to identify typical patterns that cause and maintain the PTSD symptoms and that need to be treated. However, by maintaining a steady and empathic understanding of the client, the therapist will be able to keep connected to the client's subjective experience. Therefore, the interaction between subjective and objective will be cyclical in this context as well.

References for the preface

Ehlers, A., Clark, D., M. (2000). A Cognitive Model of Posttraumatic Stress Disorder. *Behaviour Research and Therapy. 38 (4),* 319-345

Schauer, M., Neuner, F., Elbert, T. (2011). *Narrative Exposure Therapy: A Short-Term Treatment for Traumatic Stress Disorders*. Gottinge: German. Hogrefe Publishing

PART B: RESEARCH THESIS

Note-taking during counselling sessions:

A mixed-methods research on the client's perspective

Supervised by Dr Pavlos Filippopoulos

Abstract

The present study aimed to investigate the impact that note-taking has on the client's experience of the counsellor, from a quantitative and qualitative perspective. To achieve this, a sequential explanatory strategy to mixed-methods (Creswell, 2013) was employed, with a chronological priority given to the quantitative phase of the study.

The quantitative research was specifically conducted to verify whether note-taking has an impact on the client. Participants watched a video of an initial counselling session where different levels of note-taking were observed: *no, light, moderate* and *heavy* note-taking*.* Subsequently, participants completed a questionnaire investigating their experience of the counsellor and the session. This study shows only a significant difference between the *no* note-taking and *light* note-taking conditions. Interpretations of the results, limitations of this phase, and suggestions for future research are discussed.

The qualitative phase of the study consisted of conducting semi-structured follow-up interviews with some of the participants from the quantitative study sample. The Interpretative Phenomenological Analysis was used to collect and analyse the qualitative data. Six emergent themes were identified: intensity of note-taking; usefulness of note-taking; negative aspects of note-taking; providing a rationale for note-taking; drawing on past experience to make meaning; and stages of counselling. The themes were interpreted and linked with the extant literature. Limitations of this phase are discussed.

Finally, the qualitative and quantitative data were brought together with the final aim to complement each other. Final conclusions on the entire mixed-methods are made and suggestions on the use of note-taking in counselling are offered.

Chapter One: Introduction

1. Self-reflective considerations and the role of the scientist-practitioner

It is important to make explicit that in this chapter several self-reflective considerations are made. To achieve this, the use of the first person is warranted to render the presentation as personal as possible and to reach an optimal level of depth that is typical of counselling psychology. Moreover, other chapters and sections of this thesis will require the use of the first person, therefore I will ensure that I introduce it in crucial moments and provide a rationale for it.

Research is always ignited by curiosity, at least in the phase of formulating a research question. Depending on the field, the flavour of that curiosity can range from purely academic to personal. In my case, my personal drive was to make a sense of a specific experience as a client in my personal therapy, first, and as a practitioner psychologist later. On the other hand, my academic drive was to produce a novel piece of research that could enrich the extant psychological literature.

Some years ago, when I was only a first-year psychology undergraduate, I embarked on a one-year long psychotherapy. I remember crucial moments of the therapy very vividly. One of the images that stuck with me was my therapist's interested look on her face. I still recall the dips of anxiety that I felt when I found myself sharing my worries, fears and aspirations to a stranger.

I also remember my therapist, sitting in front of me, holding a pen and a notebook, writing a few words down, here and there. I began wondering what she was writing and whether she was interpreting what I was saying or recording my statements to the letter. It was easier to guess what she was writing when I shared factual

information about my life, my family and background; I knew she was recording those facts. However, I had little idea of what she might be writing when I was talking about my feelings. I never asked her what she was actually taking notes on.

This created a physical and psychological barrier between us, which was symbolic of my difficulties in trusting my own therapist. Later this barrier became less prominent, as my therapist proved very helpful and caring, and her frequency of taking notes decreased in time. However, even later on, she would sometimes pull the notebook out and jot a few words down, in an inconsistent fashion. On those occasions, I was tempted to lean forward and have a peek on her notes. However, I never did that, as it felt inappropriate.

Years later, I began my training as a counselling psychologist. This time I was on the other side with clients sitting in front of me. This time I was holding a notebook and a pen, taking notes. Especially at the beginning of my training, it felt necessary for me to take notes, as I wanted to ensure that I recorded everything I could, so that I could reflect on them in between sessions, and refer to them during supervision. I had seen my own supervisors taking notes as I observed their sessions. Therefore, I had implicitly learned this behaviour, but had never questioned it. This is probably how my former therapist felt about taking notes.

As I became more experienced in conducting sessions with clients, I gradually began relying on notes less heavily, until I established my own style. However, to date I have never dropped this practice, as I consider it to be an effective means to engage with my clients' stories. I always take a few notes during sessions with my clients and refer to them in order to consolidate the formulation of their presentation; or simply to write progress notes on the electronic record systems that I share with my team colleagues.

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An important requirement for being on counselling psychology training is to accrue a number of hours of personal therapy in the interim. This places the trainees on the giving and receiving end of therapy and facilitates a continuous understanding of how clients may feel in therapy and perceive their therapists. In my case, it also sparked a curiosity around how clients may experience their note-taking therapists.

Therefore, I searched for papers on the topic and could find very little. Introductory books on counselling and psychotherapy took different positions on note-taking, ranging from condemning it to considering it as an essential element of therapy. My supervisors and colleagues were equally divided on the role of note-taking. Therefore, I soon realised that there was no consensus on the use of note-taking in counselling.

The need to make sense of the client's experience and my own experience as a client and a trainee psychologist led me to select the phenomenon of note-taking in counselling from the client's perspective as my doctoral research topic.

One of the main responsibilities of counselling psychologists is to enrich the scientific literature by producing a novel piece of research, which in turn can be ideally applied to practice. This goal needs to be achieved in order for the counselling psychologist to honour his/her role of scientist-practitioner. Strawbridge and Woolfe (2010) explain that:

'Understanding this complexity is crucial in transcending the gulf that has existed between the prevailing view of science, as objective and value-free, and practice that engages with subjectivity and meaning and is characterised by uncertainty and value conflict' (p. 7)

This means that there should be a convergence between objectivity and reflexivity; and that reflexivity can only be cultivated by an attitude that values the subjective experience.

My research attempts to transcend that gulf between objective and subjective. This is reflected in the topic choice - the client's experience of the counsellor who takes notes in session - and the methodology employed to investigate such a phenomenon - mixed-methods.

It is very important to clarify that this research does not attempt to advocate for or against the use of note-taking in counselling. Rather, it aims to inform the practice of professionals who choose to take notes during their session. The ultimate goal remains to ensure that the client's needs are met and their individuality and choices are respected.

2. Clarification of terms

Before proceeding any further, it is fundamental to offer a clarification of terms, which can be used as reference points throughout the thesis. These terms are: counselling, counsellor and client; and note-taking.

They will be described below.

2.1 Counselling, counsellor and client

In this thesis, the terms counselling and counsellor aim to encapsulate all those interventions and professionals that deal with clients who present in sessions with a predicament, an issue or a need to explore patterns or make meaning. Therefore, when I use these terms I refer to all types of psychological therapies and therapists, all type of interventions and professionals in the mental health field.

I am aware that, although often blurred, there are differences between psychological and mental health professions and interventions, however I approach the use of these terms from a general perspective, which is more inclusivist rather than separatist. Moreover the word client encompasses all those individuals who seek or access psychological help. This applies to outpatients of primary and secondary care, inpatients, and so forth.

3. The present study: Note-taking in counselling

In this thesis, I regard note-taking in counselling as a behaviour performed and observed during a counselling session. The activity of note-taking, for this study's purposes, is performed by the counsellor with the use of a pen and a notebook, and it is understood as a means to record information and thoughts shared with the counsellor by the client.

It is noteworthy that note-taking in counselling is a unique act, as it takes place through an interaction between two people, within a particular context where the therapeutic relationship is at play. Therefore, this act may be influenced by the following elements: the counsellor's style in conducting a session and recording information; the client's ability to communicate information; the client's preferences in regards to note-taking; the quality of the therapeutic relationship between counsellor and client. It is evident that note-taking in counselling is a rather complex phenomenon and its exploration represents a challenge for the researcher.

As it will be shown in-depth in the Methodology chapter, the focus of this thesis is placed on the act of note-taking specifically during an initial counselling session. The phase of assessment or initial consultation represents an opportunity for the

counsellors to gather information about a client that they meet for the first time and know little about. My decision to select this phase was determined by the fact that reliance on note-taking is more likely to be heavier in this phase, rather than in follow-up sessions.

4. Use of literature to make sense of the note-taking phenomenon

It is helpful to offer an overview of what it is known of note-taking in the scientific and theoretical literature. The Literature Review will provide an in-depth description of different studies on note-taking.

Little scientific research has been conducted on the impact of the note-taking counsellor on the client (Gottlieb, Fischoff, & Lamont, 1979, Hickling, Hickling, Sison, & Radetsky, 1984; Miller, 1992; Hartley, 2002; Levitt, Butler, & Hill, 2006; Wiarda, McMinn, Peterson, & Gregor, 2014; Christie, Bemister, & Dobson, 2015). In the rest of the literature, most of the understanding around note-taking in counselling is derived from clinical anecdotes or the authors' approach towards the phenomenon of note-taking according to their specific theoretical stance, such as cognitive behaviour therapy, psychoanalysis, etc. (i.e., Gabbard, 2010; Beck, 2011)

The vast majority of research on note-taking has been carried out by cognitive and educational psychologists, from an academic standpoint. Since the late 1970s, researchers have been interested in exploring the impact that note-taking has on students' learning during lectures.

These studies have found that note-taking can considerably overload the student's cognitive functioning (Piolat, Olive, & Kellogg, 2005). Therefore, they have concluded

that, if note-taking is not performed strategically, it can have a negative impact on the learning process, as it interferes with the working memory activity to encode, manipulate and transform information, whilst holding the latter online (Piolat et al., 2005). However, research on note-taking has also shown that when the student is experienced in note-taking, this can in fact relieve the overload on the student's cognitive functioning (Guichon, 2012).

In order to understand the latter concept, it is useful to introduce the phenomena of 'encoding' and 'external storage' (Kiewra et al., 1991). According to researchers, the 'encoding' phase during note-taking facilitates a deeper understanding of the topic relayed by the lecturer, in that it allows the student to focus on specific parts of the subject by, for instance, organising them on paper. This in turn, allows the student to intellectually engage with the rest of the presentation in the lecture, without having to allocate extra cognitive efforts to grasp the subject. Moreover, the written product of note-taking operates as an 'external storage', which allows students to hold the information 'externally', thus partially replacing the working memory activity. Similarly to the encoding phase, the 'external storage' process ultimately reduces the cognitive impact that listening to a lecture can have on the student's cognitive functions (Kiewra et al. 1991).

The main findings on note-taking in the fields of cognitive and educational psychology helped me to shed a light on the phenomenon of note-taking in counselling. Indeed, not only is note-taking embedded within the complexities of a therapeutic relationship, but it is also cognitively strenuous on the counsellor's part. Therefore, it is important to bear this in mind when exploring the note-taking phenomenon, as it is possible that by having an impact on the counsellor, this phenomenon affects the client too.

5. Relevance to counselling psychology

Counselling psychology highly regards the human relationship between the psychologist and the client. In the context of such a relationship, one of the aims of the counselling psychologist is to empower their clients by respecting them and meeting their needs. This is only possible if:

'*Doing something* to the client is replaced by *being with* them and the core conditions of empathy, acceptance and authenticity are paramount whatever the therapeutic modality' (Strawbridge & Woolfe, 2010: 10-11)

Moreover, I embrace what Kasket (2012) states when defining the meaning of professional doctorate in the context of counselling psychologists producing research:

"[The professional doctorate] answers a need in the [counselling psychology] field by producing knowledge that practitioners can readily use, and that knowledge may arise from the practice setting itself." (p. 64)

I believe that this research is relevant to counselling psychology, in that it combines the two positions reported above: being with the client and producing knowledge.

Concerning *being with the client*, this research places a strong emphasis on the client's needs by exploring whether note-taking has a direct impact on the client's experience of the counsellor who takes notes. As clients are part of the therapeutic relationship, it is important to understand how they make sense of note-taking because the therapeutic relationship may be directly influenced by this experience.

Regarding producing knowledge, the thesis concludes with some suggestions on the use of note-taking in counselling, based on the results obtained in this research.

Moreover, this research has the aim to inform the practice not only of counselling psychologists, but all psychologists, counsellors, therapists, and mental health

professionals in general, who deal with clients or patients in need, within a face-to-face therapeutic setting.

6. Overview of the thesis

This thesis offers a detailed and in-depth account of all the important elements and the steps that were considered when conducting my doctoral research.

The first chapter offers a review of the relevant literature on note-taking. The focus is initially placed on note-taking in general. Subsequently, due to the plethora of research on academic note-taking, the focus is shifted onto the major findings of educational and cognitive psychologists, as they intend to capture the mechanisms of note-taking and its impact on the student's learning process. The following section of the chapter concentrates on reviewing the scientific and theoretical literature on note-taking in counselling, with a particular emphasis on the impact of note-taking on the client. Lastly, the chapter concludes with some final considerations that lead up to the Methodology chapter.

In Chapter Two, the focus is placed on the methodology used to carry out the research. A description of the 'sequential explanatory' strategy to mixed-methods (Creswell, 2013) is provided, also by concentrating on the epistemological reasons for choosing this type of investigation. As in the 'sequential strategy' the quantitative phase is chronologically prioritised over the qualitative phase, the chapter is divided in two main sections, respectively. The first section describes the quantitative research and the structure of its paradigm. Moreover, it provides a rationale for conducting the study, by referring to the relevant literature. The second section is devoted to the qualitative study and the use of the Phenomenological Interpretative

Analysis (IPA) to collect and analyse qualitative data, which consist of the semi-structured interviews transcripts. The chapter subsequently presents a personal reflexivity section in which my personal involvement with the research is highlighted and my attempt to 'bracket' my own assumptions and beliefs about the note-taking phenomenon during the IPA process is presented. Finally a brief section on ethical considerations for the entire mixed-methods project is offered.

In Chapter Three, the quantitative phase is described by providing an account of the statistical analyses after the data collection. Subsequently, a discussion and interpretation of the results is offered, along with a focus on limitations of the study, suggestions for future research on the phenomenon of note-taking in counselling, and a final conclusion leading to the following chapter.

Chapter Four offers an in-depth account of the analysis of the interviews transcripts by using IPA. The emphasis in the first section is placed on the superordinate and subordinate themes identified, along with my interpretation of them. The following section offers a summary of these themes and their links with the extant literature. Subsequently, another section offers a synthesis of all themes identified and attempts to interweave them with each other. Finally, the last section discusses limitations of the qualitative phase.

Chapter Five is the last chapter of the thesis, containing a final discussion. The discussion initially attempts to explain the quantitative results by referring to the qualitative study. This reflects the mission of the 'sequential explanatory' strategy to mixed-methods employed for the project in its entirety. Following this, another section highlights how the quantitative and qualitative complement each other, by focusing on specific overarching themes and on links between the whole research and the extant literature. The subsequent section recaps on the limitations of the

quantitative and qualitative phase, which lead up to the limitations of this mixed-

methods research. After a section of final reflexive consideration, the last section

presents practical considerations for professionals who use of note-taking in session.

Chapter Two: Literature Review

1. Introduction

Note-taking is a phenomenon that is not unique to psychology or therapy. It is a long-standing human practice that requires one's ability to write down information she/he might want to record for different purposes. It is composed of the agent being alerted by any means of stimuli and her/him processing the input, and finally note down that processed output.

Note-taking is a behaviour that can be observed in a number of settings, including: juries, job interviews, lectures, psychological sessions, etc. Moreover, it can take place whilst the note-taker is listening, observing, or simply being exposed to someone conveying a message. However, it may also be performed in a form of diary or 'note to self', after a behaviour has been observed or a speech has been listened to.

This chapter will focus on those instances in which note-taking takes place in an interactive situation, during which a message is conveyed by someone (sender) and captured by an audience (receiver).

An overwhelming plethora of studies has been conducted on academic note-taking, as the main interest in the past years was placed on the cognitive process of note-taking during lectures. The ultimate goal for cognitive and educational psychologists has been to test the usefulness of this activity in promoting better learning. Therefore, they have studied all phases of note-taking - including individual elements

of this behaviour and their combination - and have used outcome measures to test the impact of note-taking on attention, memory, and learning.

The first section of this chapter will attempt to offer a comprehensive overview of the main findings on academic note-taking, by focusing respectively on the different phases implicated during the act of note-taking and its benefits on learning processes.

The second section will concentrate on note-taking in counselling. However, it is important to highlight that the material on this topic is very limited in comparison to the material on academic note-taking. Therefore, when possible, it will be discussed how findings on note-taking from other disciplines can be applied to the counselling setting.

It is noteworthy that studies on note-taking in counselling have focused on the effects of this practice on respectively the counsellor and the client. Therefore, these two areas will be presented separately in order to render the presentation as linear as possible.

When discussing the impact of note-taking on the client, research and theoretical works will also be separated when possible. Therefore, a part of the section will focus on theoretical positions (i.e.: different psychotherapy schools) that advocate for or against the use of note-taking in session; whereas the following section will offer a summary of research studies on note-taking in counselling.

The last section of this chapter will offer a conclusive discussion.

2. Academic note-taking

Academic note-taking is a behaviour observed in classrooms during lectures. It can be considered as a means that mediate between the lecturer, who conveys his/her teaching, and the students, who receive, organise, transform, and store the information. However, this is just a simplistic description of the phenomenon of note-taking, in that it does not enable to appreciate its complexity. Indeed, it is to be borne in mind that lecturers prepare their lecture before delivering it; therefore the quality of the material too will have an influence on the efficacy of the student's note-taking. On the other hand, students' engagement with the subject will be straightforward and smooth if students possess the right pre-requisites to receive the message of the lecture. These characteristics include: being able to understand the lecture, previous knowledge of the taught subject, ability to understand more or less complex topics, good levels of attention, expertise in taking notes, etc. (Peverly, Ramaswamy, Brown, Sumowski, & Garner, 2007). The list of the qualities just mentioned is far from being exhaustive, as a larger number of aspects could be taken into account. This may apply also to note-taking in counselling, as the counsellor's style in conducting the session and taking notes interacts with the client's willingness and style in conveying information.

Academic note-taking has been studied for years by disciplines such as cognitive and educational psychology. The literature available on this topic is rich and this section attempts to offer an overview of the main theories and findings.

Piolat et al. (2005) offer a comprehensive review of the cognitive effort involved in note-taking. They highlight the difference between the activities of note-taking and writing original material. They suggest that the former act has a heavier impact on

the person's cognitive functions, in that it includes: encoding information, elaborating, transforming and reproducing information.

A clear reference to Baddeley (2000) working memory theory can be made. In fact, the phases just mentioned require an active involvement of the working memory, which is a fundamental element of our broader cognitive executive functions. According to Baddeley (2000) the working memory is composed of the following four elements: the 'phonological loop', a subsidiary system, which holds and manipulates speech-based information; the 'visual sketchpad', another subsidiary system, which holds and manipulates visual spatial information; the 'central executive', which is an attentional controller that manages the use of either of the two components, whilst also facilitating processes of inhibition of irrelevant processes and excitation of fundamental ones; and finally the 'episodic buffer' that:

'Comprises a limited capacity system that provides temporary storage of information held in a multimodal code, which is capable of binding information from the subsidiary systems, and from long-term memory, into a unitary episodic representation' (p. 417)

Peverley et al. (2007) highlight that effective note-taking can take place only if three elements work harmoniously: transcriptional fluency, working memory and monitoring of higher order information. 'Transcriptional fluency' is considered as the fluency in writing notes in handwriting or typing. By referring to the working memory theory (Baddeley, 2000), Peverley et al. suggest that if the transcriptional fluency is automated, it will not require much effort on the working memory part. Therefore, the working memory will have most or full capacity to encode, manipulate, construct and transform the information that is conveyed to the student. At the same time, the student has to be able to identify relevant information, by employing high order cognitive functions, by connecting different parts of the teaching or interweaving past knowledge with the new knowledge being acquired. This illustrates the complexity of the activity of note-taking, as it requires the working memory to hold information for a

sufficient period of time to allow all these processes to take place. Therefore, if one of the elements is not fully working, note taking will be not efficient. For example, if the individual's required transcription fluency is not automated, part of the working memory span will be engaged. When taking notes during counselling, the same principle may apply, as the counsellor may need to possess expertise in taking notes in order to record information efficiently, without overloading the working memory.

Moreover, when exploring the note-taking phenomenon in academia, Piolat et al. (2005) also describe the concept of 'time urgency', which requires that the activity of listening to a source of information is to be immediately followed by producing a re-elaborated version of the information. In summary, as Piolate et al. put it, note taking is:

'A unique kind of written activity that cumulates both the inherent difficulties of comprehending a message and of producing a new written product. Yet, it differs in many of its characteristics from the usual linear and conventionally presented written texts. (p. 306)

Hartley (2002), in summarising Van Meter, Yokoi, & Pressley's (1994) study on note-taking reports that:

'Lecture notes vary according to (1) the students' goals, (2) how relevant they perceive the material to be, (3) their background knowledge and experience, (4) their conceptions of learning, and (5) the presentation style of the lecturer' (p. 572)

Therefore when note-taking takes place within an interaction, including in counselling, all these variables need to be taken into account.

In his paper, Guichon (2012) underlines that note-taking has a positive benefit on the working memory. Indeed, by taking notes the student will stock the most salient 'elements of meaning' (p. 61). Therefore, this activity relieves the working memory overload. In counselling, this may mean that note-taking could have a beneficial

effect on the counsellor's ability to stay attuned with the client's narrative, without overloading the working memory.

Moreover, in a research study on note-taking techniques, Kiewra et al. (1991) identified three functions of note-taking, which were used as conditions in their research on students' performance after watching a video-taped lecture: encoding, encoding plus storage, and external storage. In the 'encoding' condition, participants were allowed to take notes whilst watching the video. In the 'encoding plus storage', they could take notes and review them afterwards. Lastly, in the 'external storage' condition they could only review notes taken by someone else. Kiewra et al. found that the participants in the 'encoding plus storage' condition performed better than the participants in the other two conditions during a memory test, which entailed recalling a number of ideas discussed in the lecture. To explain such results, the researchers referred to two theoretical notions: 'repetition' and 'generative processing'. Indeed, the 'encoding plus storage' condition involved being presented with the content more frequently than the other two conditions (repetition). Moreover, taking notes and reviewing them allowed students not only to connect different parts of the lectures together, but also to link new knowledge with prior knowledge (generative processing). In counselling, this may translate into the counsellor recalling more efficiently facts shared by the client, as the process would allow him or her to connect the new information with pre-existing knowledge, such as psychological theories, etc. Kiewra's et al.'s (1991) suggestions were also previously highlighted by Peper and Mayer (1978) who indicated that taking notes has a 'generative' function as it allows the person to integrate the newly encoded information with pre-existing knowledge. This could be compared to what Baddeley (2000) refers to as the 'episodic buffer'.

In regards to benefits of note-taking, several studies have shown that the information recorded by taking notes is more likely to be remembered than information that is not noted (Aiken, Thomas, & Shennum, 1975; Bretzing & Kulhavy, 1981; Einstein, Morris, & Smith, 1985; Kiewra & Fletcher, 1984).

In their study Castello and Monereo (1998) focused on individuals who posses a variety of skills in using different sources of learning strategies. Their study showed that despite not knowing about a subject well enough, those who can use their learning strategies, including note-taking, are able to adapt to the demands of tasks and accomplish good results.

Furthermore, a number of research studies (Einstein, Morris, & Smith, 1985; Ward & Tatsukawa, 2003) have shown note-taking promotes a deeper understanding of the material being encoded, because people actively engage with it.

For example in a research study run by Bohay, Blakely, Tamplin, & Radvansky (2011), memory performance improved when notes were taken during the learning process. This could be observed even when the engagement with the material consisted of writing a few words down.

Kiewra et al. (1991) discussed the fundamental role of 'self-regulation' in taking notes, which enables the students to note down only what is relevant and exclude information that is not fundamental for the understanding of a topic being related to them. The 'self-regulation' function is comparable to the 'central executive' component of the working memory (Baddeley, 2000).

These studies reported above suggest that note-taking is an activity that requires the engagement of a number of cognitive functions. At the same time, it can also relieve

the overload of such functions, as it operates as an 'external storage' in which information is held for a period of time. In this case cognitive functions, such as working memory, can converge their resources on the tasks of: effectively managing attentional processes, understanding topics discussed and making connections with prior knowledge.

Overall these studies show a strong beneficial effect of note-taking in students' academic performance. As the focus is placed on the cognitive functioning and performance of participants, the same principles may apply to the note-taking counsellor. At the same time, counselling settings are very different from academic ones, and different aspects should be taken into account. The following section will explore note-taking in counselling starting from highlighting the difference between counselling and academic settings.

3. Note-taking in counselling

Despite some similarities with other types of note taking, note taking during counselling can be considered a unique act. Indeed, the load on cognitive functions may be more multi-faceted than in other contexts, as the counsellor's task involves recording the content of client's statements - verbatim or re-elaborated by the counsellor - whilst paying attention to the non-verbal cues with which the information is being conveyed.

In order to achieve this, the counsellor will have to focus on a variety of aspects, such as facial expressions, tone of voice and body posture. Therefore, the approach must be more sophisticated than merely registering and processing information, as it requires an active and constant empathic engagement on the counsellor's side.

In academic note taking, information is conveyed from the teacher to the student in a linear and coherent way in order to meet the students' learning needs. On the contrary, note taking during counselling session is a behaviour that requires the counsellor to fluidly move from the subjective experience of the client who relates their predicaments, to the objective act of writing down client's thoughts and statements, and back to the subjective encoding of information exercised by the counsellor. This may happen because what the client relates to the counsellor is at times disjointed and rarely thought out beforehand.

This process could be imagined as a fluid cyclical movement characterised by the following steps: the client conveys a message to the counsellor; the counsellor encodes and interpret the information through their own pre-existing schemas; and ultimately the counsellor returns the information to the client in a more coherent format, in order for the client to reach a better insight into a pattern and/or change it.

Taking notes within this process, although useful and helpful, is a compounding factor that may render the abovementioned cycle often far from being harmonious: it is indeed created within the complexity of an interpersonal interaction. For example, the counsellor is expected to offer undivided attention to the client and this is expressed through verbal cues (i.e.: 'You sound very upset'), non-verbal cues (i.e.: nodding, sad facial expression), whilst at the same time recording in written format important pieces of information in order to subsequently enrich the counsellor's conceptualisation of the client's presentation.

3.1 Note taking in different therapeutic approaches

This section will provide a summary of the view of note-taking according to different psychotherapeutic modalities.

Historically, psychoanalysts have strongly recommended refraining from taking notes in order to remain fully attuned with the client.

Gabbard (2010: 63) states that note taking within the session should not be carried out, as it might interfere with the therapeutic rapport and prevent the therapist from empathizing with the client. Moreover, it can preclude the counselor from fully appreciating transference phenomena. Therefore, he suggests that - if necessary - only very few notes should be jotted down, for example around a specific theme (i.e.: denial).

Snyder (1947), whilst stressing the importance of refraining from extensive note taking during session, proposed a coding system to take notes as briefly as possible, such as YFA (free association), YLP (long pause), etc. (as cited in Blau, 1988: 85).

In her book, Usher (2013: 31) states that she normally takes notes during the first sessions, to record factual information. However, she explicitly conveys to the patients that this is not the norm. Her opinion is that note taking is a distracting behaviour for both the client and counsellor.

Langs (1989) states that 'extensive note taking is primarily defensive on the part of the therapist' (p. 66). He recommends refraining from taking notes after the first session. Similarly, Splitz (2013) suggests that in brief psychodynamic group therapy, note taking should not be extensive because it takes the counsellor 'out of the flow' (p. 161). Moreover, he highlights that by taking extensive notes, therapists employ 'a defense against their own anxieties stimulated by the group situation' (p. 161).

In cognitive behavioural approaches, taking notes seems to be more advisable. Judith Beck (2011:188) highlights the importance for the therapist to write down problems discussed, dysfunctional automatic thoughts, and core beliefs in verbatim format, in order to be able to regularly review them and use them as a reference point when proceeding with therapy. She explains that even experienced therapists cannot remember all these important aspects without writing notes. Beck recommends to maintain eye contact whilst taking notes, at least intermittently, and to stop taking them when patients convey painful information, in order to remain attuned with their emotional states and provide them with undivided attention.

In Schema Therapy (2003: 86), an integrative CBT approach, it is advised that the therapist refrain from taking notes if patients show discomfort, especially at the initial stages of therapy. The authors explain that this is particularly important when facing a patient with a 'mistrust schema' who might suspect that what they say will be later used against them.

There is no evidence of person-centred authors taking a position on note-taking in counselling. Note-taking may be considered as either facilitating or hindering the establishment of a therapeutic relationship, which is core to the person-centred approach. Indeed, note-taking can be seen as a strategy that conveys the counsellor's attunement with the client's narrative, as the counselor may be perceived as very interested in the client. Therefore this could facilitate a stronger alliance with the client. Alternatively, note-taking may be experienced as a distracting practice, which conveys the message that the counselor perceives the client as a mere clinical case.

Other authors, who published on general psychotherapeutic and counselling skills, regardless the use of a specific approach, also take contrasting positions on note

taking during sessions. Bolton (2014: 212) advocates that the use of notes is therapeutic as it allows to capture the client's process. Bolton reports that from her experience, when she asks clients whether they are comfortable with her taking notes, they are happy to have their words registered somewhere. Bolton describes this as a collaborative and transparent process. Moreover, according to Schofield (1988: 127), the 'therapist's recording of notes during a session need not impede the flow of discourse'. Wheeler (2012: 355), states that novel psychotherapists tend to take more verbatim notes and more extensively, to make sure that they have all information needed during supervision. She explains that this can be 'very distracting and distancing' from the client and suggests to listen attentively, write occasionally some words, and then elaborate further after the session. Seligman (2004: 134) mentions the following disadvantages of taking notes: not full attention is given to client; notes are inevitably incomplete, leading to omissions and distortions; and clients may attribute 'significance' to the note taking. In regards to the latter, for example, if clients see the therapist taking notes on a specific moment, they will feel prompted to expand on what they are relating on that moment, as they assume that the therapist is more interested in that topic rather than others. According to Selligman, this limits the therapeutic narrative. Nelson-Jones (2009: 55) stresses the importance of taking notes at the initial stages of therapy in order to keep the counselor attuned and attentive. However she warns that this should never be carried out obtrusively as the therapist's aim is to offer undivided attention to the client's communication in all its forms (i.e.: verbal and non verbal). Stewart and Cash (1982: 144) indicate that note-taking is particularly stressful for the therapist who tries to write everything down without losing focus on the client and explain that the more experienced the therapist, the less laborious the note-taking. Pomerantz (2013: 37) highlights that the client expects the psychologist to take notes because they want to 'be heard and feel important'. However, there is always the risk for the psychologist of getting distracted, therefore he suggests to jot down a few significant words. He

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also stresses the importance of explaining the note taking behaviour to the clients, in order for them to understand that it is a means to remember what was discussed during the session.

Franklin (2003: 73) adopts a slightly different position, as he suggests to not take notes in the initial stages of therapy, because it is a 'distracting' behavior and it may compromise the rapport with the clients. In fact, clients might not feel that their concerns are taken seriously. Therefore, he advises to start taking notes later on in therapy and always check with the clients whether they feel at ease.

Furthermore, it is noteworthy that working with specific clienteles may require a heavier reliance on note-taking. For example, this can apply to trauma-focused therapies. Indeed, the aim of the therapy is to create a coherent narrative of the client's story, by connecting disjointed traumatic memories with each other and integrating them into the 'normal' memory systems (Ehlers & Clark, 2000). Authors of trauma-focused therapies (Ehlers & Clark, 2000; Schauer, 2011), stress the importance of taking notes with tact, that is, to always keep an empathic stance with the client who is relating their traumatic stories, whilst at the same time making sure that all facts have been recorded. This is because these facts will subsequently be expanded on in order to promote the processing of traumatic memories.

3.2 Literature on impact of note taking in counselling

The Impact of note taking in counselling can be explored by focusing on either of two agents: the counsellor or the client. This section will briefly focus on the effect of note taking on counsellors and then, more in depth, on its effect on clients.

Impact of note taking on the counsellor

In his paper, Underwood (2005) talks about the interesting phenomenon of 'verbal overshadowing', whereby verbalising information encoded through a non-verbal channel (i.e.: visual information) can render the subsequent retrieval poorer, as this creates a dissonance of modalities of encoding (i.e.: verbal vs. visual). In case of a counsellor verbalising visual information, they will remember the content of what has been discussed, however they will find it difficult to retrieve facial expressions. At the same time, Underwood highlights that this interference can be overcome when the counsellor goes back to the context where notes were taken, as this facilitates the retrieval of information from a more holistic and comprehensive standpoint.

Lo (2013) investigated the impact that note-taking has on the counsellor's following tasks: interview recall, clinical judgment, and general judgment of clients. Thirteen master's students of a counseling programme were recruited for this study. Four conditions were created: note-taking only (N2); note-taking and reviewing (N3); reviewing only (N4); no note-taking (N1). Participants were required to contribute to all conditions, following the repeated measures design of the experiment. In the N2 condition they were asked to interview an actor-client whilst taking notes; in the N3 condition they were asked to conduct an interview whilst taking notes and to review the notes after the session; in the N4 condition, they were only asked to re-read what it appeared to be notes written by someone else; and finally in the N1 condition, they interviewed a client without taking or reviewing any notes. Following these exercises, the researcher asked the participants to perform tests investigating the interview recall, clinical judgment, and general judgment of clients. The study had mixed results: reviewing notes, unlike taking notes, improved the interview recall; and clinical judgment and general judgment did not different across the four conditions.

The impact of counsellor's note-taking on the client

To date, few studies have investigated the impact of the counsellor's note-taking behaviour on the clients (Gottlieb et al*. 1979,* Hicklings et al*.,* 1984; Miller, 1992; Hartley, 2002; Levitt et al*.,* 2006; Wiarda *et al.,* 2014; Christie et al., 2015*)***.**

In 1979, Gottlieb *et al.* (as cited in Hickling et al*.,* 1984) carried out a research in which 60 psychiatric patients were interviewed whilst notes were taken. The authors found that the note-taking behaviour was a reinforcer of verbal behaviour. Therefore, the patients were more prone to elaborate on topics that were noted down by the professionals.

In Hickling et al.'s (1984) experiment, 34 social work graduate students, enrolled in an advanced therapy course, were asked to rate either of two videos. One video showed a psychotherapy session where the professional took notes at all times and another one where no notes were made. After watching either video, the participants were asked to answer a 10-item questionnaire with a seven-point Likert scale from "not at all" to "very", investigating how the client perceived the therapy session, the participant's perception of the therapist's effectiveness and the total therapeutic impact. The results showed that the rates assigned to all three dimensions were significantly higher when note taking was absent. The authors suggested that note-taking had a detrimental effect on the participants' perception of the counsellor and the session. There are two limitations to this study. First, the participants were enrolled in an advanced therapy course, therefore the results are not generalizable to a client population. Second, the researchers state that note-taking was taken 'during the entire interview' which lasted six minutes; therefore, it is not possible to ascertain the intensity of note-taking.

A similar procedure can be found in Miller's (1992) experiment. In his study, 140 students were asked to watch either of two 14-minute videos showing an interaction between counsellor and client, during a career counselling interview. In one video, the counsellor was observed taking notes five times throughout the session; in the second video, the counsellor did not take notes. In the note-taking video, the therapist informed the client that notes would be taken in order not to forget what the client discussed. After watching the videos, participants completed a questionnaire investigating their perception of the counsellor's expertness, trustworthiness, attractiveness, and willingness to return to therapy. Results showed that the questionnaire scores did not significantly differ from each other depending on the condition of note-taking. However, the author found that the questionnaire subscale 'willingness to return' was significantly lower in the condition of note-taking, relative to the other condition where note-taking was absent. The author commented that note-taking does not have an overall negative affect on the client's perception of the counsellor and the session. In regards to a negative significant effect on the 'willingness to return', the author suggested that the counsellor's non-verbal behaviour (i.e.: not full attention directed to the client) might have affected this phenomenon. There are some limitations to this study. First of all, the content of the session was not naturalistic, as it depicted a career counselling interview; moreover, the participants recruited were all students. Therefore the choice of a specific type of counselling interview (career counselling) and of specific population (students) limited the generalizability of the study. Secondly, the note-taking intensity condition was manipulated only at two levels: presence of note-taking (five times) and absence of note-taking. The author suggested that it might be useful to further manipulate the note-taking behaviour (i.e.: light, moderate and heavy note-taking) in future studies.

Wiarda et al. (2014) carried out a research on the use of technology for note-taking and its impact on therapeutic alliance. They conducted a study with patients who

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were seen for a psychological assessment, in two different settings: primary care and

secondary care. In the primary care service, they recruited 60 patients and

conducted a 20-minute semi-structured assessment. In the secondary care service,

they recruited 55 patients for a more in-depth 50-minute semi-structured

assessment. Participants were randomly allocated in one of the following three

conditions, with the therapist performing: note-taking with pen and notebook; note-

taking with IPAD; and note-taking with either a desktop computer (primary care) or a

laptop computer (secondary care). After the assessment, patients completed a 4-

item Session Rate Scale (SRS; Duncan et al., 2003), measuring the therapeutic

alliance on four dimensions: relationship, goal and topics, approach or method, and

overall. The researchers found that the therapeutic alliance was strong in both

services, with no significant difference between the services. Moreover, the

therapeutic alliance scores were high across the three experimental note-taking

conditions, with no significant difference between conditions. As their main aim was

to study the impact of use of technology for note-taking, the authors concluded that:

'Pending further research, it can be reasonably assumed that psychotherapists can
experience freedom to choose to use technology in intake sessions as an aid to their
services without it harming psychotherapeutic alliance'. (p. 445)

This research is relevant to this literature review in that the note-taking condition with

pen and note-pad was associated with strong alliance scores. However, the

researchers did not include a control condition with no note-taking, therefore we do

not know whether the absence of note-taking would have had a significantly different

impact on the therapeutic alliance. Second, they did not specify how many times

notes were taken in all condition, namely they did not clarify at what intensity (i.e.:

light, moderate or heavy) the note-taking was performed.

In another recent study, Christie et al. (2015) investigated the impact on the client's

perception of their therapist, when the latter takes note and/or informs the client of

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their right to access their written records. To achieve this, they recruited 110 undergraduate students and had them watch one of four videos depicting a clinical intake session. These four videos corresponded to four experimental conditions: note-taking; informing clients of their right to access written records; the combination of the two conditions; and the absence of the two conditions. Apart from this four-level manipulation, the content of the session was the same across conditions. After watching the videos, the participants completed a 22-item Likert scale, called the Perceived Therapist Effectiveness Questionnaire (PTEQ), created by the authors. The authors found a significantly positive effect of the 'record-informing' on the participant's perception of the therapist's attentiveness. However, they did not find any significant effect of the 'note-taking' condition or the interaction between 'note-taking' and 'record-informing' conditions. According to the authors, this study did not replicate the results of Hickling et al. (1984) and Miller (1992), which showed some detrimental effect of note-taking on the client's perception of the therapist. The study presents with two limitations. The first limitation is that the participants recruited for the research (undergraduate students) do not fully represent the client population. Secondly, researchers used only one intensity level of note-taking, with the therapist taking notes eight times during the session. One last observation is that in two conditions where note-taking was present (i.e.: note-taking alone, and in combination with record-informing), the therapist introduced the note-taking behaviour at the beginning of the session, by explaining that it was useful for the therapist to remember what would be discussed. Therefore, it can be argued that the 'note-taking' condition was not isolated as it was combined with providing a rationale for note-taking.

In a qualitative study using grounded theory, Levitt et al. (2006) explored what clients find helpful in psychotherapy. In their investigation, five participants out of 22 commented on the practice of note-taking. Two participants reported that they did not

mind note-taking. One participant felt she was 'carefully listened' to and another one felt just like 'a number' (p. 321). Based on these observations, the authors concluded that: 'Note taking may be most useful when it is explained as a listening aid rather than a recollection aid' (p. 321). However, they do not elaborate on how exactly they derived this conclusion.

Lastly, Hartley (2002) presents a useful review on non-academic note-taking, including note-taking in counselling. The main findings he highlights support the theory that note-taking in counselling may have a detrimental effect on the client. Specifically, Hartley refers to previous studies, including Hickling et al.'s (1984) and Miller (1992), and suggests that note taking could be: an unintentional reinforcer of the client's verbal behaviour; a limit to the perceived effectiveness of the counselling from the client's perspective; distracting for the client and/or counsellor; and inhibiting for the client.

4. Conclusions

Note-taking is an act performed in a variety of contexts, however the emphasis of scientific literature has been placed mostly on note-taking in academic settings. Cognitive and educational psychology researchers have investigated note-taking in all its components and functions, whilst highlighting its benefits for learning purposes and its impact on the individual's cognitive resources.

Indeed, research has shown that note-taking has a heavy impact on the individual's cognitive functions, in that it requires the constant engagement of different functions, and most of all of the working memory. However, researchers have also argued that note-taking can relieve the working memory of its overload. This is consistent with

the idea that the note-taking activity operates as an external storage or a buffer in which the information can be contained, so that the working memory can allocate its span and efforts for other tasks (i.e.: facilitating comprehension, directing attention, etc.).

On the other hand, little research has been conducted on the use of note-taking in counseling settings.

Amongst the few studies identified, most have been carried out decades ago. Moreover, their methodology was either at times limited or not well articulated. It is noteworthy that these studies showed inconsistent results when they attempted to investigate the impact of note-taking counselor on the client. It appears that this could be partially due to the limitations mentioned above. However, it is important to bear in mind that from the studies on non-academic note-taking, it is evident that the complexity of the note-taking behaviour renders the task of investigating it very arduous.

The following chapter will describe a project that aims to study note-taking in counseling by specifically exploring its effects on the client. Drawing on the research conducted so far, the attempt is to overcome the limitations encountered in previous studies and produce original findings.

A mixed-methods research, with chronological priority given to the quantitative over the qualitatitve phase, was conducted. Specifically, the quantitative phase of the study aimed to overcome previous studies limitations by selecting a pool of participants that was more representative of the clients' population. Moreover, the note-taking variable underwent a number of manipulations in order to measure

whether different levels of intensity of note-taking had a different impact on the client's experience of the counselor.

The qualitative phase of the study, in which semi-structured interviews were conducted and interpretative phenomenological analysis of data was performed, introduced a novelty into the investigation of the client's experience of note-taking in counselling, as there are no examples of qualitative studies being used to explore this phenomenon.

Chapter Three: Methodology

1. Introduction

This chapter describes the research methodology used to explore the phenomenon of note-taking during an initial counselling session.

The necessity to have a deeper understanding of the phenomenon at hand led to the decision to employ a mixed methods strategy, characterised by a combination of quantitative and qualitative investigations. This represented an opportunity to fill the gap in the literature. Indeed, previous research has only focused on quantitative aspects of the phenomenon, where there is no evidence of any qualitative research conducted.

Moreover, this approach is compatible with a post-positivist epistemological stance. This worldview, from which this study was conceived and conducted, regards phenomena as simultaneously objective - measurable - and subjective.

Mixed methods research seems to be one of the most suitable means to investigate phenomena from a counselling psychology perspective. The role of the counselling psychologist is to merge what can be measured with numbers and statistics with the personal experience of human beings. This attitude helps to achieve the ultimate goal of finding a balance between 'evidence-based practice' and 'practice-based evidence'. Indeed, researchers have traditionally been 'product focussed', whereas practitioners have been 'person-focused' (Corrie, 2003). By employing a mixed-

methods research, this gap between these two supposedly separate positions can be filled; and a new equilibrium can be obtained.

To this aim, this study employed what Creswell (2013) in mixed methods paradigms refers to as 'sequential explanatory strategy'. In order to investigate the phenomenon of note-taking in counselling, the project included a quantitative phase, in which data were collected with the means of a questionnaire and then statistically analysed. Subsequently, the qualitative part of the study, which comprised of conducting semi-structured interviews with eight participants who consented to be contacted after the quantitative phase, was utilised to deepen the understanding of the quantitative results.

This chapter will focus on the use of a mixed-methods strategy to carry out this research. Two main sections will follow, with an emphasis on respectively the quantitative and qualitative phases of this research.

2. Mixed methods

According to Holmes (2006:26), who is one of the most prominent advocates of mixed-methods research, this is 'the new way of doing research in social science'.

According to Creswell (2011) mixed methods can be dated between 1980 and 1990, when the combination of hypothetical-deductive (quantitative) and holistic-inductive (qualitative) paradigms (Patton, 1980) were used to investigate phenomena in the following fields: sociology (Brewer & Hunter, 1989; Fielding & Fielding, 1986); evaluation (Greene, Caracelli, & Graham, 1989); management (Bryman, 1988); nursing (Morse, 1991); and education (Creswell, 1994).

On the other hand, Holmes (2006) argues that a form of mixed methods, called 'data triangulation', was already being floridly used by ethnographers and social researchers since 1920s. 'Triangulation' is a concept deriving from the naval parlance to denote the habit of using multiple references to locate the exact position of an object.

According to Creswell and Plano (2007):

'Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis and the mixture of qualitative and quantitative approaches in many phases of the research process. As a method, it focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone.' (p. 5)

Once mixed methods paradigms began to be introduced in social science, two inherently interconnected questions followed:

1) Why cannot we just claim that we are using 'a combination' of quantitative and qualitative methods?
2) Is mixed methods a method or a methodology?

To answer the first question, Creswell (2011) argues that the use of the terms qualitative and quantitative as opposed to mixed methods, creates an impractical 'binary distinction' that 'minimises the diversity' (p. 272). Therefore, in order to overcome this obstacle, researchers prefer to call the combination of quantitative and qualitative strategies as 'mixed methods'. At the same time, they chose to distinguish between these two strategies when writing a research proposal or a research report, as it promotes a good level a communication amongst the researchers. Creswell (2007) for example suggests to separate the writing of methodology, procedure and

results of a mixed method study in two categories, highlighting the quantitative and qualitative stages, regardless the weighting of one method over the other.

To answer the second question, it appears that mixed methods can be both methods and methodology. Hesse-Biber (2010) argues that when doing mixed methods research we cannot put the 'horses before the cart', that is, we cannot decide on what methods to use to investigate a phenomenon before establishing what is the theory we are coming from. By theory, we intend everything that includes the ontology, epistemology and, indeed, the methodology. If we did not take into consideration the theory, it would be as though we decided to conduct a qualitative study by using interviews without explicitly specifying what theory informs what we are investigating (i.e.: constructivistic, interpretative, etc.)

Moreover, Giddings and Grant (2006) warn on the danger of combining methods without thinking of the theory (i.e.: methodology behind) as this could turn 'the study of mixed methods into a techniques-driven enterprise that promises more than it can deliver'.

Creswell (2007) describes three types of mixed-methods sequential approaches: sequential explanatory, sequential exploratory, and sequential transformative. The sequential explanatory strategy is described as a popular mixed-methods strategy that is usually chosen by researchers with a strong preference for quantitative investigation. Creswell explains that in this strategy priority is given to the quantitative phase, which takes place first in the analysis. Following this phase, the researcher proceeds with the qualitative analysis, which is informed by the quantitative results. This strategy is usually put in place when the results of the quantitative are not as expected or straightforward. The qualitative phase therefore is used to explain and shed light on the results from the quantitative phase. Creswell

also posits that the strength of this strategy lies in the fact that it has a linear nature. However, he highlights that it can be rather time-consuming. In the sequential exploratory strategy, the weight is placed on the qualitative phase. Therefore, the qualitative investigation is carried out first, followed by a quantitative phase. In contrast with the previous strategy, the quantitative phase builds on the qualitative one. This strategy is usually implemented when the researcher aims to create a new instrument to measure a phenomenon, as extant instruments are not found effective. Similarly to the previous strategy, this is a straightforward procedure, however it might put the researcher off, as it requires a long-term commitment. A further challenge for the researcher is to identify specific themes, which have emerged from the qualitative phase, in order to organise a quantitative investigation around them. The third sequential approach is the sequential transformative strategy. Creswell comments that is the least used of the three sequential approaches, therefore there is not much literature that can provide guidance for conducting it. This strategy relies heavily on a theoretical perspective (feminisms, gender theory, etc.) and its aim can be, for instance, to make a difference for an unrepresented population or sensitive subject. The researcher has the liberty to decide whether to prioritise the quantitative over the qualitative phase, or vice versa. Similarly to the other two sequential approaches, Creswell emphasises its straightforwardness and warns on the fact that it can take a long period of time for the researcher to collect and analyse quantitative and qualitative data.

2.1 Sequential explanatory strategy

The decision to use a sequential explanatory approach was determined by a post-positivistic epistemological stance, which will be described later in this chapter. According to this approach, phenomena can be investigated by placing a focus on

both objective parameters and subjective qualities. As explained in the previous section, this strategy is suitable for a two-phase study with priority given to the quantitative phase over the qualitative phase. Such an approach was deemed more suitable over the other two sequential exploratory and transformative strategies, in that initial emphasis is placed on the quantitative part of the study and there is no reference to a specific theoretical perspective.

The sequential explanatory strategy can be illustrated graphically as follows:
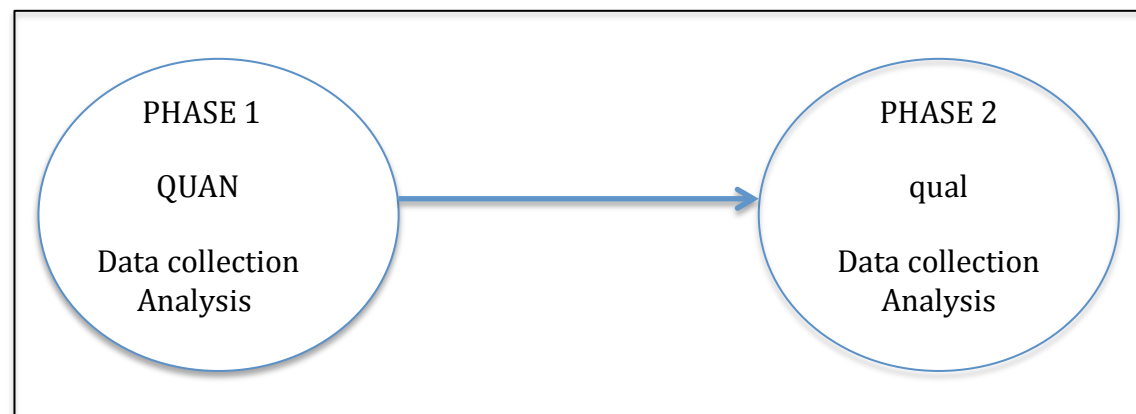
Figure 1 Sequential explanatory strategy

In table 1, the capitalised 'QUAN' (quantitative phase) signifies its priority over the lower case 'qual' (qualitative phase); moreover, the arrow direction indicates the sequential order of the study phases, in which 'QUANT' precedes 'qual'.

However, it is important to highlight that the distinction between the explanatory and the exploratory strategies may not be as straightforward as Creswell describes it. In fact it can become confusing at times. This project places a strong emphasis on the interpretative nature of the qualitative phase, which consequently becomes as important as, if not more than, the quantitative phase. As Hesse-Biber (2010) puts it: 'from the perspective of an interpretive approach, researchers view the quantitative

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component as in the service of the qualitative component, which is considered

primary' (p. 105-106).

In a further note, Hesse-Biber (2010) suggests:

'The whole idea of primary and secondary components of a mixed methods project
can become a confusing issue. Both components are essential, and sometimes the
use of these terms and their notation (i.e., quan, QUAN, qual, QUAL) is not useful.
What is important to focus on is how both components play a role in answering the
research question.' (p. 127)

Therefore, it is useful to offer a different connotation of term 'priority' used by

Creswell. In this project, this term denotes a chronological priority, rather than a

priority of importance.

Another important point that Creswell (2007) makes in describing this strategy is that

the quantitative and qualitative data in the sequential explanatory strategy are

'separate but connected', because 'the mixing of the data occurs when the initial

quantitative results *inform* the secondary qualitative data collection' (p. 211).

With regards to the structure of this chapter, following Creswell's (2013)

recommendations, the quantitative phase and the qualitative phase will be presented

separately.

3. Epistemological reflexivity

In this section, and in the section 'Reflexive considerations' later in the in chapter, it

is imperative to use the first person, in order to communicate my personal investment

in the research.

Epistemology is an area of philosophy that deals with the theory of knowledge and it concerns 'how, and what, can we know?' (Willig, 2013, p. 2). According to Willig (2013) before posing a research question and identifying a research method to address it, we need to have an idea of what it is possible discover, therefore we need to have an epistemological stance.

This research is informed by a post-positivistic stance. My worldview regards social phenomena as measurable variables that can be studied objectively, while acknowledging the inevitability that both the researcher and the participants bring their own experience into the study. Therefore, my personal experience, along with a set of values, principles and points of view is bound to influence the topic studied.

In other words as Mertens (2010) states:

'Post-positivists still hold beliefs about the importance of objectivity and generalizability, but they suggest that researchers modify their claims to understandings of truth based on probability, rather than certainty.' (p.12)

I believe this mixed-methods research lends itself to the post-positivistic stance. In my experience in conducting quantitative investigations on psychological phenomena, I have soon realised that a hypothetic-deductive stance comes with evident limitations. Indeed, a merely positivist (i.e.: cause-effect) approach cannot fully capture all aspects of a phenomenon. This led me to appreciate the use of qualitative approaches in research as a strategy to enrich my knowledge. Moreover, this experience has consequently shifted my limited epistemological position onto a more inclusive post-positivist stance.

Mixed-methods research has traditionally been associated with an epistemological pragmatist stance. As Verling (2014) posits, 'pragmatism is not committed to any one system of philosophy or reality but rather advocates that individual researchers have

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a freedom of choice to choose the methods, techniques and procedures that best meet their needs and purposes' (p. 33). Therefore, a pragmatist researcher focuses on 'what works' in research and use all possible tools to answer his or her research question (Creswell, 2008). However, in my case, my post-positivist worldview, rather than my research goal, has determined which research methods to use in order to investigate the phenomenon at hand. Perhaps the only pragmatist choice that I made is to give chronological priority of the quantitative over the qualitative phase. However, Hanson et al. (2005), discussing different mixed-methods strategies, suggested that 'a post-positivist stance would […] be appropriate for a sequential explanatory design that prioritized the quantitative data' (p. 233)

The mixed-methods process in research can be compared to taking a black and white photograph. By examining the photograph, we will soon realise that there are only so many details that that our eyes can catch. Indeed, all the nuances and different colours cannot be captured, unless we print a colour version of the picture. I believe that in a mixed-methods project, the black and white version can be compared to the outcome of the quantitative research, whereas the colour version can be compared to the results of the qualitative phase. In the black and white version of the picture, we are presented with a more one-dimensional view of reality, with the focus being on the overall picture and the way each component is placed individually and in relation to each other. The trade-off is in favour of simplicity over detail. In contrast, when we introduce an additional layer of colour into the picture, then each component becomes more alive and gains a stand-alone quality while still preserving their inter-relational character. However, now, these relationships have different meanings as colours also create or disrupt harmony.

This is very similar in academic research. Qualitative analysis can inform us about the hidden meanings and interpretations between the lines that cannot be captured

through generalisable results derived from quantitative analysis. However, the picture is best complete with both black-and-white and colour layers interacting in a harmonious way.

It is also important to highlight that the black and white phase does not carry a negative connotation. However, I believe that it is often vital to carry out a qualitative investigation, in order to appreciate what still needs to be captured about the phenomenon. The qualitative investigation in this case can help the researcher to fill the gaps in the knowledge and understanding of a phenomenon.

4. Quantitative phase

4.1 Introduction

The quantitative phase of this mixed-methods project aims to test the hypothesis that note-taking performed by a counsellor during a session has an impact on the client's experience of the counsellor and the counselling session. Specifically, the expectation was that different intensity levels of note-taking would significantly affect the client's experience of the counsellor and the session.

To test this hypothesis, participants of this study watched a video of a fictitious initial counselling session and subsequently answer a questionnaire.

Specifically, by following Miller's (1992) suggestions, four levels of intensity of note-taking were introduced: *no note-taking*, *light* note-taking, *moderate* note-taking, and *heavy* note-taking. Therefore, four videos representing these intensity levels were

created. Participants were asked to watch one of the videos in random order and subsequently answer a questionnaire investigating their:

- experience of the counsellor's competence,

- trustworthiness and attentiveness,

- overall impression of the session,

- the client's willingness to engage with counselling,

- and experience of acknowledgment of individuality.

The main prediction, based on previous studies (Hickling et al., 1984; Miller, 1992)., was note-taking would have a negative effect on the client's experience of the counsellor and the session

This section will provide a description of participants, material for data collection, and procedure. The ethical considerations will be reported in a final paragraph, as they apply to both the quantitative and qualitative phase of this study. The analysis process will be discussed in the next chapter: 'Quantitative Analysis'

4.2 Participants

147 English-speaking individuals, blind to the aim of the study, were recruited via social media and word of mouth. However, only 63 participants completed the survey from the beginning to the end, while the rest did not complete the experiment and was excluded from the study. Therefore, the experimental group consisted of 63 participants, aged between 18 and 55; 25 males and 48 females; with 39 participants declaring prior experience of receiving counselling. The study did not include any mental health professionals, as the aim of the study was to explore the client's

experience of the counsellor and thus ruling out any potential bias that could have incurred by including mental health professionals.

4.3 Materials

The materials included a video depicting an initial counselling session, and a questionnaire investigating the participants' experience of the counsellor and the session.

Videos

Four videos, lasting approximately eight minutes each and depicting a fictitious initial counselling session, were created. They were created by using an iPAD mini 2 (Apple) and were edited with the software i-Movie on a MacBook Pro (Apple; OS X). The video presented with a front view of the counsellor and showed only the back of the client, in order to promote identification of the participant with the client and focus the attention on the counsellor. The videos were categorised as containing the following conditions: *no* note-taking, *light* note-taking, *moderate* note-taking, and *heavy* note-taking. The counsellor was in all four cases a female. However, the client's gender varied in order to match the participant's gender. Therefore, female participants watched the video of a session with a female client and male participants watched a video with a male client.

Participants were shown the videos in a randomized order: 19 participants watched the *no* note-taking video; 14 watched the *light* note-taking video; 17 watched the *moderate* note-taking video; and 13 watched the *heavy* note-taking video. Apart from the intensity levels of note-taking, the content of the session remained the same across the videos.

The videos portrayed a client discussing his/her depressed mood and anxiety with the counsellor and represented a stage of counselling where the note-taking is more likely to be performed, namely, the initial session.

In regards to the second point reported above, it is renown that the first counselling session is particularly important for formulating and conceptualising clients' concerns collaboratively with them (Johnston & Dallos, 2006). In order to achieve a working formulation, the counsellor, who is meeting the client for the first time, tends to rely on note-taking by recording and retaining the information provided by the client in the most accurate way possible. The rationale for not selecting subsequent sessions in this study is because there was a possibility the participants would assume that a therapeutic alliance between counsellor and client had already been established. Therefore, the participants' experience of the note-taking counsellor could have been mediated by this factor.

In this study, the difference between four intensity levels of note-taking was operationalised by manipulating the number of times that the counsellor was seen taking notes. In the *no* note-taking condition, the counsellor did not take any notes at all, nor was she holding a pen and paper. In the *light*, *moderate*, and *heavy* note-taking conditions, the counsellor was seen taking notes respectively: five times, 17 times and 34 times (see Appendix A for the session script). The decision to perform note-taking five times in the *light* condition was influenced by Miller's study (1992), in which only a distinction between presence and absence of note-taking was taken into account, with note-taking being performed five times in the former condition.

In regards to the rest of the manipulation of the note-taking condition, no specific calculations were used to deliberate how many times note-taking should be

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performed, as this was considered a qualitative task. What determined the decision

was the aim to maintain congruence with the content of the session. For example,

the counsellor took notes only when considered appropriate and instrumental to the

scope of the session (i.e., recording factual information regarding the client's

background). Moreover, to increase the reliability of these decisions, around 20

counselling psychology trainees were asked to provide their feedback, and the

intensity of the note-taking was changed accordingly. For example, the trainees rated

a tentative version of the *moderate* note taking video as *light* note taking. Therefore,

the intensity of note-taking was increased in order to represent the *moderate*

condition and, what was originally considered the *moderate* condition became the

light condition in the experiment.

Questionnaire

After watching the videos, participants were asked to fill out a 24-item questionnaire

with a 5-point Likert scale, investigating their experience of the counsellor and the

counselling session. The items touched upon aspects including: *competence*,

trustworthiness, and *attentiveness* of the counsellor; client's *willingness to engage*

with counselling; *acknowledgement of client's individuality*; and *overall impression of*

the session (see Appendix B for the questionnaire).

Lower scores in the questionnaire equalled higher, hence more positive, indexes of

the subthemes reported above. Some of the subthemes (trustworthiness,

competence, willingness to engage with counselling) were selected in order to keep

continuity with previous studies that measured the effect of note-taking on clients

(Hickling et al. 1984; Miller, 1992). Moreover, for the creation of the questionnaire,

approximately 20 counselling psychologist trainees provided the authors with helpful

feedback, and questionnaire subthemes and items were added or amended

accordingly. For example, it was suggested to add the subtheme *acknowledgment of individuality*, as the subthemes originally proposed had not captured this dimension.

4.3 Procedure

Participants were asked to click on a web link to access a survey and complete the experiment described above. The survey was created by using the software Qualtrics (Qualtrics, Provo, UT).

Firstly participants watched one of the four videos, which matched their gender and was presented randomly. After watching the videos, participants were asked to fill out the questionnaire described above.

Before participating in the experiment, the participants read an information sheet (see appendix C) on the study and pressed 'Yes' to give their consent (see appendix D).

4.4 Debriefing

At the end of the experiment participants were asked whether they would like to be contacted again in the near future for an interview. Those who declined were asked to provide their email address if they wanted to be debriefed on the objectives of the study, once data were collected and analysed.

Participants who accepted to be contacted again were informed that they would be debriefed on the aim of the study at the end of the interview. They were also asked to provide their email address in order to receive a debriefing, should they not be selected for a follow-up interview.

4.5 Analysis

The analysis involved mostly performing a between-subject analysis of variance with type of note-taking as a four-level independent variable and the overall of questionnaires scores as the dependent variable. This part, along with the quantitative results, will be discussed in The following chapter 'Quantitative Analysis'.

5. Qualitative phase

5.1 Introduction

After the quantitative phase described above, a qualitative approach was used to complement the quantitative phase and offer a more personal and subjective experience of the note-taking behaviour during counselling from the client's perspective.

Given the qualitative nature of this phase, the structure of this section will be different from the previous one. Indeed the focus will be placed on: interpretative phenomenology, participants, material for data collection, interpretative phenomenological analysis, epistemological reflexivity, and personal reflexivity. As mentioned in the introduction to the quantitative phase, the ethical considerations will be reported in a final paragraph, as they apply to both the quantitative and qualitative phases of this project.

5.2 Interpretative Phenomenological Analysis (IPA)

Before presenting all the methodological aspects of the qualitative phase of this project, it is imperative to discuss the Interpretative Phenomenological Anlaysis (IPA), as its theory informed the selection of this study's participants, the creation of the semi-structured interviews for the data collection, and finally the analysis of the qualitative data.

In order to understand IPA, there is a need to take a step back and briefly refer to the philosophical concept of 'transcendental phenomenology' developed by Husserl (cited in Willig 2013). According to Husserl, we can access the very 'essence' of phenomena only after suspending or 'bracketing' our thoughts, beliefs, preconceptions, and common sense about the phenomenon. What the transcendent phenomenologist suggests is to 'return to things themselves, as they appear to us as perceivers' (Willig, 2013: 52). Heidegger, Husserl's successor, introduced a 'hermeneutic' version of phenomenology, which poses that 'interpretation, and the awareness (and analysis) of what the researcher brings to the text, constitutes an integral part of phenomenological analysis' (Willig, 2013: 54).

The concept of phenomenology has developed over time and it can now be understood as a specific system of inquiry, which poses that phenomena, objects, experiences or the world can be understood only within an interaction between subjects and objects. In fact, according to phenomenologists, the distinction between subjects and objects is not an appropriate one, in that phenomena are thought to be accessible only thanks to our interaction with them. As Willig (2013) effectively puts it: 'phenomenology is concerned with knowledge that is non-propositional (…) This 'transcends the difference between the knower and the known' (p. 69). This is also described as an 'idiographic' rather than a 'nomothetic' mode of inquiry, in which

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emphasis is given to the subjective experience of the individual, rather than following specific rules or theories, which dictate how the world should be conceived a priori.

Moreover, Willig (2103) makes a useful distinction between 'phenomenological contemplation' of an object as it shows itself to the subject, and the 'phenomenological analysis' of an object that presents itself to participants of a study. In the first, the subject is only focusing on his/her own inner experience to reach an understanding of the phenomenon. In the second case, such understanding is achieved through an 'insider perspective' of the participant. This latter concept can be better understood by referring to what Smith (2006) calls 'double hermeneutics', according to which the research is trying to make sense of the participant, who in turn is trying to understand the world or a phenomenon. Smith (2006) makes a further distinction between 'empathic hermeneutic' and 'questioning hermeneutic', suggesting that the emphasis on either is determined by the phenomenon being studied. However, it appears the most in-depth analyses needs to strike a balance between these two types of hermeneutics: indeed, the researchers have to put themselves in the participants' shoes, and at the same time has to 'question' what the participants are trying to convey, by adopting a more analytical approach. The latter point is what also makes the IPA a psychological method of analysis, in that the interest is on the participant's experience of a phenomenon, which can be accessed by interpretation.

Finally, it is vital to make a further distinction between 'descriptive phenomenological analysis' and 'interpretive phenomenological analysis'. Willig (2013) explains that in the former, 'description' and 'interpretation' are seen as two separate phase; whereas in IPA, they are inherently intertwined, in that description is considered a form interpretation.

In summary, the IPA researcher does not look for an absolute truth, but for different and equally important truths, which can only be accessed by engaging with the participants' experience of the world. To achieve that, the researcher cannot transcend his/her own understanding and experience of the participants, the phenomenon studied and the world. This allows the researcher to 'give voice' to the participants and their concerns, by 'making sense' of them from a psychological perspective (Larkin, Watts, & Clifton., 2006).

As Giorgi (1997) puts it:

'Person A may view a painting and call it ugly, person B may view the same painting and call it beautiful. For person A, the painting will have all of the phenomenal properties of ugliness, and for person B, it will have the phenomenal properties of beauty. However, for a phenomenological perspective no claim is made that the painting is in itself either ugly or beautiful; only its presence for the experiencer counts, and an accurate description of the presence is the phenomenon, and it usually contains many phenomenal meanings.' (p. 235)

It is noteworthy that, from an epistemological standpoint, the philosophical underpinning of IPA is not necessarily incompatible with a post-positivistic stance. In fact, previous authors have indicated that according to both positions 'reality exists before our consciousness and is perceived by our consciousness' (Racher & Robinson, 2002).

5.3 Participants

Participant were recruited by following the 'purposive sampling' principle discussed by Smith (2006). According to this criterion, participants should be selected not randomly, but based on the contribution that they can make to the phenomenon studied. Smith recommends to 'sacrifice breadth for depth' and to interview small numbers of participants, in order to be able to carry out an in-depth and exhaustive analysis of the data.

The selection of the participants for this study was informed by the quantitative phase. Eight participants, out of the 63 who participated in the quantitative phase, were invited for a semi-structured interview. These participants had provided their consent to contact for a follow-up interview. Moreover, the sample was 'homogenous' (Smith *et al.,* 2006), in that they were selected by a pool of participants for whom the research question was meaningful.

Two participants, one male and one female, were selected from each of the four condition groups (*no, light, moderate,* and *heavy* note-taking), for a total of eight participants. The identities of each participants were anonymised by changing their names and omitting information and facts.

Table 2 shows which video participants watched.

Note-taking Condition	Participant
No note-taking	Sean
	Alexandra
Light note-taking	Stephan
	Cynthia
Moderate note-taking	John
	Elisa
Heavy note-taking	Patrick
	Laura

Table 2 List of participants and allocated note-taking condition from quantitative phase of study

5.4 Material for data collection: semi-structured interviews

In order to explore the subjective experience of note-taking during counselling, participants who agreed to be interviewed were shown the videos that they had already seen in the first part of the experiment. The videos were used as a way to stimulate a discussion on note-taking.

The participants were interviewed with the aid of a semi-structured interview. The questions in the interview were open and non-directive, in order to not lead the participant towards providing a specific response. Instead, the questions were used as triggers to prompt the participants to articulate on their thoughts on the phenomenon at hand. At all times, it was borne in mind the need of finding:

'the right balance between maintaining control of the interview and where it is going, and allowing the interviewee the space to redefine the topic under investigation and thus to generate novel insights for the researcher' (Willig, 2013: 24).

It is noteworthy that notes were never taken during the interviews, in order to not influence the participant's answers.

Moreover, although there was a fixed theme that was the common denominator for all the questions (i.e.: note-taking during counselling), the pace and structure of the interview varied according to the interviewee's answers. At times, it happened that the interviewee provided some answers before they were even asked; therefore this required some flexibility on the part of the interviewer in changing the order of the questions and adjusting the structure of the interview.

The researcher carried out the interviews. Participants were reminded that they could withdraw at any time. Moreover, participants were informed that there were no right or wrong answers, as the researcher was interested in their opinions. All participants

gave their consent to have their interviews digitally recorded. The device used was an Olympus digital recorder. Six interviews out of eight were conducted on video calls (i.e.: Skype, FaceTime), in order to accommodate the participants' availability. The remaining two were conducted in person.

In order to gradually explore the topic of note-taking, the researcher implemented a 'funnelling' strategy (Smith, 2006), 'by eliciting both the respondents' general views and their response to more specific concerns' (p.62). Therefore, the first two questions investigated the participant's feelings and thoughts after watching the videos. Then the focus shifted onto their thoughts about the session, the counsellor and the relationship between the counsellor and the client. The last questions focused on the phenomenon of note-taking (for the interview schedule, see Appendix E). As explained above, the order of the questions in the interview schedule was not always followed. For example, two participants talked about the note-taking right from the outset of the interview.

5.5 Debriefing

Towards the end of the interview, the participants were thanked for the contribution and asked whether they had any comments or concerns to add. Some of the participants offered useful final comments, which were incorporated into the interview. Moreover, the participants were asked whether they had any concerns about what was discussed in the interview and about the whole research process. None of them expressed any concerns or issues. At the end of the interview, the digital recorder was stopped and the participants were debriefed on the aim of the study.

5.6 Analysis

As discussed in a previous section of this chapter, according to the theory behind the IPA approach, the participants' experience cannot be accessed directly; rather, the researcher can solely interpret it. As a consequence, the beliefs, convictions, worldview of the participants and the researcher meet halfway and a novel understanding of the participant's experience is obtained.

According to Willig (2013) the fact that the understanding of the participants' points of view and beliefs is mediated by the researcher's beliefs and assumptions is not to be regarded as a 'bias'. However, it is a 'precondition' that allows the interpretative process to take place and access the personal experience of the participant of the study. Moreover, Willig (2013) explains that the meaning that participants give to events are also mediated and influenced by the processes in the interactions amongst social actors. This allows people to reach a shared understanding and averts from the concept of 'solipsism' and rather 'it subscribes to a relativist ontology' (p.70),

Moreover, this understanding can be reached 'through a process of interpretative engagement with the texts and the transcripts' (Smith, 1997; p. 192). According to Osborn and Smith (1998), the interpretive engagement includes an initial examination of the interview transcripts by reading and re-reading the text. At this initial stage, the researcher is expected to write down impressions, thoughts, concerns and intuitions. This process assumes the shape of a sort of reflective diary in the form of annotations in the left margin of the text.

In the second stage of the analysis, the researcher is expected to identify conceptual themes that best represent clusters of the material read. In this case, a reliance on

psychological terminology is advised in order to lead the researcher to the subsequent stage.

The third stage is characterised by the researcher finding a connection amongst the themes previously identified. The themes will be then *clustered* and will be related according to hierarchy, complementarity or temporal sequencing.

The fourth stage involves creating a table with all the relevant themes with quotation and annotations - taken from the original transcripts – that best represents the labels used. This means that some of the themes initially identified in stage two will be excluded as they are not deemed pertinent to the studied phenomenon.

Moreover, Osborn and Smith (1998) warn the researchers on not surrendering to the temptation of deciding a priori how many themes have to be identified. Willig (2013) poses that 'it is important to ensure that analysis continues until the point at which full integration of themes has been achieved', as this depends exclusively on the content of the interviews and can change from study to study.

The IPA of the qualitative data of the present studies was carrying out by following the steps outlined by Osborn and Smith (1998). The interviews transcripts were analysed individually and emergent themes identified. Once all single cases were analysed, the themes were compared, clustered and integrated with each other.

At all times, the researcher's attempted to bracket his own understanding of the topics discussed by keeping a reflexive engagement with the material and by adopting an 'insider perspective'. In order to facilitate the immersion in the data and suspend his own pre-existing knowledge on the topic, the researcher preliminarily read the interview transcripts several times and made general annotations.

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6. Personal reflexivity

In my personal first experience of psychological therapy as a client, I remember my therapist taking notes, however not in what seemed to be a methodical way. For example, sometimes she would keep her notebook on her lap and jot a few words. Some other times, she would take her notebook out mid-session. Some others she would not take notes at all. I remember feeling uneasy because of this inconsistency. For example, I wondered whether she was taking notes only when I said something relevant. Did this imply that all the other information I was relating was not important? I also tried to figure out what she was writing down. Was she writing down exactly what I said? Or was she interpreting it? If the latter was true, was she judging what I said as inappropriate or incoherent or silly? I never mustered the courage to ask her and this left me with a sense of unknown.

When I started my training as a counselling psychologist three years ago, I realised that I naturally began to take notes. I was committed to record the facts shared by the client as closely as possible, so that I could remember them and reflect on them later. However, similarly to my first therapist, I was not methodical. No-one had ever taught me how to take notes. My supervisors' opinions on note-taking was as diverse as it is in the psychological literature. Moreover, I observed supervisors, experienced psychological therapists and fellow trainees taking notes differently. Some of them resorted to note-taking extensively, and some others put down a few words or did not take notes at all. Therefore, I soon began wondering how the clients must be feeling when sitting in front of a therapist who takes notes. This interest led me to carry out my doctoral research on the impact that note-taking in counselling has on the client.

It has been a difficult task, from a methodological standpoint. In the quantitative part of the study, I had to isolate the independent variable of 'note-taking in counselling' in order to measure its effects on the client. Moreover, I had to identify which areas of the client's experiences to focus on.

The qualitative analysis enabled me to overcome some of these limitations by shifting the focus on the subjective views of the participants. However, I encountered some other obstacles in bracketing my own view and experience of note-taking, as I have always valued the use of note-taking in session.

Throughout my three years of practice as a trainee counselling psychologist, my note-taking style has changed dramatically. For example, I initially used to take notes extensively. The intensity decreased as I carried on with my training and I began trusting my memory and my ability to review only a small amount of notes. However, I have never abandoned this technique. Indeed, I personally value the use of note-taking in counselling, as I believe that it is a fundamental tool to capture the client's presentation more effectively. Therefore, the analysis of the qualitative material involved reading the interviews transcripts several times and making a great amount of personal annotations, in order to suspend my own pre-existing knowledge and views of note-taking. I believe that I succeeded in this, as this strategy allowed me to identify themes around note-taking that I had not considered at all before running the analysis.

7.Ethical considerations for this project

The research abode by the Code of Human Research Ethic of the BPS (2011) and HCPC (2012), Guidance on Conduct and Ethics for Students (2009) and obtained approval of the City University Research and Ethics Committee.

Before commencing the quantitative phase of the study and accessing the survey online, participants were requested to carefully read an information sheet (see Appendix C), which explained the purpose of the study and informed them of their right to withdraw from the research at any stage, without being penalised. They were also informed that they would not be expected to provided identifiable information, unless they wished to be contacted for a follow-up interview and/or receive a debriefing on the aim of the research. In the latter two cases, participants were invited to provide their email addresses, which would be kept in separate encrypted records by the researcher. The information sheet also explained that the data would be published in a doctoral thesis and in a scientific paper.

After reading the information sheet, participants were asked to tick 'yes' in order to ensure that they understood the points above and to provide their consent to the study (see Appendix D).

At the end of the survey, participants were presented the following message:

'If watching this video has upset you in any way and you need to talk to someone, please do not hesitate to contact me on: francesco.bernardi.1@city.ac.uk. Alternatively, please check the links below to access psychological help:

- https://www.nhs.uk/symptom-checker/mental-health/start

- http://www.nhs.uk/Livewell/mentalhealth/Pages/Mentalhealthhome.aspx

Some of the participants, who at the end of the survey provided their email addresses for the follow-up interview, were contacted via email. Those who responded and agreed to be interviewed, were asked to complete and electronically signe a consent form (see Appendix F), in which they confirmed that they understood the purposes of the study and agreed to be tape-recorded and possibly re-contacted for a follow-up interview. The interview was scheduled after the researcher received a signed copy of the consent form via email.

At the beginning of the interview, participants were reminded of their right to withdraw from the study at any time without any penalty.

At the end of the interview, participants were allocated ten minutes to share any concerns or issues that they might have experienced during the interview.

During both quantitative and qualitative phases of data collection and analysis, participants' name and identifiable information were either omitted or changed in order to keep anonymity. Moreover, the audio recording files and transcripts were encrypted and safely stored in an external hard-drive, kept at the researcher's house.

Chapter Four: Quantitative Analysis

1. Introduction

This chapter will focus on the analysis of data obtained from the quantitative phase of the mixed-methods project, which aimed to investigate the impact of note-taking in counselling. As explained in the Methodology chapter, the quantitative and qualitative phases are presented separately, in order to render the reading experience as linear as possible.

The quantitative phase was conducted prior to the qualitative phase, following the *sequential explanatory* approach to mixed-methods (Creswell, 2013). This led to the decision of presenting the quantitative before the qualitative phase.

The core section of this chapter will concentrate on reporting the statistical results yielded from this research.

The last three sections will offer, respectively: a discussion of the results; an acknowledgment of the limitations of this study; and directions for future research.

2. The present study

The present study aims to investigate the impact that note-taking has on the client's perception of the note-taking counsellor.

As it is reported in the Literature Review chapter, previous studies on the impact of note-taking have not produced straightforward answers and do not point towards the same direction. Indeed, two studies have shown some negative impact of note-taking (Hickling et al*.,* 1984; Miller, 1992); one study showed a positive impact on the therapeutic alliance (Wiarda et al., 2014); and another study reported no significant impact of note-taking on the client's perception of the therapist (Christie et al., 2015).

Based on the mixed results of past studies, the aim was to investigate whether note-taking has an impact on the client's experience of the therapist; however, the results direction –i.e. positive vs. negative impact – could not be predicted.

In order to overcome the methodological limitations of the previous studies on note-taking, this research recruited participants from the general population. Moreover, following Miller's (1992) suggestion for future research, the note-taking condition was manipulated at four levels: *no* note-taking, *light* note-taking, *moderate* note-taking, and *heavy* note-taking. Therefore, participants watched one of four videos, depicting a fictitious face-to-face initial counselling session, representing one of the four conditions reported above. After watching the videos, participants completed a questionnaire investigating their experience of the counsellor and the session (see table 3 for a summary of the sample demographics).

Condition					
	No notes (n =19)	Light (n = 14)	Moderate (n = 17)	Heavy (n =13)	Total (N = 63)
Gender					
Male	8 (12.7%)	6 (9.5%)	8 (12.7%)	3 (4.8%)	25 (39.7%)
Female	11 (17.5%)	8 (12.7%)	9 (14.3%)	10 (15.9%)	38 (60.3%)
Prior counselling					
Yes	12 (19%)	7 (11.1%)	8 (12.7%)	6 (9.5%)	33 (52.3%)
No	11 (17.4%)	6 (9.5%)	6 (9.5%)	7 (11.1%)	30 (47.6%)

Table 3. Summary of sample demographics: Values indicate number of participants in each category and percentages indicate the percentage of each group that have that characteristic

3. Analysis and results

3.1 Participants

As reported in the previous chapter 'Methodology', a total of 63 participants participated in this study. According to a power analysis, to determine a large effect size with power equal to .80 and a critical value of .05, a minimum of 70 participants per condition was needed to obtain significant effects in the ANOVA, reported in this chapter; and a minimum of 41 participants per condition was needed to obtain significant effects in the MANOVA, reported in this chapter (Cohen, 1992; Thalheimer & Cook, 2002). It is important to highlight that this estimate was run in the light of this study being novel in the literature. Indeed, previous studies that investigated the impact of note-taking used a more limited manipulation of the independent variables than the present study, and yielded mixed results.

3.2 Internal consistency of questionnaire

The questionnaire total scale and all the subscales exceeded the minimum reliability standard for Cronbach's alpha (0.70). Specifically, the questionnaire has excellent overall internal consistency (Cronbach's alpha = .91), whereas the subscales had acceptable to good internal consistency (Chronbach's alpha ranges from .73 to .85).

3.3 Note-taking effect on overall questionnaire scores

A one-way between-subjects ANOVA, with a four-level note-taking between-subject factor (*no note-taking, light, moderate, heavy*), and the questionnaire scores as the

dependent variable, revealed a significant effect of note-taking [$F(3,59) = 2.900$, $p = 0.04$].

A posthoc Newman-Keuls test showed that participants scored significantly lower (better experience of counsellor and session) in the *no note-taking* (59.684) condition relative to the *light* note-taking condition (71.786) ($p = 0.03$). However, no significant difference was found amongst all other conditions (all *ps* > 0.13) (see Fig. 1).
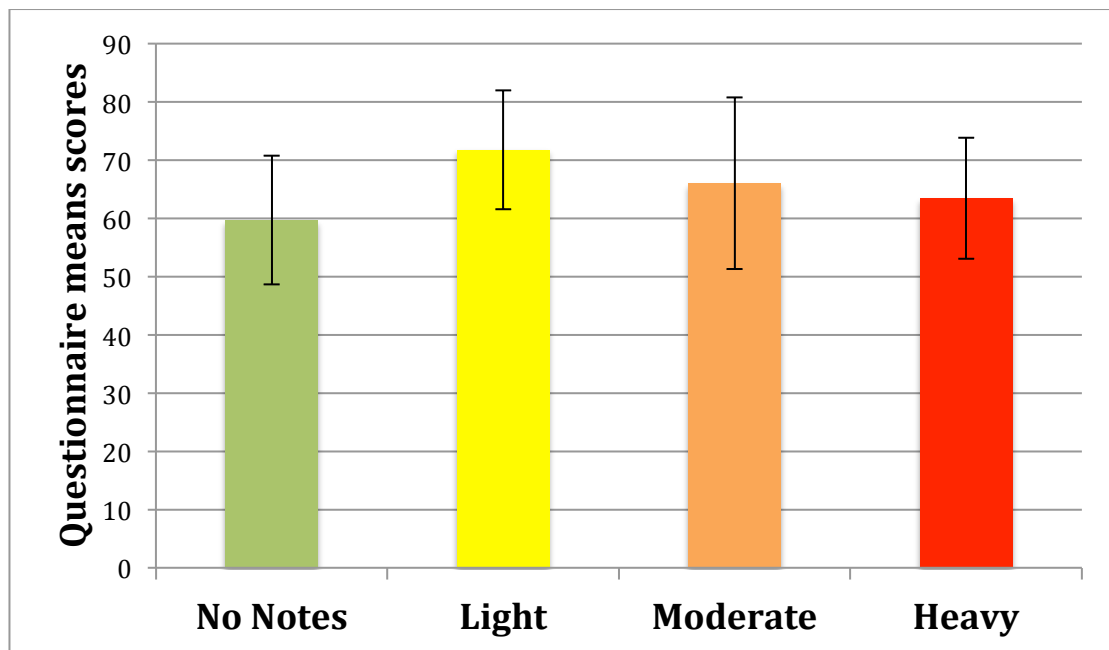
Figure 1. Questionnaire mean scores and note-taking: Significant difference between no note-taking vs. light note-taking effects on overall questionnaire scores

Scores

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minim.	Maxim.
					Lower Bound	Upper Bound		
No Notes	19	59.6842	11.05065	2.53519	54.3580	65.0105	42.00	81.00
Light	14	71.7857	10.20693	2.72792	65.8924	77.6790	55.00	86.00
Moderate	17	66.0588	14.76258	3.58045	58.4686	73.6490	44.00	87.00
Heavy	13	63.4615	10.42925	2.89255	57.1592	69.7639	40.00	80.00
Total	63	64.8730	12.42720	1.56568	61.7433	68.0028	40.00	87.00

Table 4. Means and Standard Deviation of between-subject ANOVA

3.4 Note-taking effect on questionnaire subthemes scores

In order to investigate whether the levels of note-taking had different effects on separate aspects of the client's experience of the counsellor, a MANOVA was performed with a four-level note-taking between-subject factor (*no note-taking, light, moderate, heavy*) and the scores of the six questionnaire subthemes as dependent variables. The analysis revealed a significant main effect of the level of note-taking [$F(3,59) = 3.515$, p = 0.02], a significant effect of questionnaire subthemes [$F (5,295) = 16.429$, p < 0.000001], but no interaction note-taking level × subtheme [$F (15,295) = 0.434$, p = 0.97].

Analysis of each individual dependent variable, using a Bonferroni adjusted alpha level of 0.008, showed that note-taking had a significant effect on the subthemes *counsellor's competence* [$F (3,59) = 6.41$, *p* = .001, η_p^2 = .24], *counsellor's attentiveness* [$F (3.59) = 4.42$, *p* = .007, η_p^2 = .18], and *overall impression of the session* [$F (3.59) = 6.06$, *p* = .001, η_p^2 = .23]. However, no significant effect of note-taking was found on the subthemes *counsellor's trustworthiness* [$F (3.59) = 2.15$, *p* = .103, η_p^2 = .09], *willingness to engage with therapy* [$F (3.59) = .68$, *p* = .565, η_p^2 = .03], and *acknowledgement of client's individuality* [$F (3.59) = 1.81$, *p* = .325, η_p^2 = .05].

Multiple comparisons showed that: scores of *counsellor's competence* were significantly lower (hence more competence experienced) for the factor *no note-taking* (9.053) relative to *light note-taking* (11.214) (*p* = .001) and *moderate note-taking* (10.118) (*p* = .005); scores of *counsellor's attentiveness* were significantly lower (hence more attentiveness perceived) for the factor *no note-taking* (9.632) relative to *light note-taking* (12.357) (*p* = .004); scores of *overall impression of the session* were significantly lower (hence more positive impression) for the factor *no*

note-taking (9.789) relative to *light* note-taking (13.143) (p = .002) and *moderate*

note-taking (12.529) (p = .008). No other significant differences were found for the

remaining subthemes across the different levels of note-taking (all *ps* > 0.9) (see Fig.

2).
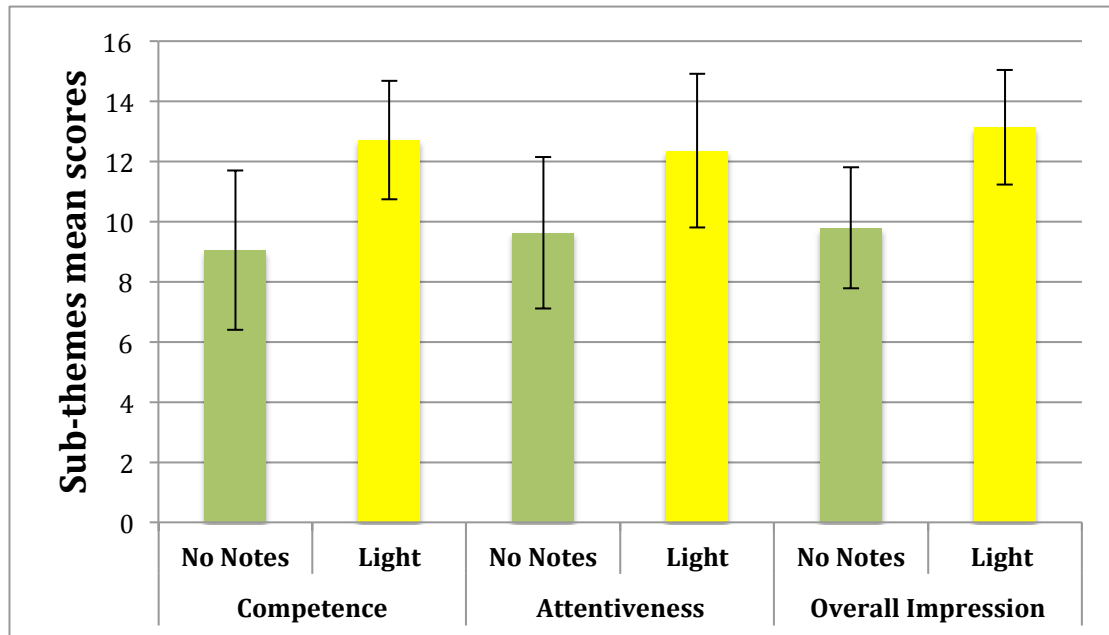
Figure 2. Significant difference between no note-taking vs. light note-taking effects on score of subthemes: Competence, Attentiveness, and Overall Impression

	NoteTaking	Mean	Std. Deviation	N
Trustworth	No Notes	9.0526	2.65568	19
	Very Light	11.2143	2.54735	14
	Light	10.1176	2.89142	17
	Heavy	9.3846	1.80455	13
	Total	9.8889	2.62194	63
Competen.	No Notes	9.0526	2.65568	19
	Very Light	12.7143	1.97790	14
	Light	12.1765	2.96301	17
	Heavy	11.2308	2.86222	13
	Total	11.1587	2.98494	63
Willingness	No Notes	11.1579	2.50029	19
	Very Light	11.6429	2.43712	14
	Light	10.4706	3.31884	17
	Heavy	10.4615	2.06621	13
	Total	10.9365	2.63887	63
Attentiv.	No Notes	9.6316	2.52125	19
	Very Light	12.3571	2.56026	14
	Light	11.1765	1.70423	17
	Heavy	11.0769	1.55250	13
	Total	10.9524	2.33092	63
Impression	No Notes	9.7895	2.01602	19
	Very Light	13.1429	1.91581	14
	Light	12.5294	3.42997	17
	Heavy	12.0000	2.08167	13
	Total	11.7302	2.76035	63
Individuality	No Notes	10.7895	2.63690	19
	Very Light	11.2857	2.97240	14
	Light	9.6471	3.70711	17
	Heavy	9.4615	3.09880	13
	Total	10.3175	3.13577	63

Table 5. Means and Standard Deviation of MANOVA

3.5 Prior experience of counselling

Analysis of covariance

The researcher intended to perform a one-way analysis of variance (ANCOVA) to investigate a possible difference between *no note-taking, light, moderate and heavy* note-taking on the overall questionnaire scores, controlling for *prior counselling experience.* However, a preliminary test showed a violation of the assumption that the covariate must have a linear relationship with the dependent variable (Fig. 3). Therefore, there was no scope to perform an ANCOVA.

The scatterplot contains the following regression lines and legend:

NoteTaking
- No Note
- Light
- Medium
- Heavy

No Note: R_2 Linear = 0.036
Light: R_2 Linear = 0.005
Medium: R_2 Linear = 2.004 E-4
Heavy: R_2 Linear = 0.072

$y=69.62+1.38*x$
$y=65.48+0.42*x$
$y=55.83+5.83*x$
$y=65.49+-4.41*x$
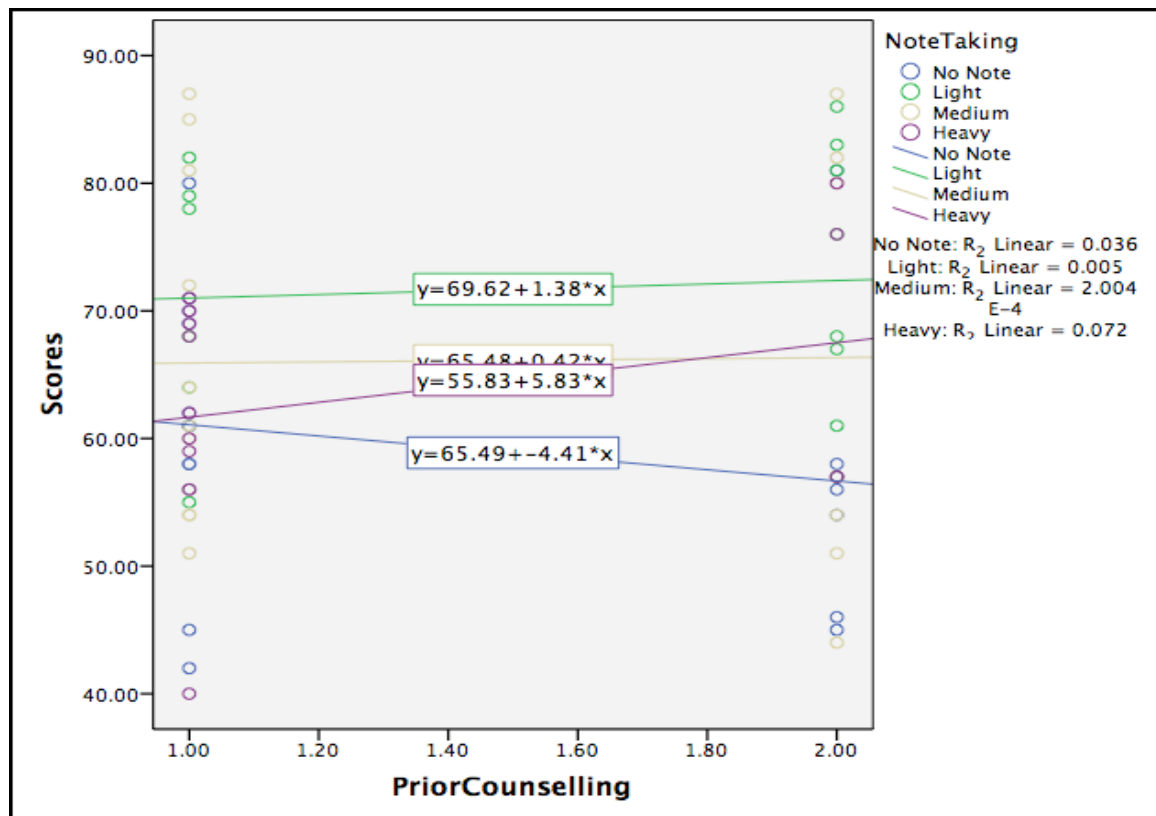
Figure 3 Scatterplot shows a non-linear relation between the covariate prior counselling and the dependent variable questionnaire scores.

Prior experience of counselling as independent variable with note-taking

A further two-way 4*2 between-subjects ANOVA analysis was performed. The first between-subjects factor was the type of note-taking, which had four levels (*no notes,*

light, moderate, and *heavy note-taking*). The second factor was the absence or presence of prior experience of counselling.

The main effect of whether absence or presence of prior experience of counsellor was not significant (F (1,55) = .61, p = .806, η_p^2 = .001). There was a significant main effect of note-taking type (F (3,55) = 2.810, p = .48, η_p^2 = .13). There was no significant interaction between the factor type of note-taking and the factor prior experience of counselling (F (3,5) = .404, p = .751, η_p^2 = .02).

4. Discussion

This study aimed to investigate the impact that note-taking performed by a counsellor has on the client's experience of the counsellor.

The present study attempted to overcome previous studies limitations by adding a further manipulation to the independent variable of note-taking. Moreover, participants from the general population, excluding mental health professionals, were recruited for this study.

Four levels of intensity of note-taking were included: *no note-taking, light, moderate* and *heavy* note-taking. It was investigated whether different levels of note-taking significantly affected the client's experience of the counsellor, by asking participants to complete a questionnaire after watching a video depicting a counselling session with the *no note-taking, light, moderate* or *heavy* note-taking conditions.

Results showed only a significant difference between the effect of *no* and *light* note-taking on the overall questionnaire scores, with *light* note-taking having a more negative effect on the participant's experience of the counsellor, relative to *no* note-

taking. In the *no* note-taking video, the counsellor refrained from taking notes, nor did he/she hold a pen and paper. In the *light* note-taking video, the counsellor took notes five times throughout the interaction.

The difference between *no note-taking* and *light* note-taking can be due to the fact that participants could have perceived the counsellor in the *light* note-taking condition as writing down a few words in an unsuitable, non-methodical fashion, thus negatively affecting the participant's experience of the counsellor. On the contrary, participants may have experienced *no* note-taking as a more legitimate and congruent, hence suitable, therapeutic style.

To substantiate this interpretation, it is worthwhile considering the multiple comparisons results in which the six subthemes of the questionnaire (*competence, trustworthiness* and *attentiveness* of the counsellor; *client's willingness to engage with therapy; acknowledgment of client's individuality;* and *overall impression of the session*) were analysed separately. Indeed a significant difference was found between:

- *No* and *light* note-taking on the *competence* subtheme: this might confirm the fact that *light* note-taking could have negatively impacted on how competent the counsellor was experienced by the participant.

- *No* and *light* note-taking on the *attentiveness* subtheme: participants may have experienced the *no note-taking* counsellor as more attentive, as opposed to the *light* note-taking counsellor, who was taking notes in a non-structured way.

- *No note-taking* and *light* note-taking on the *overall impression* subtheme: light note-taking behaviour, being considered as unsuitable, may have affected participants' impression of the counselling session in its entirety.

In summary, a significant difference was found only between *no note-taking* and *light* note-taking on the overall questionnaire scores, with planned comparisons showing an effect on the *competence, attentiveness,* and *overall impression* subtheme. These results show that note-taking has a significant effect on the client's perception of the counsellor in initial sessions.

At the same time, it is important to highlight that was no significant difference between the other types of note-taking (*no notes* vs *moderate; no notes* vs heavy; *light* vs *moderate*; and *moderate* vs *heavy*). If the issue around the small size of the sample is not taken into account, these results suggest that manipulating the intensity of notes taken during the session may not influence the client's experience of the counsellor and the session.

Moreover, the two-way between-subjects ANOVA, with both *note-taking type* and *prior experience of counselling* as independent factors, shows no significant impact of the latter factor on the scores of the questionnaires. The same result applies to the interaction between the two factors. This may indicate that having had prior experience of counselling does not influence the client's experience of the counsellor and the session. Therefore, adding such factor in future studies – by selecting the sample based on the presence or absence of prior experience of counselling – may not be a useful further manipulation that could shed more light on the phenomenon at hand.

5. Limitations of the quantitative phase

It is unclear why no significant difference was found between the effect of *no note-taking* and *moderate* note-taking, and *no note-taking* and *heavy* note-taking on the overall questionnaire scores or its subthemes. However, it is worthwhile to highlight that, although no significance was found, the mean questionnaire scores in the *moderate* and *heavy* note-taking were higher (negative perception of counsellor and session) than the scores in the *no note-taking* condition.

Similarly to previous studies, these results were not unambiguous or without limitations. The fact that the scores in the *moderate* and *heavy* note-taking conditions are higher, although not significantly, than in the *no note-taking* condition, might suggest that the number of participants could be not high enough; therefore, increasing the number may result in reaching statistical significance. Furthermore, this and previous studies has shown that note-taking in counselling is a variable hard to manipulate, as it takes place within an interaction between two people in a setting that is characterised by the following:

- the counsellor' style in conducting a session,
- unpredictability of what will be discussed in the session,
- and the client's personal background and preferences.

With regards to the latter point, clients could be placed on a spectrum. Some might appreciate note-taking because they feel listened and attended to, some others might become suspicious or uncomfortable about this practice and withhold informatio

6. Future Directions

Future directions for further studies could include the introduction of another factor: the counsellor explicitly declaring his/her note-taking. Indeed, counsellors who take notes can be grouped in two main different categories: those who take notes without checking with the client, and those who inform the client that they are about to take notes and explicitly explain the rationale for it.

This manipulation was deliberately not included in this study, as the main aim was to investigate the sole effect of note-taking without any compounding factors. However, adding this manipulation might shed further light on this complex phenomenon. Moreover, as suggested by Hartley (2002), it would be beneficial to conduct interviews with participants in order to collect qualitative data.

Indeed, the present study is part of a broader mixed-methods project that includes a second qualitative part, in which some of the participants recruited for the quantitative part were contacted for a follow-up semi-structured interview. The expectation was that the interviews would enrich the quantitative data further and inform on the phenomenon of note-taking.

The next chapter will focus on the qualitative phase of the project and will include an in-depth analysis of the qualitative data.

Chapter Five: Qualitative Analysis

1. Introduction

The analysis is organised around six superordinate themes with their respective subordinate themes (see table 3). The superordinate themes identified are:

- Intensity of Note-taking

- Usefulness of Note-taking

- Negative Aspects of Note-taking

- Providing a Rationale for Note-taking

- Drawing on Past Experience to Make Meaning

- Stages of Counselling

Superordinate themes	Subordinate themes
Intensity of Note-taking	Little vs. Extensive Note Taking
Usefulness of Note-taking	'Can She Remember Later?'
	'She Really Cares'
Negative aspects of note-taking	Formality as an Obstacle for Connection
	Feeling Like a 'Case'

Providing Rationale for note-taking	Trust and Transparency
Drawing on past counselling experience to make meaning	Prior Experience of Note-taking
Stages of counselling	Initial Session vs. Follow-up Sessions

Table 3. Superordinate and subordinate themes

As it is required in IPA, the abovementioned themes are reported separately, in order to facilitate a linear presentation that can be easily grasped by the reader (Smith *et al.,* 2006). However, it is important to highlight that in some instances the themes are either interconnected or overlapping. When this is the case, careful attention is provided in order to render the relationship between themes explicit.

In this chapter, a brief description of each superordinate theme is provided. Subsequently, each subordinate theme in the cluster is presented and expanded on. To this aim, quotations from the transcription of the semi-structured interviews are utilised in order to explore the subordinate themes more in-depth. At times, the quotations were edited to render the reading experience more fluid. For example, false starts, utterances and overlapping of voices (i.e.: interviewer and participant talking at the same time) were omitted or slightly edited. Moreover, the author has resorted to the use of three dots within brackets '(…)', to indicate when parts of the quotations were removed because of their lack of relevance to the theme. As some of the transcripts would be hard to understand without a background, the author provided a context within brackets.

However, when possible, excerpts were left unaltered in order to honour the idiographic mission of IPA, whereby the focus is to be placed on the particular and subjective experience of each participant (Smith et al., 2006).

Each excerpt is preceded and/or followed by author's interpretations to elucidate how the analysis was performed and to provide with a rationale of the theme's relevance to the phenomenon of note-taking in counselling.

At the end of each excerpt a reference is provided in brackets with the following order: name of participant, page number, and line number.

The participants' names were modified, and identifiable information (i.e.: ethnicity and other people's names) were either altered or omitted in order to maintain anonymity.

Lastly, some links to the extant literature were made when possible, as recommended by Smith & Osborn (2003).

It is important to point out that prior to the interview, each participant re-watched the video that they had watched when they participated in the quantitative part of the study. For example, if a participant watched the video with light-note taking in the first part of the project, they were presented with the same video before the interview. In table 1, it is illustrated which videos each participant watched.

Note-taking Conditon	Participant
No note-taking	Sean
	Alexandra
Light note-taking	Stephan
	Cynthia
Moderate note-taking	John

	Elisa
Heavy note-taking	Patrick
	Laura

Table 2. Participants and allocated note-taking conditions

2. Outline of superordinate themes

Following several reading sessions of each verbatim interview transcript, tentative themes were identified. After the analysis of each individual case, the tentative themes from all the individual cases were compared transversely. Some of the themes were clustered together, whereas others were removed from the analysis, as they were not deemed relevant to the study. Finally, six superordinate themes were identified. They are outlined as follows:

1. Intensity of Note-taking
2. Usefulness of Note-taking
3. Negative Aspects of Note-taking
4. Providing a Rationale for Note-talking
5. Drawing on Past Counselling Experience to Make Meaning
6. Stages of Counselling

Although themes will be presented separately, they can often been considered as interwoven. Therefore, the relationship between them will be explored and highlighted - when relevant - throughout the chapter. For an example of IPA outcome with one of the interview excerpts, please see Appendix G, which is divided in three parts: initial researcher's notes right after the interview; a list of tentative themes; a table with the tentative themes associated with the quotes used to create those themes.

The same strategy of analysis was used for each individual case.

2.1 Superordinate theme one: Intensity of Note-taking

The superordinate theme 'Intensity of Note taking' focuses on how different intensity levels of note-taking affect the client's experience of the counsellor. It is imperative to emphasise that during the interview participants were never asked direct questions regarding the intensity of note-taking, unless the topic was directly broached by them. In this case, the interviewer posed open questions to explore the participant's take on the matter from a phenomenological perspective. This was a rather hard decision to make, as asking more direct questions could have potentially rendered the researcher's task to investigate all aspects of note-taking less arduous. However at the same time, the researcher could have run the risk to be too directive by breaching the IPA mission to explore participants' experience in an open-ended style.

Subordinate theme one: Little vs. Extensive Note-taking

This subordinate theme encapsulates how the participants provide their understanding of intense note-taking. As reported above, participants were never explicitly asked what their take on note-taking intensity was. Most participants reported the deleterious effect of high intensity note-taking on the client in the context of the therapeutic relationship.

This theme overlaps with subordinate themes that fall under the 'negative aspects of note-taking' superordinate theme and that will be explored later in this chapter.

A meaningful interaction between the interviewer and Laura, illustrates the latter's understanding of extensive note-taking:

Laura: (...)I understand the reasons why you need to take notes, but at the same time… I don't want to see someone taking notes… so it's more… I prefer someone to take very minimal notes, or not to see him or her while the notes are taken.

Interviewer: OK. Because you said, if that happens…

Laura. (…) The person who's taking notes focuses on the notes rather than listening to the person… rather than listening what else the person is saying in that very moment. So it can be distracting (Laura; 3-4. 139-151).

After expressing her reluctance towards note-taking per se, Laura negotiates for the use of note-taking as long as it's 'minimal' or hardly noticeable. This type of response, which can be interpreted as ambivalence towards the phenomenon at hand, is present in other participants as well. It is as though the participants are thinking out loud and it is an example how people make sense of something as they speak.

Moreover, Laura provides an explanation as to why she does not like non-minimal note-taking. Indeed she conveys that it can be 'distracting', suggesting that the counsellor is not actively listening to the client. Laura also comments that she does 'not want to see them taking notes', which stresses the visual nature of the task and how it is perceived by the client sitting in front of the counsellor. This can be incorporated into a wider discourse around modes of communication, whereas note-taking is perceived as a non-verbal communication from the counsellor to the client.

The visual quality of extensive note-taking is also emphasised by Cynthia in the following statement:

She is taking too many notes. Maybe she can do it under the table or somewhere else because it makes it uncomfortable (Cynthia; 2. 33-35)

The fact the Cynthia suggests the counsellor take notes 'under the table' denotes how 'uncomfortable' she feels about even seeing note-taking in practice. The focus is solely on the client and this can be noticed in that fact that Cynthia's only concession is for the counsellor to take note surreptitiously in order to not trouble the client.

Patrick also chooses the word 'uncomfortable' to describe his feelings when witnessing extensive note-taking:

I guess it's a personal preference and as long as you don't write down too much or make the patient uncomfortable, then it's fine in my opinion (Patrick; 2. 78-80)

He suggests that he prefers that the therapist 'not write too much'. Although he does not quantify what 'too much' means, it is important to highlight that Patrick watched the video with 'heavy note-taking', therefore he might be using the intensity of note-taking in the video as a point of reference to make meaning around the phenomenon.

In relation to the use of the phrase 'too much' to define extensive note-taking, Elisa comments:

If they relied on it (Note-taking) too much, it'd be too impersonal (Elisa; 4. 147)

'Impersonal' is a term that is at times associated with 'clinical' in some of the interviews and it will be focused on when discussing the theme 'negative aspects of note-taking'. Suffice it to say that Elisa highlights taking 'too much' notes accentuates the distance between the counsellor and the client and affects their therapeutic relationship. Indeed, she underlines that the client is not conceived much as a person

by the counsellor who takes notes extensively. This ties with Laura's comment that extensive note-taking can be perceived as a 'distraction' (Laura; 4. 151) from the client's perspective, because the counsellor is more concentrated on the physical and intellectual act of note-taking rather than maintaining an empathic contact with the client.

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n the following excerpt, Stephan introduces a further adjective to describe how extensive note-taking is experienced:

Stephan: (…) I'm aware that therapist needs to take some notes … but when it becomes taking notes throughout the entire session I find it very disrespectful and I can't… personally I'd not be able to engage with the conversation that much (Stephan; 1. 25-29)

First of all, Stephan conceives extensive note-taking as 'taking notes throughout the entire session', therefore this provides a more quantifiable parameter for extensive note-taking than the phrase 'too much'. Moreover, Stephan describes extensive note-taking as 'disrespectful' towards the client. This word has a stronger negative connotation than 'uncomfortable or impersonal' used by the other participants in the transcripts reported above. In fact, by listening to the recording of the interview, it is evident that in Stephan's tone there is an element of irritation, indicating that the extensive note-taking was unpleasant and unacceptable, to an extent that he would not be able to engage with the counsellor. This in turn, Stephan implies, jeopardises the process of establishing a relationship.

With the same irritated tone, Stephan states:

(…) Obviously not everything I say is something he or she needs to take notes. (Stephan; 1. 33-34)

This provides us with Stephan's view of extensive note-taking, which is even more quantifiable than 'taking notes throughout the entire session'. Stephan implies that the extensive note-taking counsellor, writes down 'everything' the client says. This accounts for the irritability in Stephan's voice and for his use of the word 'disrespectful'.

Lastly Sean explicitly refers to the relationship with the counsellor in the context of extensive note-taking:

I'd like to build a relationship and taking notes, it could be few, but if it's too much, she just shows that "I don't care, I just read later on". (Stephan; 3. 104-106)

He explains that taking 'too much' notes will affect the relationship with the counsellor, as it implies that the counsellor is not actively listening and will 'just read later on'. Stephan attributes to the counsellor the attitude of someone who does not 'care' for the client. Moreover, similarly to other participants, Sean negotiates for fewer notes to be taken instead, suggesting that this could be a more acceptable practice.

2.2 Superordinate theme two: Usefulness of note-taking

The 'Usefulness of Note-taking' superordinate theme deals with the participants' unsolicited effort to make sense of note-taking in session. The participants' contributions provided a first-hand exploration of how beneficial note-taking could be, not only for the counsellor but also for the client. It also enables to appreciate that note-taking takes place in a complex dyadic dynamic in which the connection

between counsellor and client is at stake. Some of the participants are fully aware that note-taking can have a positive influence on the relationship between counsellor and client. Indeed they demonstrate an openness to adopt both the counsellor's and client's perspective in order to make sense of the phenomenon.

Subordinate theme one: 'Can She Remember Later?'

The subordinate theme 'Can She Remember Later?' summarises the statements of some of the participants around the instrumental role of note-taking. Note-taking is portrayed by them as an expedient practice for the counsellor to remember – in later stages, or in between sessions- what the client has related to the counsellor.

When reflecting on the potential absence of note-taking in session, Patrick comments:

'From the client's perspective I suppose that it is good that you have the flow of the conversation, but maybe I guess that it's complex to remember all the different things (Patrick; 2. 76-78)

He suggests that the absence of note-taking might be positive for the client, because it would not be interspersed in the conversation and would enable the client to talk fluidly without interruptions. However, at the same time, Patrick wonders whether the counsellor will be able remember all facts related by the client. Although the focus has now shifted onto the counsellor, it will return back to the client, because Patrick implies that the counsellor cannot possibly remember all relevant aspects of the conversation and thus it will ultimately affect the client.

The activity of remembering does not pertain only to recalling facts, but also reflecting on them after the session, with the ultimate goal of helping the client. Sean conveys the following:

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If she's taking notes at some points, it is maybe reminding herself at the same time. Because she is also trying to solve my problem and I may feel like: 'OK, maybe this point is important'. She may think over it and maybe she is listening to me right now, she can just make progress. So this point is important and later she will go and think about it and go deep and deeper and try to solve what can work for me. (Sean; 3.129-134)

According to Sean, note-taking will enable the counsellor to remind herself of what has been discussed during the session. Moreover, Sean specifies that the counsellor selects only relevant information or facts, (i.e.: 'Maybe this point is important') in order to review them later on, possibly in between sessions. Sean acknowledges that the counsellor has an important helping role in the psychotherapeutic relationship and identifies 'help' as a proactive act to 'solve' the client's problems. Hence, note-taking is ultimately seen as a means for the counsellor to honour her role of a helper.

Similarly to Sean, Elisa intertwines the counsellor's intention of wanting to remember what the client says and the client's 'feeling' that this is part of the whole 'process' in therapy. She does this by emphasising the counsellor's helping role:

(…) It's like the person is taking you seriously because the person wants to remember what you're saying… It's almost like you feel it's part of the process… They're trying to help you… because they take notes, they'll get back to it… you know they will work on you (Elisa; 3, 130-133)

In the following interaction, Stephan zones in on the counsellor's perspective around note-taking:

Stephan:(…) it would be more like taking notes to be able to familiarise yourself with the other person… for the therapist for example.

Interviewer: Can you tell me a bit more about what you mean by 'familiarising' themselves?

Stephan: Basically, I mean, if you're gonna help someone with their psychological issues or whatever they need, you need to get to know the person better, to be able to understand their lives and what they're going through, to be able to help them. That's why I think notes are necessary (Stephan; 1. 38-47)

Stephan uses the term 'familiarise', which implies a necessary process of information gathering. Therefore, note-taking is seen as an activity that allows the counsellor to organise the personal facts provided by the client in written form. This not only helps the counsellor to focus on the client in the moment notes are taken, but also to refer to the written information later on in therapy.

Lastly, the following statement from John encapsulates the whole theme, by stressing what is 'good' in note-taking: it allows the counsellor to remember 'down the road':

It's good that she's taking notes because if she wasn't taking notes, I'd be wondering: 'can she remember later… down the road…? (John; 2. 80-82)

Subordinate theme two: 'She Really Cares'

The subordinate theme 'She Really Cares' inherently overlaps with the subordinate theme 'can she remember later?' discussed above. Indeed, the act of 'helping' assumes that the counsellor 'cares' for the client. In turn, this is an indispensible means for establishing a genuine therapeutic relationship in the session.

Broadly, Laura explains that note-taking is 'good' as it elicits in the client the impression that the therapist is 'interested' in them:

When someone takes notes… it feels that the therapist is interested in what you

say… so it's good in a way (Laura; 3. 115-116)

In other words, Elisa states:

Basically they (notes) are necessary as it shows that they (clients) are taken

seriously (Elisa; 2. 146-147)

Elisa suggests that the counsellor should resort to note-taking in order to convey to the client the sense that they are properly listened to and they are not being ignored.

Patrick, after having expressed his reluctance towards extensive note-taking (see previous subordinate theme 'Little vs. Extensive Note-Taking), acknowledges that some clients might feel at ease with note-taking, by stressing the fact that it is a client's personal preference:

'(…) It depends on the patient as well. For some people I suppose it's more

comfortable because… he's taking notes so he really cares, he will remember,

maybe they might think he's really listening to him… I guess it could balance'

(Patrick; 2. 92-94)

Patrick indicates that taking notes can pass on the message that the counsellor is interested in the client and this could counter-balance the possibility that the client might feel 'uncomfortable' about the practice.

2.3 Superordinate theme three: Negative Aspects of Note-taking

The superordinate theme 'Negative Aspects of Note-taking' is evidently the counterpart of the theme 'Usefulness of Note-taking'. Unlike the superordinate theme

'Usefulness of Note-taking' whereby an attempt to mentalise with both the counsellor and the client is present, in the current theme participants are solely focused on the clients' perspective and feelings towards the note-taking counsellor. It is noteworthy that there is a further connection between this theme and the superordinate theme 'Intensity of Note-taking', as some participants refer to extensive note-taking as a undesirable practice.

Subordinate theme one: Note-taking as an Obstacle for Connection

The subordinate theme 'Note-taking as an Obstacle for Connection' is a useful way to summarise a number of statements regarding the therapeutic relationship. More or less explicitly, participants refer to the dynamic between counsellor and client throughout the interview. Below there are some comments that better represent their view on the matter in the context of note-taking.

As Laura simply puts it:

(…) [note-taking] can be a reason to be… not to feel connected (Laura; 3. 117-118)

Elisa further elaborates this:

(…) You share a lot with this person… You have a personal bond, you just start talking and maybe you feel like they are speaking to a friend and if someone is taking notes maybe then it's just that it reminds that it's a professional session (Elisa; 3. 136-139)

Elisa explains that seeing the counsellor taking notes might render the client disillusioned about their relationship, or rather the beginning of it. According to Elisa, it is important for the client to feel connected to the counsellor as you might be to a friend. Therefore, introducing the note-taking practice can create a sense of professional detachment from the counsellor's perspective towards the client.

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In the following exchange between the interviewer and John, the latter expands on the concept of connection by suggesting that the counsellor be friendly, and that this process can be hindered if the counsellor takes notes:

John: I'd suggest in the beginning leave the book at the side, just to the person… basically: 'how was your day…?' Basically, just trying to get the formality out of the way. So, set the book aside and chit chat in a sense. Not so much doing therapy, but chit chatting and then slowly…

Interviewer: OK. When you said that she should set the book aside… What did you mean exactly by that?

John: Not having the book in her hands right at the very beginning of the session. That's what I said about chitchatting, just small talks, just to get the person to relax, to loosen up. Because she doesn't know this person, so it's about… let me ensure that the person is relaxed and comfy… and ready to… let him feel comfortable enough to speak. (John; 4. 147-165)

John brings to light another level of negotiation around note-taking in session. Indeed, he suggests that the counsellor 'leave the book aside' and ensure that the 'formality' is taken away, especially 'at the beginning'. John is aware that the initial session is a delicate moment, in which the client may feel anxious about sharing their predicaments with the counsellor. Therefore, by introducing the 'book', hence the note-taking, the counsellor does not facilitate such an informal process. John also points out that the counsellor 'doesn't know this person' therefore they need to make sure that the client feels comfortable and at ease. Taking notes would introduce the impression that the counsellor wants to access the client's internal world too fast and possibly too abruptly. As John states, the client needs to 'loosen up' first.

Subordinate theme two: Feeling Like a Case

The theme 'Feeling Like a Case' clusters participants' opinions about note-taking as an act that objectifies the client.

When talking about note-taking in session, Laura comments:

It's like... you feel like you're analysed in that very moment (Laura; 3. 120)

The word 'analysed' has a negative connotation in this context, as it denotes a professional detachment between the counsellor and the client. This is further expanded on by Cynthia who - referring to the video she watched prior the interview-reports:

It looks like an examination, there are right and wrong answers. She looks like that to me, like a teacher when she is taking notes (Cynthia; 2. 39-40)

Cynthia is concerned with the implication of the presence of note-taking in the session, as she experiences it as a test for the client, as though the counsellor is ready is to catch the client out and point out their mistakes. This does not set the scene for the establishment of a therapeutic relationship. In fact, it intensifies the power imbalance between the counsellor (teacher) and the client (student).

Lastly, Stephan comments that:

I feel like a case, like a doctor case. I don't perceive the psychologist like that… I'd like to build a relationship and taking notes (…) It doesn't feel sincere. (Stephan; 2-3 93-107).

Stephan makes a distinction between a medical doctor and a psychologist. On one hand, what he may suggest is that note-taking makes the client feel like a medical doctor case, which is something that he would expect, however it is not clear whether he finds it acceptable. On the other hand, Stephan highlights that he would not expect such a practice from a psychologist as the focus should be on building a therapeutic relationship, rather than on '*build(ing) up a case' (Stephan; 3.121).*

2.4 Superordinate theme four: Providing a rationale for note-taking

The superordinate theme 'Providing a Rationale for Note-taking' deals with the counsellor's role in expressing a genuine and helping attitude towards the client, by abandoning any hidden agenda. From the excerpts of some participants, it is clear that they expect that the counsellor addresses the imbalance between himself/herself and the client by collaboratively establishing what happens within the session.

Subordinate theme one: Trust and Transparency

The subordinate theme 'Trust and Transparency' gathers all those statements that revolve around the need for the client to be informed during the therapeutic process, in order to not leave any space for misinterpretations. This principle applies also to note-taking. The participants underline the necessity to make the practice explicit, by introducing it to the client in a sensitive and cooperative fashion.

In the following interaction between the interviewer and Alexandra, she explains what it would feel like if the counsellor took notes without prior checking with the client:

Alexandra: It would make it feel more like you were being studied, like you were an experiment, rather than this was someone who was actually so interested in your problems that they wanted to document them and go back and review them. Then it

would feel like it was more of a study and the therapist was doing it almost to judge you or something like that.

Interviewer: Ok, so it would be a sense of judgment being conveyed if the therapist didn't comment on note-taking explicitly? But it would be different if the therapist did comment on it?

Alexandra: Yes, that's correct. I don't know why. Obviously it's for the same purpose, but I guess it's just that actual little touch that makes it special, makes it feel less clinical (Alexandra; 4. 113-124)

Alexandra expresses her openness to note-taking, however she expects that the counsellor makes it explicit. She also explains that if this did not happen, the client could begin a sort of guesswork to try to understand the intention behind the note-taking behaviour. Alexandra suggests that the client could think that the counsellor was 'examining' them rather than being interested in them. To an extent that the client might eventually feel judged, because there could be no sense of empathy or connection being conveyed by the counsellor. She adds that it is almost like a tacit rule, an implicit condition to be honoured in therapy. This is the reason why she refers to it as 'a special touch that makes it less clinical'. Basically, she appeals to the counsellor's common sense and sensitivity towards clients, in order to keep a balance between them and to challenge any mind-reading on the part of the client.

Similarly to Alexandra, Sean negotiates for the presence of note-taking as long as an explanation is provided:

I may also need from her an explanation for why she's taking notes. It's explaining something why she's taking… and if I find it ok, that will help the trust part (Sean; 3. 112-114)

According to him, this is a condition to honour the 'trust part'. Moreover, he explains that the counsellor should ask for the client's permission before taking notes, as it is portrayed in the following interaction between him and the interviewer. The interaction starts with the interviewer summarising what the Sean has just said:

Interviewer: So you're saying that before taking notes, you'd like to be asked and you'd like to choose whether eventually the counsellor is taking note or not. So if you say 'no', the counsellor shouldn't take notes?

Sean: Yes, if there's a reason for that, if she or he needs to take notes and they explain well, why not? Because it's part of trust and openness. Again, openness is important. I'm explaining why I'm there and what I'm trying to do, so I'd expect the same maybe (Sean; 4, 150-152)

Sean is open to accept note-taking, providing that the counsellor's aims are clear. Moreover, he introduces an element of reciprocity into the equation, by suggesting the counsellor should be as transparent as the client.

2.5 Superordinate theme five: Drawing on Past Counselling Experience to Make Meaning

'Drawing on Past Counselling Experience to Make Meaning' is a superordinate theme capturing the participants' use of their past experience. In the case of past experience of counselling, the participants showed high levels of trust towards the interviewer, by sharing some aspects of their own counselling journey. The interviewer never asked direct questions in regards to the participants' personal stories. Therefore, when such stories were shared unsolicitedly, the interviewer

welcomed the participants' openness in a sensitive way, by promoting a free flow of thoughts with the means of probing open questions.

Subordinate theme one: Prior Experience of Note-taking

The transcription excerpts selected to illustrate this subordinate theme show how prior experience of note-taking in counselling has shaped some participants' understanding of the phenomenon, and their openness or reluctance towards it. It is evident that this experience functions as a lens through which note-taking is explored. Similarly to some of the themes reported above, this theme is intertwined with others, such as 'Trust and Transparency' (under the superordinate theme 'Providing a Rationale of Note-taking). For example participants seem to be less reluctant towards note-taking if - in their personal past experience with counselling - note-taking was sensitively introduced by their counsellor.

Talking about his negative experience of note-taking, Stephan comments:

(…) I had therapy myself as well… and what I did not like in my own session was that the therapist was constantly taking notes without paying too much attention to me (Stephan; 1. 18-20)

Stephan conveys this message in an irritated tone, suggesting that he is still being affected by the counselling experience he just described. Similarly to other transcripts under the superordinate theme 'Intensity of Note-taking', Stephan highlights how note-taking can interfere with the counsellor's attention, who is more focused on taking notes rather than listening to the client. The transcript reported above shows how Stephan makes sense of note-taking by drawing on his own personal experience and it implies that Stephan is now clear on how the counsellor should behave in a session.

In the following interaction between the interviewer and Alexandra, the latter relays that her personal experience with note-taking in counselling was diametrically opposite to Stephan's experience. Indeed, Alexandra appreciated the fact that her counsellor took notes:

Interviewer: You were saying that you wouldn't mind having a therapist taking notes during the session…

Alexandra: No, I like it! My therapist during her first session said she was going to take some notes. And I appreciated that, because it showed to me that they were interested, that they really wanted to remember, that they were going to go back afterward and review this and really think about my problems. So I found it sort of flattering. (Alexandra; 4. 101-107)

Alexandra 'likes' the fact that the counsellor took notes in her session. This is evidently mediated by the fact that the counsellor explicitly discussed the practice before using it. Alexandra was not bothered by the note-taking, to an extent that she found it 'flattering' as she imagined the counsellor reviewing the notes in between sessions, therefore devoting extra time to her and her problems. It is noteworthy that this excerpt can also be easily applied to the subordinate themes 'She Really Cares' (under the superordinate theme 'Usefulness of Note-taking') and 'Trust and Transparency' (under the superordinate theme 'Providing a Rationale of Note-taking'). Therefore, this is a clear example of overlapping of themes, despite their separation in this chapter.

Lastly, it is critical to report that another participant, Cynthia, disclosed having a negative experience with a note-taking counsellor in the past. However, this was discussed during the debriefing on the study, following the formal interview. Therefore it was not captured by the digital recorder and cannot be reported

verbatim. Suffice it to say that Cynthia, who had perceived the note-taking in the video as extensive (despite the video depicted 'light note-taking'), reported that when she was much younger her counsellor had taken a large amount of notes. This experience might have affected her understanding of note-taking. In fact, in the transcript taken from the subordinate theme 'feeling like a case' (under the superordinate theme 'negative aspects of note-taking'), Cynthia comments:

It looks like an examination, there are right and wrong answers. She looks like that to me, like a teacher when she is taking notes (Cynthia; 2. 39-40)

It is imperative to add that Cynthia gave the interviewer the verbal consent to include this piece of information into the analysis.

2.6 Superordinate theme six: Stages of counselling

In the superordinate theme 'Stages of Counselling', the main focus is on the difference between initial and follow-up sessions. This theme represented an opportunity for the researcher to appreciate the difference between the different stages of counselling, and to consider how the note-taking practice might be experienced differently in initial sessions relative to follow-up sessions. It is noteworthy that the researcher refrained from asking explicit questions regarding note-taking at different phases of the counselling journey. Instead, the video depicting an initial counselling session (from the quantitative part of the study), which was shown to all participants prior to the interview, was used as a subtle probe to promote a discussion.

Subordinate theme: Initial Session vs. Follow-up Sessions
In order to introduce this subordinate theme, it is relevant to make a distinction between initial session (also known as 'assessment', 'initial consultation', etc) and

follow-up sessions. The initial session is an opportunity for the counsellor to explore what kind of difficulties the client is experiencing and to reach a formulation of their presentation. However, as the counsellor meets the client for the first time - unless, the client returns for counselling to the same counsellor with a different issue - it is vital for the counsellor to gather information and facts about the client's private life, social life, love life, family life, etc.

At the same time, the counsellor finds himself or herself in the delicate position of having to build an initial alliance with the client, in order for the client to trust the counsellor and share with them their predicaments. As it was shown in the themes discussed above, introducing further variables, such as note-taking, might have a positive or negative impact. Although this practice can be very useful for the counsellor, the client may experience it as a 'distraction' (Laura; 4. 151) and can suggest that the counsellor is more interested in the note-taking, rather than in the client. However, if it is introduced more sensitively and collaboratively, this practice can convey the message that the counsellor is interested in the client and wants to record relevant information in order to review it later, with the ultimate goal to help the client to address their issue.

Follow-up sessions have a different nature, as they represent a context in which – ideally - a therapeutic alliance is increasingly achieved. Indeed, after most of the client's biographical information has been recorded in the initial session, the focus can completely shift onto the client's narrative. As Stephan puts it, follow-up sessions are 'easier' because:

'It's more like story-telling than the initial sessions, as I would be able to talk about specific occurrences…' (Stephan; 3. 131-133)

Elisa states that if note-taking was performed by the counsellor in subsequent sessions:

I think in the long term of it… If you kind of establish a bond with that person, it (note-taking) kind of introduces a … it's a bit too professional than at this stage… Because (…) you share a lot with this person… (Elisa; 3. 134-137)

And later on, Elisa suggests that if note-taking was not present in the initial session:

I'd think 'are they gonna remembering everything I'm saying? Is this serious, or is it just a casual chat?' I think it'd feel more like a casual chat than a professional session' (Elisa; 4. 152-154)

Elisa makes a clear distinction between initial and follow-up sessions in the context of note-taking. She elucidates that the counsellor should set clear boundaries in the initial session and makes a distinction between 'a casual chat' and 'a professional session'. She prefers the counsellor to render the initial session as professional as possible to prevent any misunderstanding on the part of the client. On the other hand, she also states that the professionalism should decrease in the following sessions. Therefore, in order to achieve this, the variable note-taking should be taken out of the equation.

Unlike Elisa, John believes that having note-taking at the initial session:

It sets the tone, it sets the atmosphere straight away, it sets that this is a formal setting, there is no informality. (John; 4. 157-172).

Alexandra talks about 'first impression' in the initial session. She explains that it is hard to put into word what happens between two people that meet for the first time in a counselling context:

Alexandra: (…)it's something that just happens naturally, like a spark. Sometimes you totally get along with the person right away, and you know that this is my kind of person. And at other times they are nice or they care or whatever, but it's just not there. What you are saying when they respond, you don't have the feeling "oh gosh, they understand me!" Do you know what I mean?

Interviewer: Yes…

Alexandra: For example, the therapist I see right now, when I first met her, I was like "oh this is going to be terrible. The way she dressed, the way her office was, I thought we were not going to relate at all, and she turned out to be amazing. But it was just, I cannot put my finger on it why it is, it's like trying to explain why a date goes well with someone. I am sorry I know it's not helpful, it's chemistry.

Alexandra effectively compares the initial session to a 'date'. The two persons who meet for the first time might just like each other for not apparent reason. She calls it 'chemistry'. Alexandra alludes to an implicit dynamic, which includes different variables such as: the way the counsellor dresses, their office, etc. If we insert note-taking into this dynamic, it might as well affect the 'chemistry' between two people, unless the counsellor introduces the practice in a collaborative way. This thought is confirmed by the extract in the subtheme 'trust and transparency':

Interviewer: Ok, so it would be a sense of judgment being conveyed if the therapist didn't comment on note-taking explicitly? But it would be different if the therapist did comment on it?

Alexandra: Yes, that's correct. I don't know why. Obviously it's for the same purpose, but I guess it's just that actual little touch that makes it special, makes it feel less clinical. (Alexandra; 4. 119-124).

3. Discussion of the qualitative phase results

3.1 Introduction

The main objective of this chapter is to connect the findings from the analysis phase with the extant literature. As there is a dearth of research and studies on note-taking in counselling, this is a challenging task. However, it is noteworthy that in all emergent themes, the participants provided observations that can be usefully linked to the literature and enable the researcher to 'zoom out' from the note-taking phenomenon and look at the full picture. Indeed, this approach is appropriate to the IPA mission, which aims to use idiographic data in order to reach a better general understanding of the investigated object or experience.

Specifically, the first part of the chapter will provide a summary of the themes identified and explored in the analysis. In this section the findings will be also connected with the extant literature. Subsequently, a synthesis of all the findings will be provided, followed by a focus on limitations of the qualitative phase. Future research and reflexive considerations will be discussed in the following final chapter, which will bring the quantitative and qualitative phases of this study together.

3.2 Summary of themes in the context of the extant literature

This section will provide a summary of the themes identified in the analysis and will place them into the context of the extant literature.

In the analysis phase, six themes were identified and explored: Intensity of Note-taking, Usefulness of Note-taking, Negative Aspects of Note-taking, Providing a

Rationale of Note-taking, Drawing on Past Experience to Make Meaning, and Stages of Counselling.

Superordinate theme: Intensity of Note-Taking

   Subordinate theme: Extensive vs. Little Note-taking

The theme 'Intensity of Note-taking' demonstrates that different levels of intensity of note-taking can have a different influence on the client. The participants made a general distinction between 'Extensive vs. Little Note-taking', however they never precisely quantified those levels. Some participants conceptualised extensive note-taking as 'writing too much' or 'throughout the entire session' or writing down 'everything' the client says. Little note-taking was operationalized as taking 'few notes'. What transpires from this analysis is that the participants thought that extensive note-taking was not a preferable level of intensity, as it could represent 'a distraction' for the counsellor, and a too 'formal', 'impersonal' and 'disrespectful' attitude towards the client. Most participants were willing to negotiate for the use of note-taking as long as this is performed reasonably, that is, not extensively.

As reported in the literature review chapter, few research studies have focused on the counsellor's use of note-taking during session and its impact on the client (Hickling et al*.,* 1984; Miller, 1992; Hartley, 2002) and no studies have explored whether the intensity of note-taking has any effect either on the counsellor or the client, or their relationship. For example, in Hickling et al's (1984) and Miller's (1992) experiments on the impact of note-taking on the client, only a distinction of absence and presence of note-taking was made. Specifically, Hickling et al's do not mention how many times note-taking was performed. Whereas in Miller's study, in the note-taking condition, notes were taken five times throughout the session. Therefore, the

present analysis provides an additional contribution to previous finding, that is, extensive note-taking is less preferable that taking 'few notes'.

Moreover, the participants of this study focused on the visual characteristic of note-taking, suggesting that note-taking could be understood from a perspective of body language. For example, according to Laura (3-4. 139-151), the counsellor might be perceived as 'distracted' when taking notes. Cynthia goes even further and suggests that the note-taking counsellor should perform this act surreptitiously, for example 'under the table or somewhere else' (2. 33-35). In their chapter on non-verbal communication in clinical contexts, Finset and Del Piccolo (2011), pose that:

'Nonverbal communication can be conveyed through gesture and touch, by body movements and posture, by facial expression and eye contact, as well as by such as clothing and hairstyle. Speech contains nonverbal elements known as paralanguage, including voice quality, emotion, and speaking style, as well as prosodic features such as rhythm, intonation, and stress. In psychotherapy nonverbal communication represents valuable information for both the patient and the therapist, influencing the therapeutic alliance.' (p. 107).

In the case of note-taking during counselling, two elements may play a crucial role: body posture and eye contact. Moreover, two further phenomena may help explore note-taking from a non-verbal communication standpoint: *symmetry* and *high immediacy.* In their study on patient-directed gaze, Bensing, Kerssens, & van der Pasch (1995) found there was a positive correlation between eye contact in the care-provider and a better understanding of psychosocial distress of the client, paired with empathic connection and pro-social attitude. Moreover, in Harrigan and Oxman's (1985) study on rapport expressed through nonverbal behavior, higher coordination between the body posture of the physician and the client's corresponded to a better rapport. The coordination was measured by looking at how the physician's body posture and position of their arms (uncrossed vs. crossed) matched those of the patients. This *symmetry* creates a smooth interchange between the care-giver and

the patient and facilitates a mutual positivity (Chartrand & Bargh, 1999). The phenomenon of *immediacy* in non-verbal communication was studied by Sherer and Rogers (1980). Immediacy was operationalized as close distance and eye contact between the therapist and the client. Their results showed that the therapists with higher levels of immediacy were rated as possessing strong interpersonal skills relative to the therapists with low levels of immediacy.

Superordinate theme: Usefulness of Note-taking

    Subordinate themes: 'Can She Remember Later'

                     'She really cares'

The superordinate theme 'Usefulness of Note-taking' summarises the client's willingness to explore the practice of note-taking from the perspective of both the counsellor and client. In the subordinate theme 'Can She Remember Later?', participants actively oscillate between what is good for the client and what is useful for the counsellor, to eventually highlight that note-taking can be beneficial for the therapeutic relationship. The participants embark on a more sophisticated task of mentalising with the counsellor by suggesting that note-taking allows him or her to refer to what has been discussed later on after the session. This in turn enables the counsellor to review the session later on and help the client better.

The use of note-taking in counselling as a tool to remember, was discussed by Benjamin (1981), who states that notes can be used by the counsellor in between sessions as material discussion in supervision or professional meetings; but also as a reminder for the counsellor of what has been discussed, what still needs discussing and of the plan agreed on with the client. Moreover, as Lo (2013) states,

'Notes are self-generated memory cues that remind a person of verbal or textual information that no longer exists. Additionally, reviewing notes can serve as a second chance to study the material, thereby boosting memory performance. Review can also provide another opportunity for deeper processing and elaboration (Bohay et al., 2011)'.

In line with the above, the participants also reflect on the fact that taking notes conveys the message to the client that the counsellor 'cares' for them, because he or she wants to capture what is relevant, so that they will familiarise with their life backgrounds and narratives. Reaching such awareness possibly enables the client to overcome the sense of discomfort that he or she might experience when the counsellor takes notes.

Superordinate theme: Negative Aspects of Note-taking

    Subordinate themes: Formality as an obstacle for connection

        Feeling like a 'case'

The superordinate theme 'Negative Aspects of Note-taking' relates to the role of note-taking within the therapeutic relationship. In the subordinate theme 'Note-taking as an obstacle for connection', the participants agree that the therapeutic relationship is one of the core elements of the whole phenomenon of counselling. They point out that note-taking can affect the connection with the counsellor, because the latter comes across as 'too professional', hence detached from the client. In the subordinate theme 'Feeling like a case', the participants suspend the focus on the counsellor and direct their entire attention towards the client's feelings. They wonder how the client must feel in front of a note-taking counsellor and draw some conclusions that encapsulate their reluctance towards the practice. For example, they suggest that the client can feel as they are 'analysed' or 'like a case' indeed.

This indicates an experience in which the counsellor objectifies the client, as though the client is a 'doctor case', and it invariably affects the client's openness to share their inner world with the counsellor.

The word 'analysed' appears to be borrowed from the traditional psychoanalytic theory of the layperson's imagery, whereby the typical picture is of a setting in which a patient shares their experiences with a blank-screen psychoanalyst, 'the empty illusion onto which the neurotic projects desire' (Frieden, 1990). The psychoanalyst is considered as a professional who registers what the patient has to say by keeping comments and contribution to a minimum. To the participants' eye, the act of taking notes may reflect such a stance, which in turn can communicate the message that the patient is just a subject of study. A similar conceptualisation applies to how a patient can feel when sitting in front of a stereotyped physician, who 'hears' the patient's story whilst recording note on their electronic system and shows a minimal eye contact. It is not surprising that the patient may feel objectified in such a setting, as they do not feel 'listened to'. In turn this represents an obstacle for a therapeutic connection between the care-provider and the patient, suggesting that there is a lack of empathic understanding of the patient's struggle. This is consistent with McGrath's (2007) research on the usage of electronic medical record. According to McGrath, physicians who take more breaks between listening to their patients and recording information on the system, direct their undivided attention to the patients more regularly and this in turn strengthens the doctor-patient relationship.

It is apparent that the participants expect the counsellor to abide by what person-centred counsellors refer to as the core conditions of: congruence, unconditional positive regard and empathy. As Mearns and Thorne (2000) posit, 'congruence' takes place when the counsellor's response to the client is consistent with the feelings that the counsellor harbours in relation to the client. Therefore, by taking

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notes the counsellor runs the risk of not communicating such consistency of feeling and sensation, because the counsellor's attention will be divided between the client and act of writing and recording. When illustrating the concept of 'unconditional positive regard', Mearns and Thorne (2000) refer also to the importance for the counsellor to show their appreciation of the client's 'humanity'. This is evidently in contrast with the phenomenon of client's objectification in a session when notes are taken. Lastly, Mearns and Thorne (2000) conceptualise empathy as the condition in which the counsellor sets asides their own filters, by directly 'sensing' the client's experience. This cannot take place in a context in which note-taking may be used as a tool to fit the client into a category or pre-conceived ideas of mental illness.

In summary, it seems that the participants feel that note-taking may not always leave space for the core conditions to be honoured and perceive a sense of impersonal gap between the note-taking counsellor and the patient. Therefore, the analogy 'feeling like a case' is just another way to explain the sense of uneasiness when a client faces a professional who studies the client rather than striving to personally understand what they are experiencing.

Superordinate theme: Providing a Rationale of Note-taking
    Subordinate theme: Trust and Transparency

The superordinate theme 'Providing a Rationale of Note-taking' adds a further layer to the analysis, in that it introduces a mediating factor in the process. The participants seem willing to allow for note-taking to happen, providing that its use is clearly justified to the client.

There is also a suggestion that the counsellor should check with the client whether note-taking is an acceptable practice before implementing it in the session. The

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subordinate theme 'Trust and Transparency' was created to capture this sentiment. Trust and transparency walk along as they are considered two vital elements in the therapeutic relationship. As long as they are present, the client feels safe and does not need to resort to guess what the counsellor's intentions behind the note-taking practice are. If the note-taking behaviour is not made explicit, participants indicate that the client might wonder what its scope is. Considering that this a delicate phase of the counselling journey, in which client and counsellor do not know each other, it may leave fertile ground for the client to make negative assumptions about the counsellor, such as: seeing the counsellor as judging the client or experiencing them as just a number; or as regarding the session as just a box to tick. A participant referred to the rule of reciprocity, according to which the counsellor must be honest, as the client is honest about their own reason for seeking counselling.

Mearns and Thorne (2000) advise the counsellor be particularly careful at the beginning of the counselling journey, as the client, based on their history, may be very sensitive to trust issues. This resonates with the participants' argument that trust can be in jeopardy when note-taking is performed. In order to overcome trust issues with the client, the counsellor will need to show high levels of transparency. The concept of transparency can be broadly understood by referring to one of the core conditions of the person-centre approach: congruence. According to Mearns and Thorne (2000), in layperson's parlance, congruence can also be referred to as 'genuineness, authenticity and realness' (p. 85). Therefore, introducing note-taking without providing the rationale is not a sign of transparency, as it does not honour the counsellor's mission to be congruent and open towards their clients.

Superordinate theme: Drawing on Pact Counselling Experience to Make Meaning

Subordinate theme: Prior Experience of Note-taking

The superordinate theme 'Drawing on Past Counselling Experience to Make Meaning' pertains to the importance of previous personal experience of a phenomenon in order reach an understanding of it. The subordinate theme 'Prior Experience of Note-taking' investigates how such experience has shaped participants' opinion of the note-taking. Two polarised positions are explored: a negative experience in which a participant witnessed his own counsellor taking notes incessantly and causing in him a sense of uneasiness; and a positive experience in which another participant was introduced to the practice of note-taking in a transparent way, which in turn made her feel 'flattered'. This may suggest that prior experience of note-taking can play the role of a mediating variable, which can enable the client to understand the note-taking behaviour in different ways, at times diametrically opposite.

Research on heuristic and biases have shown that human beings are prone to understand phenomena by referring to past significant experiences with same or similar phenomena (Gilovitch, Griffin, & Kahneman*,* 2003). This theory can explain why two different participants of this study appreciate note-taking from two diametrically opposite positions. As reported above, one of the participants had already experienced their note-taking counsellor as dismissive. As stated in different sections of this work, note-taking is a behaviour that takes place within an interpersonal setting, which is complex in its very nature; therefore the experience of note-taking can have a considerable weight in the person's memory, as it tends to be emotionally charged.

Therefore, if the participant with prior negative experience of note-taking were to sit in a counselling session with a note-taking counsellor, this could confirm the participant's theory that note-taking is a sign of a dismissive attitude, as though note-taking was happening within the exact same conditions (i.e.: same counsellor, same setting, same problem). Similarly, the other participant with a prior positive experience of note-taking, might potentially find a future counsellor who takes notes as 'flattering' or might not even notice such a behaviour. It is noteworthy that this participant during the interview shared that she did not even notice whether the counsellor in the video (that she had just watched), had taken notes (Alexandra; 3. 95-96).

Superordinate theme: Stages of Counselling

    Subordinate theme: Initial session vs. Follow-up Sessions

In the last superordinate theme, 'Stages of Counselling', the focus is on the participants' thoughts of the difference between 'Initial Session vs. Follow-up sessions'. This distinction affords some considerations about the impact of note-taking at different stages of the counselling journey.

The participants' position express contrasting opinions. They either allow for note-taking in initial sessions, as it is regarded as an effective way to gather relevant information; or they criticise this practice as it sets a too formal tone right from the outset. However, the consensus seems to veer towards the fact that maintaining note-taking in follow-up sessions might be experienced as not preferable for the client, as the client expects the counsellor to promote a therapeutic alliance with no further confounding factors.

Literature on initial session or assessment in psychology and psychotherapy invariably uses the term 'formulation', in order to describe an on-going effort of the professional to conceptualise the client's presentation in a collaborative fashion (Johnstone et al., 2006; Tarrier N., 2006; Kuyken et al., 2009). Most authors suggest that formulation takes place before seeing the client (for example, based on the referral) and continues in the following sessions. The initial sessions are used to establish a therapeutic relationship whilst the professional explores the client's issues and put them into the context of their personal history. However, formulation is not completed by the end of the initial session. Instead it continues for as long as the therapy lasts.

In fact, some authors often refer to the initial formulation as 'tentative' formulation (Johnstone et al., 2006), because the formulation process represents a continuous effort of the professional to make sense of the client's presentation by both referring to the psychological theory and to what the client conveys to them. This is what differentiates psychological approaches from psychiatry. In psychiatry the style often tends to be nomothetic, as the psychiatrist utilises the medical model in order to reach an understanding of the patient's predicaments. Therefore, there is a consistent use of labels, or diagnoses (Johnstone, 2000).

This becomes an exercise in which the psychiatrist matches the patient's symptoms against the criteria of a psychological disorder. In this case, the main coordinate used is a manual of psychiatric disorders or illnesses (i.e. DSM 5 or ICD-10). On the other hand, the psychological therapist starts the journey of understanding the client's presentation by carefully listening to their personal stories and accounts, whilst keeping in mind their psychological knowledge and theoretical framework. If the client discloses that they received a formal diagnosis of a psychological disorder, the psychological therapist may include this in the client's conceptualisation. Therefore,

the diagnosis will be considered as one of the many elements of the client's presentation. For example, the therapist might ask what the client's understanding of their diagnosis is. Do they agree with it? How do people react to it? Does it feel constraining? Does it feel relieving? As it may be evident, the psychological therapist's approach is broader and inclusive of all precipitating, contributing and maintaining factors in the client's presentation.

The participants of this study touch upon some of the elements described above. Their focus is on the fact that the initial session enables the client to share what distresses them, but also their understanding of, or lack thereof, what is causing and maintaining their problems. In the context of note-taking, some participants explain that it is vital for the counsellor to gather information about the client's life and issues. This is considered as information-gathering process, as facts are conveyed by the client and recorded by the counsellor. The participants of this study are aware of the fact that the counsellor cannot remember all relevant information conveyed by the client and that note-taking may be a useful tool to effectively store such information.

As the counselling journey proceeds after the initial session, the participants feel that the need of information-gathering becomes less detailed and it requires a minimal, if not at all, reliance on note-taking.

4. Conclusions

4.1 Synthesis of findings

Note-taking in counselling has been little explored in the scientific literature, with past research investigating this phenomenon only from a quantitative perspective

(Hickling et al., 1984; Miller, 1992; Hartley, 2002). This part of the current study aimed to shed some light on note-taking from a qualitative standpoint. In order achieve that, eight participants were recruited for a semi-structured interview investigating their experience of note-taking in counselling. They were recruited from a sample of people who took part in an experiment (quantitative part of the study), in which the participants answered a questionnaire after watching videos depicting different levels of note-taking. Before being interviewed, the participants re-watched the videos from the quantitative phase. The videos were used as a prompt for them to focus on the note-taking behaviour, however open questions were asked in order to enable the participants to freely express their opinions. Subsequently, the interviews were transcribed verbatim and analysed by following the IPA guidelines (Smith *et al.*, 2009). Six superordinate themes with their respective subordinate themes were identified and discussed. The participants focused on different aspects of their experience of note-taking, including: its intensity, positive and negative aspects, previous experience of it, note-taking in the context of initial or following sessions, and the importance for the counsellor to provide a rationale of note-taking. The participants provided original and insightful accounts and opinions, which enriched the researcher's understanding of the phenomenon. As highlighted in different sections of this study, note-taking in counselling is a behaviour that is observed within an interaction of two people, the counsellor and the client. Therefore, it soon becomes apparent that it is hard, if not impossible, to isolate the phenomenon and study it on its own without taking into account other factors.

Interviewing the participants allowed the researcher to appreciate the complexity of note-taking and take into consideration other important aspects, such as: the aim of the session; the basic need of the client to feel understood and listened to; the importance for the client to feel collaboratively included in the counsellor's decision on how to conduct the session; and the therapeutic relationship. Therefore, the focus

of the study oscillated from specific aspects of note-taking to more general ones concerning the counselling setting. For example, from a specific perspective, the participants discussed the intensity of note-taking and its positive and negative impacts. The positive aspects of note-taking revolved around the usefulness of note-taking to record relevant information related by the client and the implicit message that the counsellor is interested in and cares for the client. The negative aspect concerned the clients feeling as though they are studied or 'analysed'.

At the same time, the participants constantly made reference to other more qualitative factors, which allowed the research to embed the discourse of note-taking within a more general discourse on the interaction between the counsellor and the client. Indeed, the participants were able to point at the fact the note-taking was more relevant in initial sessions rather the follow-up sessions. They explained that initial sessions are instrumental for information gathering, and thus note-taking serves this purpose.

Moreover, they shared their own personal experience of note-taking in the past and showed how this experience shaped their current understanding of it. This shed further light on the fact that note-taking can be experienced positively or negatively not necessarily for how it is performed (i.e.: extensive vs. light note-taking), but simply for the fact that it is performed.

Furthermore, the participants placed great importance on the collaboration and transparency between the counsellor and the client. They expressed how crucial for the establishment of a strong therapeutic relationship is to have the counsellor explain to the client the rationale of note-taking. The participants' analogy to feeling like 'a doctor case' was illuminating, in that it enabled the researcher to appreciate the personal – as opposed to impersonal - quality of the relationship between a

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psychological therapist and their client. Indeed, the participants suggested that by not providing any clear justification for note-taking, the client may feel like a number and not a person.

In summary, the analysis of the themes identified thanks to the participants' contributions, facilitated a harmonic shift from the specific behaviour of note-taking to more general aspects of the counselling journey and the therapeutic relationship.

4.2 Limitations of the qualitative study

There are a number of methodological limitations to this study that mostly pertain to the use of IPA.

Firstly, as it happens in qualitative research, the selection of participants tends to be contingent on particular circumstances. Indeed, only participants that agree to be interviewed can be included into the study. 'Purposive sampling' is recommended in IPA, as the pool of participants should be homogenous and share a similar experience (Smith et al., 2006). For example, in a hypothetical study on the experience of women around arranged marriages, the target of the study can be women who are or were in an arranged marriage.

In the present study, all participants had in common the fact that they participated in the quantitative phase. However, in the quantitative phase, the participants were randomly allocated to four different groups. Each group was shown one of four videos depicting different levels of note-taking. In order to make the sample of participants as homogenous as possible for the qualitative phase, the researcher firstly identified all the participants who gave the consent to be contacted for a follow-

up interview. Following this, two people per each condition (no note-taking, light, moderate and heavy note-taking) were selected. A male and a female participant were recruited per each condition. Therefore, eight participants – four males and four females – were finally selected.

Another limitation that concerns IPA is its understanding of the role of language. According to IPA, the focus of the analysis is not the language in its constituent function, but the participants' meaning making (Willig, 2013). Therefore, IPA researchers are 'how' the participants talk about a phenomenon. Moreover, IPA researchers refer to the concept of double hermeneutics (Smith et al., 2006), according to which the researcher interprets the participants' interpretation of a phenomenon. However, people have different language abilities and skills that enable them to express themselves in a more or less articulate way. Some of the participants in this study, although fluent in the English language, were not native speakers. Therefore, it is important to bear in mind that they could have expressed themselves more eloquently in their mother tongue. At the same time, regardless what language is used, it is important to take into account the fact that some people are more able to express themselves when discussing psychological or emotional topics than others.

Another controversial aspect of IPA is the fact that the sum of subjective understandings of a phenomenon can enrich the general understanding of it. This is a delicate task, which can only be carried out if the researcher is able to bracket (Carpenter, 2007) their own understanding of a phenomenon. In order to achieve this, the researcher needs to careful suspend their own preconceptions or knowledge on the subject and immerse themselves into the participants' world-view. This can be achieved in both the interview and the analysis phase. For example, during the interviews participants were asked open and non-directive questions. In the

preliminary stages of the analysis, the researcher read each interviews transcripts several times, before identifying any theme. Moreover, the interviews were analysed individually, and only at a later stage were they compared in order to identify common themes. This allowed the researcher to capture the essence of the phenomenon as much as possible. Subsequently, a connection between the results of the analysis and the extant literature was made. This allowed the researcher to make a contribution to the literature.

In regards to limitation of the qualitative phase, it is important to bear in mind that these results were obtaining by performing an analysis on qualitative data, which were collected by interviewing eight people. Therefore, these results cannot be generalised to the client population.

Lastly, it is vital to reiterate that this qualitative phase is part of a larger mixed-methods project, which includes a preliminary quantitative phase. The next chapter will attempt to bring the two phases – quantitative and qualitative - together and offer final conclusions.

Chapter Six: Final Discussion

Bringing together the quantitative and qualitative results

1. Introduction and outline of the chapter

The main aim of this chapter is to bring together this study's both quantitative and qualitative phases of the investigation on the impact that note-taking has on the client's perception of the counsellor and the session.

The first section of this chapter will attempt to merge the quantitative and qualitative results together and offer an original understanding of note-taking in counselling from the client's perspective. This section will introduce the links in two categorical sections: qualitative results deepening the quantitative analysis, and secondly, how both qualitative and quantitative research results complement each other.

In the next sections the following aspects will be taken into account: limitations of the study, future directions for research, and final reflexive considerations.

Finally, the last section of this chapter will focus on the applicability of the results to the practice of mental health professionals.

2. Using the qualitative analysis to explain the quantitative analysis

This section outlines how the qualitative results of this study may provide some understanding on the quantitative results.

As discussed in the methodology chapter, the phenomenon of note-taking in counselling was investigated by using a mixed-methods procedure called 'Sequential Explanatory Strategy' (Creswell, 2000). By employing this strategy, chronological priority was given to the quantitative phase. Subsequently, the qualitative phase was used to deepen the understanding of note-taking.

The quantitative part of this study aimed to investigate the impact that different intensity levels of note-taking in counselling have on the client's experience of the note-taking counsellor and the session. Therefore, 63 participants were recruited and randomly divided in four groups. Each group watched a video depicting a fictitious, initial counselling session, where the counsellor took notes at different intensity levels (*no, light, moderate or heavy* note-taking). After watching the videos, the participants completed a questionnaire investigating their experience of the counsellor and the session.

Based on mixed findings from previous research, the aim of this study was to investigate whether note-taking has an impact on the client's experience of the counsellor and session.

The only significant difference found was between *no* and *light* note-taking, with *light* note-taking having a more negative impact on the overall questionnaires scores, relative to *no* note-taking. The interpretation proposed is that the participants may have experienced the *light* note-taking counsellor as showing a non-methodical style, and considered this style unsuitable for the purpose of conducting a counselling session. The qualitative analysis may partially support this. Indeed, the participants explained that having the counsellor provide a clear rationale for note-taking makes this practice more acceptable to them. However, a counsellor who takes notes without sharing the rationale for it - or without following any apparent criteria to

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perform the note-taking practice - may convey a sense of non-transparency or incompetence towards the client. This in turn affects the client's experience of the counsellor and the session.

It is noteworthy that the quantitative analysis identified a trend, in which the overall questionnaire scores in *moderate* and *heavy* note-taking were lower (hence, more negative impact on the client's experience of counsellor and session) than in the no-note taking condition. In this case, the understanding is that the number of participants of the quantitative phase was not high enough for the analysis to identify a significant difference between the note-taking conditions on the overall questionnaires score. The suggestion is that by increasing the size of the sample, the difference may reach significance. Indeed, the qualitative results may be able to support that understanding, as the participants emphasised how intensity levels of note-taking can affect the client differently. Indeed, all participants suggested that more extensive note-taking may be experienced as too formal or impersonal by the client and in turn negatively affect the therapeutic relationship.

3. Quantitative and qualitative data complementing each other

In the qualitative phase of the study, eight participants from the sample of the quantitative study, agreed to be contacted for a follow-up interview. Before the interview, they re-watched the video from their allocated condition in the quantitative phase. Following this, during the semi-structured interviews they were asked non-directive and open questions in order to explore their understanding of note-taking in counselling. The methodology used for the collection and analysis of data was that of the interpretative phenomenological analysis (IPA). The analysis produced six superordinate themes about the: intensity of note-taking, usefulness of note-taking,

negative aspects of note-taking, drawing on past experience to make meaning, providing a rationale for note-taking, and stages of note-taking.

The following sections will provide an overview of how the quantitative and qualitative analyses complement each other. Indeed, some of themes identified during the qualitative analysis, had also been preliminarily considered during the quantitative phase. At the same time, other themes had not been touched upon during the quantitative analysis, at times for methodological reasons.

Moreover, it is important to highlight that some of these themes enabled the researcher to redirect focus from the specific object of the quantitative investigation (i.e.: intensity of note-taking) to other aspects of note-taking, the counselling experience and the therapeutic relationship.

3.1 Initial vs. Follow-up Sessions

In the qualitative part of the study, the participants stressed the difference between initial and follow-up sessions, by suggesting that the use of note-taking can be more justifiable in initial sessions. Indeed, initial sessions were considered as an opportunity to gather information about the client. A distinction between initial and follow-up sessions was taken into consideration in the quantitative phase as well, in that the videos depicted an initial session.

This decision proved practical, based on the assumption that mental health professionals may rely more on note-taking during the assessment phase, in order to record relevant facts and information (i.e.: client's living conditions, work situation, family composition, etc.) that will not be usually discussed in later sessions.

3.2 Providing a Rationale for Note-taking & Prior Experience of Note-taking

Moreover, the participants also emphasised the importance of having the counsellor provide a rationale for taking notes, indicating that this could be a mediating factor for the impact of note-taking on the client. They explained that when the counsellor provided a clear explanation of note-taking, this behaviour was considered more acceptable.

Another aspect that the participants shared in the interviews was the impact of past experience of note-taking has on their current understanding of the phenomenon. In the analysis, the focus was placed on two diametrically opposite experiences of note-taking. One participant reported an unpleasant experience of note-taking, whereas the other painted a more positive picture. It appeared that the participant with a positive experience of note-taking had a more open disposition towards it when she referred to such experience to make sense of the phenomenon. On the contrary, the other participant was not keen on it, as he vividly remembered how 'disrespected' he felt when he interacted with a note-taking counsellor.

In the quantitative phase, prior to watching the video, participants were asked whether they had accessed counselling in the past, which was considered as a covariate in the analysis. However, the question did not directly address previous experience of note-taking in order to not reveal that the experiment aimed to investigate the phenomenon of note-taking. The fact that in the quantitative phase the researcher could not ask any direct questions about prior experience of note-taking represents a methodological limitation. At the same time, it is noteworthy, that in the quantitative analysis the covariate 'prior experience of counselling' did not

prove to have an impact on the participants' experience of the counsellor who took notes. Moreover, in the qualitative analysis there seemed to be an overlap between the theme 'prior experience of note-taking' and 'providing a rationale for note-taking'. Indeed, the participant with a prior positive experience of note-taking clearly remembered that her counsellor had explained to her why she wanted to take notes (i.e.: to remember what was discussed in the session). In contrast, the participant with a prior negative experience of note-taking was not given any rationale for its use.

This aspect had been deliberately left out in the quantitative phase of the study, in that the counsellor in the videos never introduced, referred to, or gave a rationale for the use of note-taking in the session. This decision was dictated by the fact that the aim of the research was to investigate the impact of note-taking without any further compounding or mediating factors. Therefore, it was interesting to learn that, in the qualitative phase, participants stressed the presence of giving a rationale for note-taking as a fundamental factor that can potentially change the client's attitude towards note-taking.

3.3 The therapeutic relationship

Overall, the qualitative analysis shows that note-taking in counselling is a multi-faceted phenomenon that takes place within the complexity of an interpersonal space. This shows that, from a quantitative point of view, note-taking is a variable hard to isolate and manipulate, as it may not transcend the therapeutic relationship in which it is embedded - at least for the participants that were interviewed. Throughout the interviews, all participants more or less stressed the fact that if the counsellor

does not take notes sensibly, this can affect the rapport between him/her and the client. For example, the participants talked about the intensity of note-taking, the importance of reciprocity in a relationship based on trust, and the role of formality.

With regards to the intensity of note-taking, all participants agreed on the fact that taking extensive notes disrupts the establishment of a therapeutic relationship, because of lack of eye contact and empathic connection from the counsellor's perspective.

When discussing the importance of giving a rationale for note-taking, a participant stated that the counsellor must be as transparent as the client. This means that, if the client is open about discussing their problems, so should be the counsellor about performing note-taking. If this does not happen, then there will be lack of mutual trust.

Another participant highlighted that the note-taking counsellor may convey an air of formality, which could hinder the dyad from building an alliance in the initial session.

It is noteworthy reiterating that these observations were made in interviews with eight people, therefore the results obtained with the IPA are not generalisable to the entire client population.

4. Contribution to the extant literature

After a careful review of previous contributions to the phenomenon in the extant literature, it became evident that little research has been done on this topic. Few research studies have focused on the use of note-taking in counselling and its impact

on the client from a quantitative perspective (Gottlieb et al. 1979, Hicklings et al., 1984; Miller, 1992; Wiarda et al., 2014; Christie et al., 2015); whereas no qualitative studies have investigated the phenomenon.

A variety of recommendations on the use of note-taking in counselling was found in different theoretical books and manuscripts (see Literature Review). These contributions were helpful in identifying different positions according to the authors' theoretical frameworks and clinical experience. However, none of them were substantiated by any research on the topic.

The decision to use a mixed-methods approach, in which both quantitative and qualitative aspects of note-taking in counselling were investigated, was affected by the need to enrich the literature on this subject.

The first important goal was to overcome some limitations identified in previous quantitative studies. This included recruiting participants that could represent the client and manipulating the levels of note-taking. In the former case, anyone who did not work in the mental health field was included in the study. In the latter case, four levels of intensity of note-taking were introduced: *no, light, moderate,* and *heavy* note-taking.

Another important step to enrich the scientific literature on the phenomenon of note-taking in counselling was to carry out a qualitative investigation on note-taking in counselling. This led to conduct semi-structured interviews and perform a qualitative analysis (IPA) of the transcripts.

In summary, this research has contributed to the extant literature by addressing methodological limitations of previous quantitative studies and introducing a

qualitative phase, for a more in-depth investigation. The suggestions on the use of note-taking in session - proposed in the last section of this chapter - are substantiated by the findings of this project.

5. Limitations of this study

This section will briefly summarise the limitations of the quantitative and qualitative phases, which were discussed in their respective chapters. Moreover, limitations in using a mixed-methods strategy of investigation will be explored.

5.1 Quantitative phase

As explained above, the main limitation of the quantitative phase in that only a significant difference of the *light* over the *heavy* note-taking condition was found. Therefore the results are not straightforward and are open to interpretation. This may be due to two main methodological issues: the sample size, and the difficulty in isolating the note-taking phenomenon.

The number of people who took part in the study was relatively small, as it counted only 63 participants. Therefore, this may have contributed to the fact that not all differences between note-taking conditions had reached significance. Moreover, the phenomenon of note-taking has a complex nature, in that it takes place in a dual interaction where an array of factors, which are hard to isolate, may have an impact on the client's experience of the counsellor and the sessions.

These factors can include:
- the counsellor's communication style, including non-verbal behaviour;

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- the client's background, history and preferences around note-taking and other practices in the session;

- the therapeutic alliance between the counsellor and the client;

- the content of the session;

- the effectiveness of the questionnaire in exploring the client's experience of the counsellor and the session.

All these parameters were taken into account during the preparation of the quantitative phase. However, due to their complexity, they could not be fully controlled in order to isolate the phenomenon of note-taking.

5.2 Qualitative phase

The main limitation of the qualitative phase pertains to a methodological critique that is usually directed to the IPA. It concerns the role of language, in that the IPA does not take into account the fact that language abilities and skills may play an important role in the processes of data collection and analysis (Willig, 2013). For example, some participants may find it easier to express themselves and share their inner experience, relative to others. However, in this research it was always borne in mind that the aim of the qualitative phase was to investigate personal and subjective experiences of counselling. Therefore from this specific standpoint, subjectivity should be accepted as it presents itself to the researcher: with good vs. poor communication skills, introvertedness vs extrovertedness traits, etc. Moreover, the results obtained from the analysis of the eight interview transcripts cannot be generalised to the entire client population.

5.3 Mixed-methods

As explained in previous sections of this work, the decision to carry out a mixed-methods research was determined by a post-positivistic epistemological stance, which regards the world as objectively measurable and, at the same time, not fully understandable without a subjective contribution.

However, mixed-methods research comes with some important limitations. First of all, as Creswell (2000) suggests, it is a challenge to connect the two phases – quantitative and qualitative - of a mixed-methods study as they have different terminology and language. Therefore, the researcher should pay careful attention in utilising the language of one method (i.e.: qualitative) to explain the results obtained from a different method of investigation (i.e.: quantitative). For this reason, connections between the two parts of this study were made with caution and whilst bearing in mind that not all aspects of the quantitative and qualitative phases can be linked with each other.

Moreover, another limitation is represented by the fact that the whole research was carried out by one researcher with a leaning towards quantitative methods. Therefore, special attention had to be placed on ensuring that the researcher's qualitative skills were up-to date-and sound, and that reflexive 'bracketing' was consistently used in order to prevent biases. A more elaborate reflection is provided further below in 'Final reflexive considerations'.

Lastly, a limitation that applies to the whole study is around the generalizability of the results. The ultimate goal of the researcher was not only to enrich the extant literature, but also to provide some practical guidelines on the use of note-taking in counselling practice. However, due to the qualitative aspects of this study, the results

may be interpreted in different ways. Therefore, caution should be placed in considering such results as generalizable. For this very reason, the last section of this chapter will offer some 'suggestions' rather than 'guidelines' on using note-taking.

6. Future research

Directions for future research build on the abovementioned limitations of this study.

One suggestion is that the same quantitative paradigm is used to collect more data with a high number of participants. This would enable to determine whether the trends identified (i.e.: overall questionnaires scores lower in the *heavy* relative to the *no* note-taking condition) can translate into statistically significant differences.

A further suggestions may be to use an 'exploratory sequential strategy' of mixed-methods (Creswell, 2000), by reverting the sequential order of the methods. This would mean carrying out a qualitative investigation first, followed by a quantitative phase. For example, interviewing participants at a preliminary stage could help identify important parameters that can help isolate the phenomenon of note-taking for a subsequent quantitative investigation. Moreover, the qualitative phase could also help create a better tool to investigate the client's experience of the note-taking counsellor (i.e., an ad-hoc questionnaire) to use in the following quantitative phase.

Finally, as far as the use of a mixed-methods strategy is concerned, it may be useful to involve more than one researcher in the process. This would allow addressing the issue around the duration of the project, as tasks would be evenly distributed amongst researchers. Moreover, it would also tackle the problem of using limited

skill-sets in the analysis of the mixed-methods data, because researchers with different backgrounds could work on specific parts of the project. For example, a researcher with a strong background in quantitative studies could develop and carry out the quantitative phase, and a qualitative researcher could focus on the qualitative phase.

7. Final reflexive considerations

In this section, it is imperative to use the first person in order to recapitulate on what personally led me to investigate the phenomenon of note-taking in counselling. Moreover, I will also discuss the challenges I encountered in achieving this goal (for more reflexive notes, read the sections on reflexivity in the Introduction and Methodology chapters).

When I started my training as a counselling psychologist, I began relying heavily on note-taking, then more lightly as I became experienced in my work with clients in therapy. However, I have never abandoned this practice and I believe that its use can be beneficial for both the counsellor and the client. Indeed, the counsellor can use the notes to: record important information about the client, recall such information later on in therapy, review it before seeing the clients again, or use it in supervision. In turn, this indirectly benefits the client because the therapist will always have relevant information to refer to, without having to constantly ask the client to repeat himself or herself. Therefore, they can ultimately keep honouring his/her commitment to help the client.

In my research, I decided to focus on the client's experience of note-taking, as I was primarily interested in how the note-taking practice could impact their perception of the counsellor.

As it is usually the case, the quantitative phase of the study required little use of personal reflexivity, because the procedure was objective and straightforward and little interpretation of data was needed. However, the qualitative phase required a great deal of reflexivity. Therefore, I had to 'bracket' my own positive preconceptions and ideas about note-taking in both the data collection and the data analysis stages. In the first stage, I always ensured that I asked open questions. Creating an interview schedule with only a few non-directive questions allowed me to stay on track. The analysis stage was instead more difficult as I had to constantly engage with the transcriptions and immerse myself in them, in order to adopt the participants' point of views. Probably the hardest tasks was to notice when I tried to impose on the transcriptions themes that I had already in mind. Instead, I made sure that I would be guided by the data. Moreover, I have a stronger background in quantitative research. Therefore, in order to fill the experience and knowledge gap in the use of qualitative methods, I had to read a great deal of literature and spend a long time working on the data.

I believe that I was able to accomplish the task of becoming familiar with the qualitative analysis and suspending my own understanding of, and opinion on, the phenomenon of note-taking in counselling. This is, evident in the fact that I had not contemplated some of the themes and topics identified during the analysis phase. Indeed, I let the data lead me and, at times, surprise me.

8. Practical considerations on note-taking for mental health professionals

The overall aim of this research was to produce a useful and novel piece of research in counselling psychology that could enrich the extant literature on note-taking in psychological therapies. Moreover, the intention was to provide some useful suggestions for mental health professionals who tend to take notes during their sessions. It is imperative to stress one more time that, as a counselling psychologist, my mission is to empower the clients and facilitate the building of a robust therapeutic relationship with them. This is the main reason why the focus of the research has never been diverted from the client's perspective.

8.1 Suggestions on the use of note-taking in session

- Note-taking is a complex phenomenon that takes place within an interpersonal setting.

- Note-taking appears to be more acceptable in initial sessions than in follow-up sessions. Indeed, the initial session is more likely to be considered as an opportunity for the client to relate their issues and provide factual information. Therefore, the counsellor may resort to note-taking in order to record such information.

- Note-taking is a useful tool that helps the counsellor to remember and review the information in between sessions and during supervision. However, it is important to bear in mind that the view of note-taking may be different from client to client. This may also depend on the client's past experience with such practice.

- Therefore, it is vital to introduce note-taking transparently, so that the client will have a clear rationale for it in mind. Moreover, as note-taking takes place in a complex interaction between client and counsellor, it can inevitably affects the therapeutic relationship if it is not introduced sensibly, that is, by keeping the client's needs, sensitivities and preferences in mind.

- If note-taking is introduced sensibly, clients may be able to recognise its usefulness. In fact, they may appreciate that the counsellor is interested in their stories and care for them to an extent that they take notes in order to record all important information and review later.

- It is important to consider that extensive note-taking might disrupt the fluidity of the interaction between the client and the counsellor. In fact, the client may perceive the note-taking counsellor as too professional or too formal. Particularly in initial sessions, this could compromise the therapeutic relationship, as the client may experience the counsellor as not fully listening to them.

- Note-taking may feel less acceptable in follow-up sessions. This is because the client may think that the counsellor does not need it as much as in the initial sessions. However, it may be used in follow-up sessions, provided that it is introduced sensibly and transparently.

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Part C: Case Study

An intervention of trauma focused cognitive behavioural therapy with a client suffering from posttraumatic stress disorder to multiple events

PART D: Publishable Journal Article

Note-taking during counseling sessions:

A research on the client's perspective

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ABSTRACT

Objectives: The present study aimed to investigate the impact that note-taking has on the client's experience of the counselor. Based on mixed findings from past studies, the results direction –i.e. positive vs. negative impact – could not be predicted. **Methods**: Sixty-three participants watched a video of an initial counseling session where different levels of note-taking were observed: *no, light, moderate* and *heavy.* Subsequently, they completed a questionnaire investigating their experience of the counselor and the session. **Results**: A significant difference between the effect of *no* and *light* note-taking on the overall questionnaire scores was found, with *light* note-taking having a more negative effect on the participant's experience of the counselor, relative to *no* note-taking.

Conclusions: Participants might have perceived the counselor in the *light* note-taking condition as writing down a few words in an unsuitable, non-methodical fashion, thus negatively affecting the participant's experience of the counselor. On the contrary, participants may have experienced *no* note-taking as a more legitimate, hence suitable, therapeutic style.

Keywords: counseling, counselor, note-taking, client, client's experience

APPENDIX A: Scripts of videos with different levels of note-taking (*no, light, moderate, heavy)*

<u>Counsellor</u>: Hello Tom/Debbie

<u>Tom/Debbie</u>: Hi

<u>Counsellor</u>: First of all thank you for coming in today. Just to let know what this session will be about today. It's an assessment session and we will be just going over a little bit about yourself, to learn about you… So I was wondering if you could tell me a bit about what brought you here today?

<u>Tom/Debbie</u>: Well… where to start? Erm… I guess I have been feeling a lot of depression and anxiety lately and I thought I'd ask for help, because it's been very hard. (Moderate/Heavy)

<u>Counsellor</u>: OK… I see. I understand that it can be difficult to talk about this kind of issues, so just so you know… there is not right or wrong answer to the questions I'll be asking to you today.

<u>Tom/Debbie</u>: OK

<u>Counsellor</u>: So can you tell me what is making you feel depressed?

<u>Tom/Debbie</u>: Well, it's hard to tell, because I've been feeling this way all my life… on and off really (Heavy)

<u>Counsellor</u>: I see. When we feel depressed for a long time, it's often hard to pinpoint what makes us feel so down…

<u>Tom/Debbie</u>: Yes, it's like… Things are not under control at all and I lose my temper. Then I cry and then I get angry… It's just awful. (Moderate/Heavy)

<u>Counsellor</u>: Mmh… That sounds very difficult. Are there any situations that make you feel out of control?

Tom/Debbie: hehe plenty! For example, yesterday I was having a stupid argument with my girl/boyfriend at dinner… And… It was really stupid, you know. I don't even remember what it was about! I only remember that I got up with a strong sense of smashing my plate on the floor… (Heavy)

Counsellor: OK… and how did things go…? Did you do that?

Tom/Debbie: Erm… No, I just walked away and then I felt horrible… I'm so stupid. (Light/Moderate/Heavy)

Counsellor: I see. So when you think about you reaction now, you realise that it was not matching the gravity of the situation…?

Tom/Debbie: Not at all! And I hate myself for reacting this way. I should just be able to enjoy a dinner without stumbling into these situations…

Counsellor: I see… It seems that now you are angry with yourself?

Tom/Debbie: Yes, because I want to be like everyone else (Heavy)

Counsellor: OK. When you say 'everyone else' does anyone that you know come to mind?

Tom/Debbie: Not really… maybe my brother/sister? He/she's so calm and self-confident all the time… (Moderate/Heavy)

Counsellor: Hmm Is he/she your only brother/sister?

Tom/Debbie: No, he/she is two years older than me. I also have another sister 10 years older, but she doesn't live with us (Heavy)

Counsellor: So do you live with your brother/sister and… ?

Tom/Debbie: My brother/sister and my parents… (Heavy)

Counsellor: Oh ok… how are things with your family at home.

Tom/Debbie: Fine, I guess. The usual family arguments, but we don't hate each other

or anything like that. I fight a lot with my brother/sister, to be honest. But we are not very close anyway. Just neutral. (Moderate/Heavy)

Counsellor: I see. And do they know how you have been feeling lately?

Tom/Debbie: No, not really? I don't talk to them about my problems (Heavy)

Counsellor: Is there a reason why you don't talk to them about this?

Tom/Debbie: I don't know… we don't talk about emotional things at home. And I don't want to burden them with my stuff… I don't want to sound ridiculous. (Moderate/Heavy)

Counsellor: OK… And how about your partner? Does she/he know that you are here for example?

Tom/Debbie: No, I didn't tell her/him, because I want to make sure that I really need to be here first. (Heavy)

Counsellor: I see. So you want to wait to tell her/him until you decide whether or not you need therapy?

Tom/Debbie: Yes. Because I might not need it anyway.

Counsellor: Hmmm… Have you ever had therapy before?

Tom/Debbie: Only when I was 10 or 11, I don't remember… (Heavy)

Counsellor: You remember why you went to see a Counsellor?

Tom/Debbie: I don't know… I guess my parents sent me there because I'd spend loads of time on my own and didn't mingle with my friends. (Light/Moderate/Heavy)

Counsellor: OK… and did you want to be there?

Tom/Debbie: I really don't remember? I think it was only for a couple of sessions… I don't even remember what we talked about...

Counsellor: OK… and how are things with your peers? Do you have friends that you see regularly?

Tom/Debbie: not really… I'm a bit of a loner… No, wait! I have a good friend,

James/Anna, but he/she lives far away. We don't talk much any more.

(Moderate/Heavy)

Counsellor: Hmm… And I'm wondering… How do you spend your days?

Tom/Debbie: Well… During the day I'm at work, then I go home or I just go out with

my girl/boyfriend. (Heavy)

Counsellor: OK… and what do you do at work?

Tom/Debbie: I'm in an IT department… Been there for the last three years.

(Light/Moderate/Heavy)

Counsellor: And how do you like it working there?

Tom/Debbie: It's ok, I guess… loads of things to do… I don't have much to think

about. So I guess, it's good. (Heavy)

Counsellor: It's good to not have time to think?

Tom/Debbie: Yes, so I can stop obsessing about what people told me or reading into

everything. Cos it drives me crazy! (Moderate/Heavy)

Counsellor: I see… and do you ever get angry at work?

Tom/Debbie: No, not really. Cos I don't think there. (Heavy)

Counsellor: So do you think that having time to think can lead you to get angry?

Tom/Debbie: Yes, I never thought about it in that way… People wind me up…

(Moderate/Heavy)

Counsellor: Like your girl/boyfriend last night?

Tom/Debbie: Yes… I was so stupid to react that way…

Counsellor: How else could you have reacted?

Tom/Debbie: I don't know? Maybe I could have got upset but without… Oh wait,

now I remember why we fought! She/He said that she/he might be moving miles

away for work!

Counsellor: And how do you feel about it?

Tom/Debbie: Well, yesterday it wound me up big time. Today I couldn't care less. If she/he needs to go, she/he can go. It's not like I can do something about it… I can't stop her/him. (Light/Moderate/Heavy)

Counsellor: OK.. and what did you tell her/him last night? What do you think made you angry?

Tom/Debbie: I don't know… I felt like she/he had already decided without asking me and I felt disrespected… (Heavy)

Counsellor: So what did she/he exactly say?

Tom/Debbie: She/He said something like: at work they have been asking me to consider to move to Chicago…

Counsellor: And what did you say?

Tom/Debbie: I said that she/he couldn't care less about my opinion so she/he can do whatever she/he wants. So she/he got upset and I got upset and then I nearly smashed the plate… I know it's so stupid… I'm an idiot. (Heavy)

Counsellor: What makes you think that you are stupid?

Tom/Debbie: I shouldn't have these reactions? It's a sign of weakness… (Moderate/Heavy)

Counsellor: You mentioned that your brother/sister seems to be more… calm?

Tom/Debbie: Yeah… he/she's always been like that. My parents used to praise him/her all the time. They still do!

Counsellor: And how are they with you? Do they praise you?

Tom/Debbie: Not really… It's not like there is something to praise… I'm kinda average… with an average job. (Heavy)

Counsellor: Would you like to be praised by them?

Tom/Debbie: Sometimes I do… and this makes me so angry when they don't acknowledge what I do… But most of the time, I just don't care and carry on. There's not much you can do. I don't really care… (Moderate/Heavy)

Counsellor: OK… So you said that you are not sure whether you need therapy or not? How would you know if you really need it?

Tom/Debbie: I don't know. You tell me, you are the expert… Am I a mess?

Counsellor: Well, I guess I go by what you told me earlier… Which is… that you are depressed and anxious a lot?

Tom/Debbie: Yeah, I wish I were like the others… It's ridiculous… (Moderate/Heavy)

Counsellor: So… I'm also wondering… Do you have anything in mind that you would like to get out of therapy? If you… decided to go ahead of therapy…

Tom/Debbie: Erm… I really don't know… I have no idea…

Counsellor: OK, sometimes it can be quite difficult to think of things we'd like to achieve in therapy… So let's see if this can help… Say you go to therapy for a few sessions… How would know if it's helping?

Tom/Debbie: Well, I'd not feel this crap all the time… (Heavy)

Counsellor: OK, and how would that look like on a daily basis? What kind of things would you notice if you didn't feel like that all the time?

Tom/Debbie: I don't know… Maybe I'd not get angry all the time and I'd not let people wind me up so much? I just want to feel more in control I guess. I don't want anyone to hurt me. I want to be stronger. (Light/Moderate/Heavy)

Counsellor: OK… You mentioned earlier that when you get angry, you don't feel under control and this upsets you. So you are saying that if you don't get angry so easily with people, you would be more in control? Are there situations in your life

where you feel under control?

Tom/Debbie: Yes at work. I know what I'm doing there and I think I'm good at it.
(Heavy)

Counsellor: OK… Are there any other situations when you feel in control?

Tom/Debbie: Hmm… I guess when I'm on my own and I don't have to be around people, then I feel under control, because I don't end up reading too much into what people are saying? (Moderate/Heavy)

Counsellor: Do you think that you read too much into people's behaviors?

Tom/Debbie: Yes, sometimes I just overreact and I hate it. It sounds so silly. I should just stop overreacting and carry on with life! (Heavy)

APPENDIX B: Questionnaire with items grouped under subthemes

Trustworthiness

The client was in good hands

The counsellor took good care of the client

If I were the client, I would feel emotionally safe in the session

The counsellor did not make the client feel at ease

Competence

The counsellor conducted the session well

If I were the counsellor, I would not have done anything different

The counsellor could have done better

The counsellor's intervention was effective

Willingness to go back

If I were the client, I would want to see the counsellor again

I believe that the client will not start therapy

I believe that the client does not want to see the Counsellor again

If I were the client, I would contact the counsellor to arrange next session

Attentiveness

The client was listened to

The counsellor was not a good listener

The client was at the centre of the counsellor's focus

The client's needs were not acknowledged by the counsellor

Overall impression

The session went well

The session could have gone better

The session was carried out impeccably

The session was flawed

Acknowledgment of individuality

I believe that the client felt valued as an individual

The counsellor attended to the client first and then to his/her problem

The counsellor did not care about the client

The client was just a number to the counsellor

APPENDIX C: Information sheet for participants

Title of study 'A mixed-methods research on the client's perspective during counselling'

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of this study is to understand the client's perception of counselling sessions. This study will provide us with data to include in the thesis for a Professional Doctorate in Counselling Psychology.

Why have I been invited?

You have been invited because you represent a portion of population that does not work in the mental health field and could provide us with an insight into the client's perception of counselling sessions.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you choose to withdraw, this will not affect you negatively nor will you disadvantaged in any way.

What will happen if I take part?
- Your involvement will last for maximum 40 minutes
- You will watch a 20-minute video and then will be asked to complete a questionnaire.
- You will meet the research only once, unless you agree to be contacted again for a follow-up interview
- If you decide to be contact again, you may be invited for one-off follow-up interview this will last up to 1 hour.
- The research will take place in London and you will meet with the researcher at a venue of your choice.

Prizes
- You may be invited to a follow-up interview if you give the consent to be contacted again
- If you are contacted, you will receive a £20 Amazon voucher for participating in the interview. If you decide to withdraw at any time during the interview, you will still receive the voucher.

What do I have to do?

You only need to meet with the researcher at the time and venue agreed to be involved in the study.

What are the possible disadvantages and risks of taking part?

Participating in this study is completely harmless

What are the possible benefits of taking part?
There are no direct benefits for you. However, exploring the participants' experience of counselling may ultimately help mental health professionals to deliver a better care for the clients.

What will happen when the research study stops?
if the project is stopped, then all the data gathered in the study will be safely destroyed.

Will my taking part in the study be kept confidential?
- Only the researcher will have access to the information before they are anonymised or encrypted
- All the data will be stored safely in the researcher's records and will be rigorously anonymised and encrypted.

What will happen to the results of the research study?
- The data will be published in a doctoral thesis and possibly published in a scientific journal. Anonymity will be maintained at all times.

What will happen if I don't want to carry on with the study?
- You are free to withdraw from the study without an explanation or penalty at any time.

What if there is a problem?
If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is 'A mixed-methods research on the client's perspective during counselling'

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: ██████████████████

Who has reviewed the study?
This study has been approved by City University London Psychology Department Research Ethics Committee, approval number *[insert approval number here]*

Further information and contact details
If you would like further information on the study, you can contact the researcher, Francesco Bernardi at ██████████████████ or alternatively the researcher supervisor, Pavlos Filippopoulos at ██████████████████

Thank you for taking the time to read this information sheet.

APPENDIX D: Consent form for survey online

To agree to participate in the study, please read the following:

- I am clear about the purpose and nature of the study.

- I am clear about what is involved in completing the survey.

- I am participating voluntarily.

- I understand that I can withdraw from the study at any point including before the study starts or during the survey.

- I understand that my responses will be completely anonymous and cannot be traced back to me.

Please indicate your consent to the study by choosing YES:

APPENDIX E: Interview schedule for qualitative phase

Thank you for accepting to be interviewed. I would like to ask you a few questions. The interview should last around 15 minutes and you can withdraw at any time. Please bear mind there are not right or wrong answers, as I am only interested in your opinion. Furthermore, you have the right to withdraw from the interview at any stage and will not be penalised for that.

1) How did you feel when you watched the video?

2) What thoughts did you have?

3) What did you think of the therapist?

4) Do you think that therapist and client had a connection?

5) What do you think makes a good session?

6) I am interested in the note taking, what are your thoughts about it?

7) Anything else to say or add or comment on?

Thank you so much for participating. Before I give you a briefing on my research, I was wondering if you have any concerns that you would like to discuss.

APPENDIX F: Consent form for qualitative phase

CITY UNIVERSITY LONDON

Title of Study: *'A mixed-methods research on the client's perspective during counselling'*

Please initial box

1.	I agree to take part in the aboveCity University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • being interviewed by the researcher • allowing the interview to be videotaped/audiotaped • making myself available for a further interview should that be required	
2.	This information will be held and processed for the following purpose: - Doctoral research thesis and journal publication I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purposes set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____   _____   _____
Name of Researcher   Signature   Date

_____   _____   _____
Name of Participant   Signature   Date

When completed, 1 copy for participant; 1 copy for researcher file.

APPENDIX G: Example of IPA for an individual case (Sean)

Notes right after interview:

Trust and openness: body language was perceived as too cold

Trust is a mutual concept: if I, as a client, I'm open, I'd expect the counsellor to be open too. Basically, he was referring to the concept of mirroring.

'Taking notes would have been worse, because I'd have wondered she did so'.

Also, he made a distinction between light and extensive note taking: the more intense the worse. In either case, he would like the therapist to explain why they were taking notes and for the client to decide whether notes should be taken or not.

Tentative themes identified

1. Importance of counsellor's open attitude

  1.2 Counsellor's friendliness to earn client's trust

  1.3 Counsellor should empathise/sympathise with client

  1.4 Sharing to facilitate connection

2. Note taking and feelings like a case

  2.1 Little vs. extensive note-taking

  2.2 Rationale for note-taking mediates experience of it

3. Useful uses of note-taking

  3.1 Different approaches for different clients

Themes	Quotes
Counsellor's friendliness to earn client's trust	'I'd want her to be more friendly. Because I feel like it's… yes, doctor in a way, but like a medical doctor, someone to hold my arm, and find the pain… But If I go to a psychologist, I'd feel to have someone to connect to and open myself to so I can find the deep stuff I want to find or just solve my issues. So I need more trust I guess' (1, 24-28) 'the relationship can't be smiling all the time but I'd like to have a friendly approach' (5, 94-95)
Counsellor should empathise/sympathise with client	'If I'm open I expect someone to be open too' (1, 33) 'And maybe the trust is created by openness by two sides' (1,34) 'Because I'd be sharing emotions about things and I would like to see emotions' (1, 40-41) 'For this case, I definitely did [ed. think that there was a connection between them], how he acted and how she was responded, I think it was working for them. (2, 53-54) 'if I see any emotions or reactions from them, I'd feel more trusted and more believed in this' (2, 67) I'm going there and I should know that person is also ready to build a relationship with me (3, 157-158) 'Because when you open yourself you're vulnerable and the other person should be open so you don't feel like you have to put your defence or you have to just lock yourself' (4, 68-70)
Sharing to facilitate connection	'if the other person doesn't share much… like anything, I would not feel the connection anyway' (1, 35)

Note taking and feeling like a case	'maybe he or she can take notes, but I'd expect to remember, because it's a strong thing. If I'm having a conversation with them, if you're not a case, not just case and they care about you, they should remember you. So for me, I'd expect them not to take notes. Because it's not a way to communicate for me, it's not a way to build a relationship for me' (2, 93-98) 'I feel like a case, like a doctor case. I don't perceive the psychologist like that…' (3, 103-104) 'it doesn't feel sincere.' (3, 107)
Little vs. extensive note-taking	'I'd like to build a relationship and taking notes, it could be few, but if it's too much, she just shows that I don't care, I just read later on' (3, 104-106) 'if she's taking too much notes, I'd think they don't care that much, like I said. It's like a case, you build up a case, you take notes, you go back and reading the session again' (3, 120-122) 'Maybe taking fewer notes may help in that way' [ed. Referring to 3, 129-134] (p. 3, 134)
Rationale for note-taking mediates experience of it	'I may also need from her an explanation for why she's taking the notes. It's explaining something why she's taking… and if I find it ok, that will help the trust part' (3, 112-114) 'If I know why the other person is taking notes and if it makes huge sense, I'd be OK taking load of notes maybe too… Because it's a relationship in a way… If the person doesn't perceive it's a fine thing that she's taking… it's both way… the person shouldn't starting taking notes…' (3, 141-144) ' if there's a reason for that, if also she or he needs to take notes and they explain well, why not? Because it's part of the trusting and openness (4, 150-152)

Useful uses of note-taking	'If she's taking notes at some points, it maybe reminding herself at the same time. Because she is also trying to solve my problem and I may feel like , OK, maybe this point is important, she may think over it and maybe she is listening to me right now, she can just make a progress. So this point important and later she will go and think about it and go deep and deep and try to solve what can work for me' (3, 129-134)
Different approaches for different clients	'For every individual, it should be a different approach maybe. Because I don't think that one approach would fit for all, so it's just for me… But I do think that it should change from person to person' (4, 175-178) 'they might have a defined approach… but at some point, if they think that this could work, they could maybe change approach according to that' (4, 185-187)