

Exploring Counsellors' Relationship with Reluctant Clients in Nairobi, Kenya

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ABSTRACT

Relating to a reluctant client in a counselling setting occurs regularly. It is a situation that needs to be taken care of by equipping therapists to eradicate ill-informed decisions that cripple therapeutic alliance. This research aimed to explore the relationship between therapists and reluctant clients, the emotional reactions of therapists towards reluctant clients, and the approaches that remedy the strained therapeutic alliance due to the client's reluctance. This study adopted a qualitative research design with six therapists who were purposively sampled. Data collection was carried out using a semi-structured interview guide. Data analysis was done using thematic approaches. The findings revealed that the client's reluctance affects the therapeutic alliance and the counsellor's emotions. In view of adapting to the situation and reaching the goals of therapeutic activities, therapists use some specific theories, such as, Cognitive Behavioural Therapy, Psycho-Spiritual Theory and Solution Focussed Therapy and consider the needs of the reluctant clients.

Keywords: reluctance, types of client, therapeutic alliance, therapist, emotions.

BACKGROUND TO THE STUDY

A counselling session is meant to support clients in their willingness to change according to their goals set with the help of the counsellor. And the two, collaboratively, are expected to reach or materialise those goals in the number of sessions they have agreed upon (Corey, 2013; Tschuschke et al., 2021). The client's factors, including mood, health, and perception of the therapeutic relationship impact positively or negatively the outcome of the sessions. The British Association for Counselling and Psychotherapy (2021), citing Norcross and Lambert (2019) and Cooper (2018), estimates the effectiveness of psychotherapy between 30-75%.

No one can effect the change that the client needs in their life; they are the main protagonist in the desired outcome they are looking for (Cedeno & Torrico, 2024). Attending a session may mean that the client is willing to make the change. It sounds contradictory to see the client in the therapy room, but willingly or unwillingly, refusing full participation in the therapeutic process. Counsellors need to observe the behaviours of their clients in order to appreciate their participation in the session through several indicators, including body language (Wilson, 2012)), interrupting the counsellor (Sutton, 2024) instead of listening attentively, getting upset when the counsellor makes comments on certain issues, "Forgetting" homework and coming late to the session or not coming at all.

The current research on the interaction between a reluctant client and their counsellor would get more insights from the theory of emotional intelligence. Daniel Goleman (1996) states that humans are endowed with two kinds of intelligence: rational and emotional. Both are useful in one's life. However, the intellect cannot perform well without associating with the emotional part of human capacities. The emotional brain helps humans navigate through different events of their life with more accuracy than the rational brain, thanks to its four dimensions: self-awareness, self-management, relationship management, and social awareness.

During sessions with their reluctant clients, therapists should use bracketing to avoid contaminating their therapeutic alliance. Bracketing on its own is a sign of emotional intelligence as it indicates a therapist's deep awareness of their issues.

Counselling is an activity done within the context of a helping relationship. A counselling relationship is meant to have qualities and attitudes that allow the client to bond with their therapist such as openness, trust, emotional availability, and mutual respect (Opland & Torrico, 2024).

In Canada, Patte et al. (2024) studied, among others, motives for secondary school students' reluctance towards seeking help for mental health from adults. The participants are reluctant due to the trust they have in their capacity to handle their issues alone. Other important reasons include suspicion of breach of confidentiality, fear of stigmatisation, and lack of trust in adults.

In their scoping review, Shepherd et al. (2023) studied the causes of men's avoidance of psychotherapy. Again, the idea of being capable of handling one's mental issues came up in this broad literature. Hegemonic culture prevents men from seeking help from mental health professionals. Hegemonic attitudes imply that men should show stoicism; discussion around one's emotions is considered a sign of weakness.

Mojaverian et al. (2024) compared Japanese and Americans on their capacity to seek mental health services. It appears that the explicit and implicit social supports are important attitudes in the difference between the two groups. Japanese choose to seek implicit social support, which does not disrupt their understanding of in-group cohesion, resulting in reluctance to the psychotherapeutic process. Americans' explicit social support opens the door to the exploration of their emotional life in a counselling session without fear of stigmatisation. However, women from Japanese and American groups are ready to discuss their emotional struggles with therapists.

In the Mojaverian et al.'s (2024) study, Japanese interdependent worldview (as opposed to individualistic American culture) has an impact on the way people view psychotherapy. Jolly (2024) speaking of Asian context, states that local means of healing might be more beneficial to Asians than psychotherapy which has more to do with Western values.

Dzokoto et al. (2024) studied the therapists' adaptation to cultural values and possible barriers to therapeutic alliance in the Ghanaian context. The research shows that psychotherapists encounter barriers in terms of reluctance to use of therapeutic skills. In Ghanaian context, clients expect to be offered advice as it is done culturally. Clients express their resistance to medical explanations of disease as they have their cultural/spiritual interpretations of illnesses. Another potential barrier to therapeutic alliance comes from cultural understanding of social hierarchy. Traditionally, young people obey old people's instructions and women have to listen to men. Language barriers require the presence of an interpreter.

Egunjobi et al. (2021) studied the attitudes of postgraduate students to mandatory personal therapy in four selected universities in Nairobi, Kenya. The majority of students (90%) had a positive attitude from the beginning of their sessions as a result of previous exposure to personal therapy, psychoeducation done by their lecturers, and a good therapeutic alliance. However, up to 52% of the participants to the study felt that the mandatory personal therapy was unnecessarily forced on them and sessions were too many. There were as well unethical practices including bribing some therapists in order to get the needed letters as proves of their psychotherapy attendance.

A conscientious therapist prepares in advance their sessions. All the time invested in the preparation of the session can be like a waste of energy when the client's engagement is wanting. As the therapist's mission is to bring wholeness, they might feel inadequate when they are unable to connect emotionally with their client in order to reach their goals. The two might not fit for each other. A referral (Davies, 2011) would do good to the client as their best interest should be preserved.

In counselling, there are many ways of categorisation of clients; the main ones are motivation, size or number of clients and the goals. Voluntary clients are self-motivated (Sutton, 2022). They find personal reasons to pursue therapy, including improvement in their professional life. Clients might come to counselling sessions motivated by external source such as a spouse complaint, disciplinary committee in school and one's boss in a

company. This type of clients are referred to counselling. Referred clients are potential reluctant clients. Involuntary client think that they do not need psychological assistance but they have to be there because others put them forcibly in the counselling settings resulting in frustrations (Bukhari et al., 2021). This type of clients as well is predisposed to being reluctant to the therapeutic processes.

A reluctant client does not open up during counselling sessions. They do not say clearly what is bothering them resulting in withdrawal, barricading themselves behind a deafening silence which looks like a silent treatment given to their therapist. Ucar (2017) defines reluctance as client hesitancy to embrace wholeheartedly their therapy.

Across literature, some approaches appear to be used in correcting the apparent negative attitudes of a reluctant client. In a special way, O'Hara (2025) points out person-centred approach. Cognitive Behavioural Therapy (CBT) handles any form of lack of cooperation to the therapeutic activities through changing of client's perception of reality. Bray (2022) and Sutton (2022) mentioned some of the skills used in relation to a reluctant client including building trust and openness.

Across literature, it appears that reluctant client and resistant client are mixed up and yet these are two different attitudes towards therapeutic alliance. The current research studied the relationship between therapists and reluctant clients plus the emotions related to this strained relationship in Kenyan context precisely in Nairobi. This study wished to fill in those two gaps.

Research Objectives

1. To explore the relationship between a counsellor and a reluctant client
2. To find out the emotional reactions of counsellors when faced with a reluctant client
3. To determine different approaches used to establish a therapeutic alliance

METHODOLOGY

This study opted for a qualitative research approach in view of collecting in-depth information on the relationship between therapists and their reluctant clients, the emotional consequences of such a relationship and the therapeutic modalities used by counsellors in response to reluctant attitudes. The participants responded to a semi-structured interview guide created for the research. The sampling procedure is purposive and the number of the participants is six, four males and two females. All the participants work in Nairobi precisely in Madaraka and Karen areas.

Data analysis was carried out using thematic analyses. The participants' interviews were recorded, transcribed, and the outstanding topics that were coming out of their experiences were picked in order to form common themes.

Findings

The results of this research were presented following the common themes that came from the data analysis. The themes include the recurrence of reluctant clients in counselling sessions, physical presence but absent-mindedness of reluctant clients, strained therapeutic alliance, therapist's negative emotions, and the use of particular theories to address the needs of the clients.

Demography

Participants	Age	Years of Practice	Sex
Participant A	41	5 years	Male
Participant B	69	35 years	Male

Participant C	36	6 years	Female
Participant D	72	30 years	Male
Participant E	47	2 years	Male
Participant F	35	5 years	Female

Table 1: Demographic Information of Participants

Relationship between Counsellors and Reluctant Clients

In other to explore the relationship between counsellors and the reluctant clients, it was necessary to find out if the participating counsellors had any experiences of reluctant clients. All the six participants recognise having dealt with reluctant clients; for them reluctance in therapeutic alliance is a recurrent phenomenon. Counsellor D’s experience of reluctant clients is frequent. He said, *“reluctant clients are time consuming. To journey with them, I need high level of patience. Referrals are most likely to be reluctant clients as they think that they are being punished”*. (Interview, 18/11/2025). Counsellor C also stated that she experiences reluctant clients severally, especially those referred by their parents. She realised that students are most likely one of the categories of clients who are hesitant in seeking therapy. (Interview, 18/11/2025)

When asked to describe reluctant clients, reluctant clients were described as physically present in a session but absent-minded. The content of their conversation lacks important information, resulting in tensions. Counsellor A said, *“reluctant clients seem not interested in the subject under discussion; they are unwilling to provide important information about themselves and they are distracted by anything around them.”* (Interview, 15/11/2025). Counsellor B found that a reluctant client may come to the session but lacks the sense of the issue to be discussed. He said, *“The person is uncooperative to the question posed by the therapist. A reluctant client is always hesitant and in a hurry.”* (Interview, 18/11/2025)

Regarding the relationship with reluctant clients, it was found that reluctant clients create a strained relationship between themselves and their therapists. No therapist would wish to be in such relationship as it has too many undesirable consequences. Counsellor B finds that he needs patience to handle successfully a relationship with a reluctant client. (Interview, 18/11/2025). Counsellor A reported, *“my relationship with reluctant clients is very unstable; I am aware of my judgemental attitude towards reluctant clients.”* (Interview, 15/11/25). Counsellor C said, *“It is a strenuous relationship. I have to fill in the dots all the time as the client keeps silence.”* (Interview, 18/11/2025)

Description of emotional reaction of counsellors

The study found that negative emotions invade the therapeutic alliance that the counsellors feel as if they are not at the right place when interacting with reluctant clients. Counsellor D stated, *“Journeying with a reluctant client is an exhausting experience. At the end, I feel like not attending to another client because inwardly I am left to feel that other clients might be the same. If it is the case I might be finished!”* (Interview, 18/11/2025). Counsellor B said, *“I feel beaten, let down and ineffective. The client is invalidating me! However, it is in this moment that I have to show unconditional positive regard.”* (Interview, 18/11/2025). Counsellor A described emotions as follows, *“I am judgemental towards my reluctant clients. (After a brief pause he adds) However, I change to be patient and give them more time.”* (Interview, 15/11/25)

All the participants experience an emotional draining relationship which leaves them emotionally energyless. They expect a recognition of their willingness to help but they get disappointed. For instance, Counsellor C stated the following, *“I feel drained and low. I want to offer help but the client is not reciprocating the same energy. My mission is not accomplished. The energy invested is not synergised”*. (Interview, 18/11/2025). Counsellor A also declared, *“I feel demoralised. It is so devastating. My colleagues tell me never to give up”*. (Interview, 15/11/25). *“It is in this context that therapists break down. The reluctant client’s behaviours make therapists experience vicarious trauma.”* (Counsellor B, Interview, 18/11/2025)

Counsellors' Ways of Handling Reluctant Clients

The study found that, counsellors find ways of navigating the obstacles they face in journeying with reluctant clients including adaptation to their personality and their needs. According to Counsellor E, *"I use self-disclosure saying, I am a religious leader. I am going to keep confidential the stories you will share with me!"* (Interview 19/11/2025). Counsellor C has put in place ways of navigating reluctance. She declared, *"I change the topic. I use the rule of 20 to 80% meaning I give the chance to the client to talk 80% of the time and I guide the conversation while talking the remaining 20%. I have to remind myself that I am a parent."* (Interview 18/11/2025)

It was also found that the study participants use specific theories adapted to their clients' needs and according to their personal training. Counsellor B explained that he uses motivational interviewing when the client does not see some aspects of their struggles. He added, *"Solution Focussed Therapy helps me direct the client towards the best solution for them. Cognitive Behavioural Therapy is used when I want the client to see why they behave the way they do and their possible change."* (Interview, 18/11/2025). Counsellor E said, *"I use psycho-spiritual theory combined with self-exposure when I observe that the reluctant client believes in God."* (Interview 19/11/2025). Counsellor A said, *"I make sure that I respect their developmental stage in my therapeutic alliance basing myself on Erick Erikson where behaviours are related to one's developmental stages."* (Interview 15/11/25)

Approaches for establishing a therapeutic alliance with reluctant clients

The six participants in this study create a therapeutic alliance through self-awareness and the knowledge of their clients. They take their time to evaluate the quality of their therapy.

Counsellor C resorts to a change of environment e.g., instead of being in the counselling room, the session takes place in the nature. (Interview, 18/11/2025). Counsellor B uses a combination of skills that includes self-efficacy, summary and reflective listening. (Interview, 18/11/2025)

Counsellor A said, *"I create ways of getting closer to the client while keeping my boundaries. I use encouragement (in the form of self-efficacy) when they succeed in performing a task; they feel appreciated and this appreciation creates closeness and trust."* (Interview, 15/11/25).

DISCUSSION

The findings of this study confirm the outcomes of other researches on the relationship between therapists and reluctant clients. The success of counselling sessions depends on a reliable therapeutic alliance (Bastos, 2024). Counselling relies mostly on talking that is why it is called talk therapy (Mind, 2018; Swartz, 2024). However, reluctant clients do not cooperate with their counsellor in building a strong and reliable therapeutic relationship where the client' stories or events form the backbone of the exchange that takes place during sessions.

Without clear and understandable client' stories, the counsellor is obliged to fill in the dots with suppositions or even unnecessary guesswork. Such a situation requires a lot of effort on counsellor' side. Consequently, reluctance in therapeutic alliance impairs meaningful cooperation between mental health professional and their clients resulting in tensions. Therapists develop emotional confusion which lead in some cases to questioning their competence, anxiety, anger, low self-esteem and burnout (Bukhari et al., 2021; Nor et al., 2023; Wardle & Mayorga (2016).

The relationship between a counsellor and a reluctant client needs intentional reshaping efforts in order to attain successful outcomes. Therapists are creative as far as the attainment of goals is concerned (Dzokoto et al., 2024; Hove et al., 2025). They use various theories and approaches. Cognitive Behavioural Therapy is used in view of bringing change of perception of the client's understanding of their issues (Sutton, 2021; Rooney, 2025); in other words, reluctant clients learn how to confront their distorted cognitive processes which fuel their reluctance and find solutions to their issues under the guidance of their therapists. Developmental stage theory facilitates the adaptation of counsellor to the reluctant client's needs. This theory informs at the same

time the therapist about any discrepancies or conflicts in the behaviour of the client as compared to their developmental stage (McLeod, 2025).

Some clients' issues need more than conventional theories and practices. That is why spiritually related tools are needed in order to attend effectively to the client's issues from where possibly originates reluctance, including deep seated-unforgiveness, absence of trust, lack of meaning and purpose in life (Burris, 2025). In such cases, psycho-spiritual tools such as prayer, rituals, mindfulness and meditation are more conducive than the conventional ones (Egunjobi, 2024), hence the importance of the use of Psycho-Spiritual Theory in case of reluctant client.

Various approaches are as well used including Motivational Interviewing which brings about clarification and decisiveness as the client needs to know and own personal reasons for change (Mental Health Academy, 2025; Hartney, 2025). Solution Focussed Therapy guides the client towards solutions that suit their needs (Miller, 2019; Psychology Choices, n.d.). Therapist's adaptation to their reluctant client plays an important role in healing the broken therapeutic alliance and in attaining the goals. Mutual trust and adaptation to the client's needs bring about client's engagement in the therapeutic alliance resulting in the needed change (Sackett et al., 2012).

CONCLUSION

Reluctance happens in a therapeutic alliance. It has a devastating impact on the therapeutic alliance, resulting in emotional disturbance on the side of the counsellor. A strained relationship between a mental health professional and a reluctant client can be changed into a life-giving opportunity when the therapist adapts their techniques to the reluctant client; in other words, rigidity on the side of the therapist worsens the already tense therapeutic alliance and prevents attainment of the client's goals. Therapists have at their disposal theories and approaches that can be used for the strained therapeutic alliance to be repaired and the goals to be attained.

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