Balancing closeness and distance through identity enactment: psychological therapy assessments explored through the assessor-client dyad

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Abstract

Whilst encounters in psychology are typically experienced relationally, qualitative dyadic research in psychology is relatively rare. This study used qualitative dyadic research to understand psychological therapy assessments, exploring how experiences are actively created through situated, relational encounters. Seven dyads participated in qualitative semi-structured interviews, predominantly from services for trauma survivors. Thematic dyadic analysis explored a third space, distinct from the experiential knowledge of individuals. We found that clients and assessors balance closeness and distance through enacting aspects of their identities impacting on connection, safety, trust and disclosures. Whilst assessors and clients come together as strangers, human beings, experts, collaborators and, at times, survivors, the key determining factor shaping the encounter is how successfully assessors communicate their humanity. We conclude that dyadic qualitative inquiry is a feasible and rich method for understanding the relational in psychological healthcare encounters.

Introduction

People who receive psychological therapy (a term we are using to include a range of counselling and psychotherapeutic approaches including trauma counselling, Cognitive Behavioural Therapies and so on) first undergo a clinical assessment, typically to establish service suitability and eligibility, and, where available, consider the most appropriate model of therapy based on goals and needs. Assessment processes vary, from multiple sessions over time leading to face-to-face decision meetings, to brief one-off telephone and/or face-to-face assessments leading to an offer, or not, of therapy. In some cases, therapy begins almost immediately, sometimes with the assessor as therapist. In other cases, assessor and therapist are different people, with the wait between assessment and therapy extending across many months.

Vast numbers of people undergo psychological therapy assessments every year. For instance, in England in 2018-2019, 1.6 million people were referred to the state-funded IAPT (Increasing Access to Psychological Therapies) service (NHS Digital, 2019), with many more assessed in NHS (National Health Service) and third sector services. Research has found that where clients experience assessments as positive, they may also experience a reduction in long-term iatrogenic harms (Hardy et al, 2017), and positive therapy outcomes (Morris, 2005). However, significant numbers of people who undergo assessment disengage from therapy shortly afterwards (e.g. Hardy et al, 2017; Marshall et al, 2016); a systematic review has found that between 16 and 67% of people fail to attend their first psychotherapy appointment (Hampton-Robb et al, 2003). Given the cost of failing to attend an appointment to the service that may have stretched resources, and to the individual who may be without support, it is important to understand whether and how assessments deter engagement.

Research has found that assessors consider the most important element of assessments to be establishing positive working alliances (Nakash and Alegria, 2012). Beyond assessments, there is an extensive body of literature exploring the relationship between therapeutic alliance and client outcomes within therapy itself. For instance, meta-analytic reviews have consistently identified a correlation between positive therapeutic alliance and positive outcomes in a wide range of therapy modalities and conditions (e.g. Martin et al, 2000; Horvath and Symonds, 2001; McLeod, 2011). More recently, a novel study by Goldsmith and colleagues (2015) found a causal link between therapeutic alliance in psychological therapy and symptomatic outcome, with poor therapeutic alliance having a detrimental effect on outcome.

An earlier systematic review of clients' experiences of psychological assessments, undertaken by some of the authors, supports the importance of therapeutic alliance for the assessment process. The review found that clients who experienced the assessor as cold or neutral were more likely to disengage from the service, whilst empathy created hope and enhanced engagement (Author, 2019*)*. Crucially, the extent of collaboration between assessor and client – defined as developing a therapeutic relationship based on mutuality, respect, trust, connection, hope and a recognition of power imbalances - was a key determinant of client experience.

The systematic review further found that social identity could shape the assessment encounter, with the multiple experiences and identities of clients and assessors influencing, and influenced by, the unfolding encounter. Lavie-Ajayi and Naksash (2017), for instance, used critical discourse analysis of a single assessment to explore how an assessor (who by definition held more power within the assessment encounter) individualised one woman's experiences of social injustice, rather than listening to her account of the broader sociocultural contexts. This demonstrated how differences in ethnicity and class shaped the

assessment and its outcome. Research has also found that aspects of social identity, including race, gender and sexual orientation, are relevant to unfolding therapeutic relationships (Barlow Sweet, 2012; Felton, 1986; Tummala-Narra, 2007). In her qualitative research, Baker (2018) found that in therapeutic relationships between black female therapists and white male clients, gender and particularly race shaped therapists' constructions of the self and meaning-making around lived experiences, with reflexivity enabling therapists to find the 'self' in the context of race and gender differences. Consequently, Baker concluded that social identity within the therapeutic relationship is best understood through notions of subjectivity and positionality, highlighting the fluid and temporal nature of identity.

Stets and Burke (2003) describe identity as oppositional and enacted in relation to a counter-identity, as in the roles of 'client' and 'assessor'. Yet according to Lacan, identities will also be constructed and shaped through our interaction with the 'Other' (Verbeke 2019), with individuals actively producing identity through talk (Howard 2000). For Verbeke and colleagues, this means that staff/patient identities will be altered through interaction. Indeed, research has demonstrated that identities are constructed and shift as interaction proceeds, with people employing fluid categories and identity definitions that are not always oppositional (e.g. Antaki et al 1996 cited in Howard 2000). This again suggests that within assessments, identities may not be fixed but are fluid and temporal, shifting as the encounter unfolds.

Negative impacts of assessments may be particularly harmful for clients whose decision to seek psychological therapy is underpinned by trauma, crisis and desperation (e.g. Author, 2019). Given the strikingly high levels of trauma in the general population (e.g. Felitti, 1998), those who undergo psychological therapy assessments may have experienced significant trauma and adversity in child- and adulthood (note, we are defining trauma as events or circumstances that are experienced as harmful or life-threatening and which have lasting

impacts on mental, physical and social wellbeing (SAMSHA, 2014). However, there is little evidence regarding trauma survivors' experiences of undergoing psychological therapy assessment, with a small number of studies suggesting the possibilities of iatrogenic harm. For instance, studies of women's experiences of assessment have found that having one's trauma experiences pathologised can feel acutely damaging and erode trust (e.g. Lavie-Ajayi and Nakash, 2017; McDonagh, 1997; Morris, 2005). Research with both male and female survivors of childhood sexual abuse has found that a failure to incorporate questions about, or disclosures of, childhood sexual abuse into assessments is experienced by clients as not being listened to (Rapsey et al 2017), which impacts on trust (McDonagh 1997). This is particularly acute where trauma is the primary reason for seeking therapy. In their study of people's experiences of personality disorder psychological therapy services, Crawford and colleagues (2007) found that some survivors reported trauma being broken open through the assessment process with insufficient support, creating a painful and traumatic experience (e.g. Crawford et al, 2007). There is also some evidence that trauma survivors can experience assessments as healing and validating. Morris (2005), for instance, found that the most positive assessment encounters provided validation, created hope and could become a catalyst for change.

Despite the possibilities for iatrogenic harm and noted impacts on engagement and outcome, psychological therapy assessments, particularly from the perspective of trauma survivors, remain an under-researched area (e.g. Meyer & Melchert, 2011). Our research therefore has a particular focus on trauma survivors due to the lack of in-depth research and potential for both iatrogenic harm and healing through assessment encounters. Additionally, we aimed to include a women's centre as a key site because research suggests there is a unique potential for harm and healing within psychological therapy assessments - often in the context of experiences of gender-based violence - within women only services (Author, 2019).

Dyadic research in psychology

Whilst psychological therapies and interventions are typically delivered relationally, it is uncommon for research in the field to explore dyadic experiences. There is a body of research which uses conversation or discourse analytic approaches to analyse transcripts of therapy sessions (e.g. Avdi and Georgaca, 2007). Where retrospective experiences of psychological therapies have been explored dyadically, the unit of analysis is typically clients who are undergoing couples or family therapy (e.g. Anderson and Johnson, 2010). Whilst there has been some research exploring therapist and client experiences within family therapy (e.g Sundet, 2011), there is little dyadic research exploring the encounter between the therapist/assessor and a single client. More commonly, qualitative researchers interview people individually, with the individual then constituting the unit of analysis (Hudson et al, 2018). However, in referring to informal caregiving, Forbat and Henderson (2003) write: "The relationship is the site for, and context of, experiences of care, and as such, the relationship is always central to our research questions". Within psychological therapy assessments, it is the enacted encounter between the assessor and client that constitutes the core context within which the assessment is experienced (Author, 2019*)*. However, beyond Lavie-Ajayi and Nakash's (2017) discourse analysis of a single assessment, dyadic research on psychological therapy assessments, as a method to gain a greater understanding of how assessments are experienced, is lacking.

Eisikovits and Koren (2010) identify varying dyadic research modalities (typically in family research), favouring separate interviews, with the dyad the unit of analysis. In this approach dyad members relay stories from their perspectives, the dyadic is captured without foregoing the individual, and triangulation of perspectives increases trustworthiness. However, they also observe that the other dyad member is present virtually, the analysis is removed from the

descriptive, and preserving confidentiality is complex. The specific analytic approach to dyadic data can vary, ranging from critical discourse analysis to thematic analysis for instance.

This study explored psychological therapy assessment experiences dyadically by conducting separate interviews with people involved in the same assessment to generate knowledge in a third, dyadic space distinct from the experiential knowledge held by any one individual (Eisikovits and Koren, 2010).

Aims

The purpose of this paper is to explore retrospectively dyadic experiences of psychological therapy assessments in order to understand the how relational encounters are experienced, particularly when clients have experienced significant trauma.

Methods

Sampling and recruitment

Participating sites were NHS or community-based psychological therapy services in a large metropolitan city in England. A purposive sampling strategy was applied at a service level to recruit services that i) see a large proportion of clients from diverse socio-economic backgrounds ii) treat trauma survivors and iii) include women's services. This sampling strategy was created because the earlier systematic review indicated that these factors are uniquely important in influencing experiences (Author, 2019).

Assessors were recruited through researcher contact with services. Assessors then identified eligible clients and approached them in the first instance to ascertain interest and, where

relevant, pass on researcher details. Clients who were interested in finding out more about the research then contacted the researcher directly. Care was taken at all stages to ensure that clients did not feel that they were obliged to participate, including during initial phone calls/email exchanges and at the interview.

Participants and services

Seven dyads participated: two dyads were from an NHS trauma service and two from a Women's Centre; one dyad was recruited through a charity for people with experience of childhood trauma, another from an IAPT (Improving Access to Psychological Therapy) service and the final dyad was from an IAPT Severe Mental Illness service.
Participants were interviewed between four days and one month after their last face-to-face assessment, with the exception of the service where people were interviewed post-therapy. Table 1 provides an overview of dyads and assessment processes. Most participants were white British, and all identified as heterosexual. Ages ranged from 27-49 for clients, and 26-67 for assessors. Assessors were psychologists, counsellors and IAPT practitioners, with a good spread of years of experience.

- Insert table 1 near here -

Whilst we approached therapy services for people from LGBTQ and BME communities, we were not successful in recruiting, partially because of an expressed concern that clients were too vulnerable to participate.

Interviews

Clients and assessors were interviewed shortly after the final face-to-face assessment, although in one service clients and assessors were interviewed post therapy, meaning participants reflected on their assessment having completed therapy. Inclusion criteria were: having undergone/conducted a psychological therapy assessment, being able to consent to participation, and consenting to personal participation and that of the other dyad member.

Participants were interviewed separately between June and November 2018 by (*initials*). Assessors were interviewed at their place of work, whilst clients chose community (e.g. library) and university settings. Semi-structured interview schedules were informed by Advisory Group feedback and in-depth literature work (Author, 2019). Interview schedules were revised after the first dyadic interviews. Interviews were audio-recorded, independently transcribed verbatim and anonymised. Care was taken not to reveal anything about the other dyad member's interview (e.g. Ummel and Achille, 2016).

Dyadic analysis

As dyadic research is uncommon, there is a lack of literature on analytic approaches. In our study, analysis aimed to generate a third, dyadic perspective, distinct from the experiential knowledge of any one individual, through comparing paired accounts. This third space has been described by Eiskovits and Koren (2010) as follows: "while contrasting and overlapping two individual versions we are also able to capture a third dyadic one (created by the researchers), without losing or corrupting the individual ones". This process, they argue, moves beyond the summing of two individual accounts to create new ways of understanding phenomena. We used a thematic analytic approach to achieve this, broadly corresponding to Braun and Clarke's (2006) stages of data familiarisation; generating initial codes; seeking

and reviewing themes; defining and naming themes; and producing a written account (as the final analytic stage). Data collection and analysis occurred simultaneously meaning that later interviews were subtly informed by the developing analysis.

To begin, the main analyst (a survivor researcher, *initials*) and a co-analyst (a survivor, former assessor and Trainee Clinical Psychologist *initials*) independently read and analysed three paired transcripts. A reflective discussion meeting considered emergent themes from our respective standpoints, a form of multiple coding (Author, 2012). This generated a coding frame, consisting of themes at individual and dyadic levels, which was applied to the full data set using MAXqda Plus 2018 (18.0.8) by *initials.*

In seeking themes, the client interview was read and analysed first, followed by the assessor interview and then the paired data, with a flow between individual and dyadic levels (Eisikovits and Koren, 2010). The individual level analysis centered on emerging ideas, patterns and themes, whilst the dyadic analysis centered on tensions (or contradictions) and synergies (or convergences) between paired accounts.

Initials then developed a second conceptual coding frame through reviewing coded data to identify key tensions and synergies across the dataset with potential explanatory power in determining assessment experiences. Negative instances were sought to interrogate the emerging analysis and expand thematic depth (Lincoln and Guba, 1985). A second co-analyst independently analysed the dataset at this stage as a further form of multiple coding (Clinical Psychologist *initials).* Throughout data analysis, emerging themes and ideas about the data were captured and tested through a research diary (e.g. reflective notes written after each interview) and extensive memos (captured in MAXqda).

The study was guided by a Service User and a Clinician Advisory Group. A data workshop was held jointly with available Advisory Group members, attended by five experts with

experience of undergoing, delivering and supervising psychological therapy assessments. This provided an additional lens through which to explore and interpret the data, based on participants' experiential knowledge of undergoing or conducting assessments. The workshop focused on two key areas: first, key ethical issues, explored in the next section, and second, the analytic framework and main findings. Workshop attendees draw on personal experiences to situate and develop findings.

Finally, a full written analytic account was produced, with a backwards and forwards movement between transcripts, coded data segments, written code summaries, co-analysts' findings, data workshop discussions and the evolving write up (Braun and Clarke, 2006).

Ethical issues in dyadic research

Ethics approval was granted by Camberwell and St Giles Research Ethics Committee (18/LO/0077). Prior to gaining ethics approval, a small Ethics Working Group was formed, consisting of two people drawn from the Service User Advisory Group (*initials)*. The aim of the group was to discursively develop an ethical dyadic research process. For instance, sharing transcripts with participants was seen as an important ethical principle, relating to transparency, power and research ownership (Forbat and Henderson, 2005). This may be particularly important for people who have experienced trauma and mental distress (Faulkner 2004) and who may have lacked reciprocity through experiences of giving stories and receiving little in return.

Through the process of dyadic analysis and write up, the key emergent ethical issue became that of preserving internal confidentiality between dyads (e.g. Hudson et al, 2018; Ummel and Achille, 2016; Forbat and Henderson, 2004). Hudson and colleagues describe a) withholding demographic information on speakers, and b) refraining from using side-by-side

quotes (i.e. paired quotes from a single dyad) as essential steps in preserving confidentiality, writing:

> While this approach may compromise the integrity of the data, and is a difficult balance to strike, ultimately we have prioritised ethical defensibility over richness in reporting dyadic analysis.

Similarly, for Ummel and Achille, ethical defensibility meant "publishing results on a general rather than dyadic level".

In this study, participants in the data workshop discussed example side-by-side quotes, in the context of the overarching analytic framework, which explored contradictions or synergies between assessor and client accounts of the encounter. We elected to prioritise ethical practice over communicating the richness of dyadic data and therefore, whilst study participants consented to the use of quotes in written work, we do not present any side-by-side quotes. Instead, our analytic account indicates where there were striking similarities or tensions within dyads. In addition, due to the small number of dyads, we have largely de-gendered speakers to increase anonymity, denoted through gender-neutral pronouns within square brackets, and have not provided any further demographic or contextualising information about speakers. This approach, whilst ethical, places limits around the extent to which an analysis of the relational can be presented.

In keeping with this ethical approach, we are not making transcripts available in a data repository because of the complexity, and perhaps impossibility, of doing so without breaching confidentiality.

Results

Balancing closeness and distance emerged as explaining much of what was occurring in the third, dyadic space of the relational encounter between assessor and client; the third dyadic space that is created by the researcher comparing, contrasting, and moving beyond, individual accounts. An understanding of identity enactment was key to explaining how and why closeness and distance was created and balanced. An overview of our main findings can be found in Table 2. We have presented our findings through the prism of aspects of identity, interweaving key descriptive and interpretative sub-themes that contribute to understanding closeness and distance. Sub-themes appear in bold and italics e.g. ***building trust***, ***feeling deconstructed***.

Data workshop participants felt that the analysis resonated with their experiences, with the discussion in the workshop providing context and support for the written analytic account.

- Insert Table 2 about here –

As strangers

The key context of assessments is that clients have experienced ongoing distress and often no longer feel able to function or cope, and have reached out for help. Yet they are reaching out to a stranger, meaning the encounter begins with distance.

> it’s such an enormous bit of faith you've gotta…put into these strangers. Client 1

> at times scary, I think, 'cos they're coming…and we'll always say this, that, you know, it's understandable: 'cos you're coming to somewhere new, you don't know *me*, you know? Assessor 7

The need to access psychological therapy was often powerfully communicated:

> the person's been through hell, they're going through hell, it's been going on for a long time and…this assessment…yeah feels like it's either hope or it's the end. Client 1

In undergoing assessment, clients often revisit painful and traumatic experiences, partially to justify their service use. Many described ***feeling judged***, as though the assessment is a test to pass to secure desperately needed help. Where this sense of judgement is reduced, so too is the sense of distance between the client and assessor, creating a safer encounter.

Some clients and assessors explained that trauma survivors have often experienced fundamental abuse/s of trust, making it difficult to trust strangers, particularly those with authority.

> for the women here they don't have many relationships that they can actually trust *anybody*…it's always ended up being toxic and abusive, so to be able to have that in a room where you can say whatever you like and no-one's gonna judge you…I think that's very…is part of the healing process. Assessor 6

Within assessments, difficulty trusting is exacerbated because the assessor/stranger may hold the client's fate in their hands, deciding whether or not they receive help. There was a striking mirroring of language within dyads when describing the lack of trust. One assessor (7) explicitly described the assessment encounter as ***building trust***, with the following quote demonstrating the overlay between sub-themes.

> it's a trust issue isn't it; you have to build up the trust that they're not gonna judge you. Client 7

> they will have a strong sense of distrust...And the difficulty is that without that sense of trust they are not going to be able to engage effectively in order to not only have treatment but even assess their problems. Assessor 3

Consequently, this assessor is "*doggedly* open and transparent – *even* if it means giving people stuff they don't wanna hear". Likewise, some assessors described ***being transparent*** about the therapy and its possible impacts, including iatrogenic harm, to create trust and ***building connection***:

> And also I suppose was hoping that that would develop some level of you know trust and sort of some level of belief in [their] mind about, you know, the process and about *me*; I was hoping that might…build a sort of relationship. Assessor 4

Some dyads described face-to-face, telephone or email contact prior to the assessment as reducing distance, easing the subsequent assessment encounter. This seemed particularly important to trauma survivors.

> I'd spoken to [them] at length twice before on the phone, so [they weren't] a stranger to me. Client 1

> when I met [them] the first time I'd also spoken to [them] quite a lot over the phone leading up to it so I think that might have helped [them] feel a bit more open … rather than [them] just meeting a new random person that [they haven't] spoken to before. Assessor 1

The experience of assessor and client as strangers is particularly acute in telephone assessments where there is a lack of eye contact, body language and facial expression to ease the encounter and decrease distance:

> that *first* moment of actually telling somebody these, the thing that you've been struggling with is…I *know* from experience is a really, it's you know a scary, horrible thing to have to do. So to be doing that over the telephone with somebody that you can't even see or put a face to, um, I think can be very challenging. Assessor 4

Despite this, telephone assessors were often described positively, and one client valued the initial telephone assessment as the distance created enabled greater disclosure. However, telephone assessments were at times compared disfavourably to face-to-face assessments

because of the inability to decrease distance: the following client described "that human connection with another person" as the major difference:

> And I know when I had my contact with *assessor name* at the *service name* I was in a lot of pain, so I needed that human touch with another [person]. But yes, I don't know, it was just quite clinical. Client 4

As human beings

Repeated throughout the data was the sense that cold, clinical assessment encounters maintain or increase distance whilst encounters where assessors ***communicate their humanity*** typically decrease distance, creating a sense of connection and ***feelings of safety***.

> I think it's the person. I think if someone was a bit cold and just really textbook and not very compassionate I think then it wouldn't feel so safe. Client 4

Assessors actively worked to decrease distance between themselves and the client through conscious efforts to communicate their humanity: using empathy and warmth; avoiding judgement; demonstrating transparency and trustworthiness; displaying active and careful listening; de-medicalising language; adapting to the individual; and conveying respect and understanding. One assessor described connecting as humans as the primary objective of assessments.

> be a human-being in the room at *all times* and to have *principles*; to always think, every single person should…feel like they've been treated like a human-being. And if you don't do that give up. Assessor 3

For clients, the assessor's personal qualities humanised the experience, creating a sense of ***feeling cared for rather than being a number*** to be processed through a system. This decreased distance, increasing connection.

> talk to me as a person, not as a *case*, um, that would help. Client 1

> I think most of [creating trust] is about giving people the message both verbally and non-verbally that you have time for them that you genuinely care. Assessor 5

There were striking examples of dyads mirroring language when the client's description of the assessor's approach was juxtaposed with the assessor's description of how they conduct assessments. There were also times when assessors did not communicate their humanity within the encounter, the assessment felt clinical, or assessors were perceived as inauthentic in their empathy (often referring to assessors outside of the dyad). Consequently, the sense of distance between strangers was maintained, sometimes determining whether clients ***opened up or held back*** about their trauma experiences.

> it was like a gut instinct that I knew that I could trust [them]. I knew that there was no judgement, that I could talk to [them] openly about everything that had happened and

> not only that I could also tell [them] I think that all of this that happened was my fault, because I needed to tell [them] that in order for [them] to be able to help me. Client 4

Assessors sometimes conveyed sensitive understanding of how experiences and social identities might impact on a person's sense of safety, affecting experiences of closeness and distance. Whilst assessors often maintained the same approach regardless of perceived demographics, some adapted their approach to individuals, without making assumptions.

> of course that person on that day may not fit within that category. So I tend to make adjustments as I go, but sort of try to just test them out as I go. 'Cos sometimes the adjustment, you *think* you need to make it one way and *actually* you make it the wrong way because they're not like their class. Or, you know, gender is less important than the fact that you've got an accent. Assessor 3

For most clients, the social identity of the assessor mattered less than their ability to communicate their humanity, although opportunities to connect woman-to-woman were also valued.

> It's about the role and the way that they are with you as well, so it could have been someone that was a man or whatever and if they weren't compassionate and professional the same way that's what it depends on, but then again, I think there is something quite powerful about having a connection maybe with women as a woman. Client 5

Being assessed by a woman may increase closeness, potentially impacting on trauma disclosures. An assessor from a women's therapy service explained:

> I think initially they come here and they feel safe. There are only women here and they haven't got to be worried about any men being here. They just feel safe. Assessor 2

As experts

Assessors simultaneously strive to communicate their humanity whilst drawing on clinical and professional expertise, increasing closeness to the client and their experiences. For some, engaging in cognitive, clinical tasks whilst listening to traumatic experiences can be ***protective against vicarious trauma*** through distancing from what is being heard. This requires careful balancing so that humanity remains communicated.

> you are just exposed to the distress and the enormity of what they've been through without that. I think what's protective about it is the fact that I'm always thinking about what do they need…and formulating things in my head. Assessor 5

'Professionalism' was clearly valued by clients, at times mentioned in the same adjective cluster as compassion, humanity and care: "he was professional but I felt that he *cared*" (Client 2).

Clients, too, balance closeness and distance in striving to protect themselves from the potential retraumatisation of trauma disclosures. This requires self-knowledge – a form of expertise – in understanding one's needs, alongside the ability to ***enact self-care strategies***.

> I held back…getting in to anything too meaty, just because it was a line I didn't wanna go down, when I didn't even know if I was gonna get accepted…So I, I kept a little bit back – um, well not *back*, which is why I was quite surprised at how…I did feel a bit wretched when I came out. Client 1

Some trauma survivors were so close to, and immersed in, the experiences driving them to seek help that the words were spilling out, with the opportunity to speak incredibly important. For one person, ***being contained*** – having an enforced distance between oneself and the retelling of one's experiences – felt frustrating, increasing distance between client and assessor. Another survivor described being numb to her trauma, a form of distancing that meant she felt unconnected to her story, "I was talking about it like it had happened to someone else" (Client 4). This was echoed by an assessor.

> it's just here it *is*, here's my story and they've been saying it enough times that they, they don't feel upset by it. Um, sometimes it can be…it can be like a weight off their shoulders. Assessor 7

For this client, the assessor's expertise was critical in enabling them to accept that they had experienced abuse, allowing them to move closer to their experiences.

> I remember when I looked at *assessor name* on a letter and all of the qualifications that [they] had and I was like, shit, this [person] knows what [they're] talking about. I can trust [them], [they] really know…what [they're] on about. Client 4

Whilst they may have come to understand their experiences as abuse in their own time, the assessor's expertise was clearly powerful in ***naming and validating*** experiences, an experience echoed by other clients.

As collaborators

In one dyad, there was a striking example of a client and assessor enacting the assessment as collaborators. For the client, this created a powerful sense of closeness to the assessor - of having another person walking alongside them - borne of warmth, professionalism, a sensitive, negotiated approach and a sense of ***being heard*** and cared for. This client was able to share her trauma experiences and their impacts.

> it was just like you were sat there and someone is in tune with you in your journey and feeling that pain. Client 6

Similarly, an assessor explained:

> I like to see myself as…walking along beside you - it's not giving advice; it's not telling you what to do, it's not problem-solving; it's helping you connect to the wounds. Assessor 7

At the opposite extreme, one client experienced the assessor as an administrative gatekeeper and was consequently unable to connect to the assessor, meaning that the distance the assessment began with was maintained. Consequently, the assessment:

> felt like it was a secretary taking the…you know like filling in the forms-type thing. Client 7

Experiencing trauma involves a deep and frightening lack of control: consequently, ***conveying control*** within the assessment becomes a vital element of a collaborative approach:

> Be open and honest and transparent…convey *maximum* control – whatever happened to them they had no control: your job is to give them full control. Assessor 3

> I felt in control of what was going on. I didn't feel like I was having these questions fired at me that I didn't understand…I felt in control of the situation and I felt supported and cared about as well. Client 4

For some people, opening up about trauma can leave them ***feeling deconstructed***.

> you just feel like a complete *mess* when you come out of it anyway…you do feel like someone's *picked* away at a huge scab and you're a bit shaky and a bit wobbly. Client 1

> I think almost without *fail* people will feel worse, at best tired, at worst like awful. Assessor 3

Enabling distance from trauma by not asking for specific details was an important way that client's felt some sense of control within a collaborative encounter, enabling them to make it through the assessment.

> *Assessor* did explain that. You don't have to share everything if it's too much for you because [they] said about [they] didn't want me to leave and be in a bad place from saying everything. Client 5

This felt good because:

> then you know that you don't have to let everything out then and there to still get seen. Client 5

As survivors

A key way that assessors reduce distance between themselves and their clients, and from their client's experiences, is through reflecting on personal experiences of crisis, trauma, and service use. Some assessor's described ***walking in another person's shoes.***

> I like to *hope* that it gives me an added layer of…empathy with people and also an ability to understand, *particularly* those people in sort of crisis…what that sort of feels like…I wonder whether it *does* enable me to get into people's shoes a bit more. Assessor 4

Whilst this was largely achieved reflectively, assessors occasionally shared aspects of their experiences, for instance to ease the experience of disclosure. This could give clients reassurance or hope:

> But I definitely did have some hope that because *assessor name* who did the assessment shared a little bit with me about [their] experience of [their] [first] relationship in a very general way and it gave me a bit of hope that if [they'd] been able to move on from a similar situation that I could as well. Client 4

Two clients expressed ***role confusion*** which inhibited the extent to which they felt able to open up, maintaining a sense of distance.

> the one thing that…stopped me being really open was not really knowing what was expected of me. Client 7

One assessor described a client as 'knowing the drill' through repeated service use, enabling them to open up.

> because [they have] been in services for a really long time and…had support from lots of different services and things, so I feel like [they] knew the drill of the assessment and what needed to be done. Assessor 1

Discussion

Conducting dyadic research into assessment processes has enabled us to explore, retrospectively, the ways in which experiences of assessments are actively created through situated, relational encounters in ways that would not have been possible had we used traditional qualitative interviewing approaches. Our key finding is that client and assessor dyads, as they relate, balance closeness and distance through an understanding and enactment of aspects of their identities, impacting on connection, trust, safety and disclosure. In the most healing encounters identities intersected with people relating to one another as human beings, experts, collaborators and, at times, survivors. Whist the retrospective methods that we used did not allow us to capture dynamic shifts fully, our analysis suggests that identity within assessment encounters is not a dichotomous construction of client and assessor, but a nuanced enactment of multiple intersecting aspects of identity that shift as the encounter unfolds, for instance in the movement from strangers to collaborators (e.g. Antaki et al, 1996

cited in Howard 2000). This tentative finding resonates with Lacan's conceptualisation of identity as constructed and shaped through our interaction with the 'Other' (Verbeke, 2019), whereby individuals actively produce identity through talk (Howard, 2000). Further dyadic research into identity enactment within assessment encounters utilising discourse or conversation analytic approaches may be fruitful.

According to Lacan, the multiplicity of identity roles never fully coincide within a singular context, creating divided subjects (or clients) with aspects of the self that are often ignored in clinical practice, resulting in objectification (Verbeke et al, 2019). This might be particularly harmful for trauma survivors who have experienced abuse as a form of objectification. The multiple aspects of identity that clients enacted within assessment encounters – extending beyond victim/survivor/disordered to expert, collaborator and (most fundamentally) fellow human being - belies the objectification of clients that might occur in clinical settings where only the most vulnerable aspects of identity might be seen.

We also found that aspects of identity held different meanings and were enacted differently dependent on whether the person was positioned as assessor or client. For instance, while assessors were experts on the impacts of trauma, clients were experts of their own experiences and internal world, a self-expertise that could result, for instance, in a balancing act between self-protection (maintaining distance from trauma) and opening up to secure a service (getting closer to trauma). The notion that clients hold expertise is a central tenet of collaborative approaches to psychological therapy processes. For instance, Anderson (2015) writes:

> Client and therapist each bring a particular expertise to the encounter: clients are experts on themselves and their lives; therapists on a process and space for collaborative relationships and dialogic conversations. They jointly develop expertise or knowledge that is an intersubjectively shared form of knowing" (page17).

In our study, assessors carefully drew on personal experiences of trauma and/or crisis, either reflectively or openly, and in the context of foregrounding other aspects of identity, to establish empathy, reducing the distance between themselves and the client. In their review of the literature on self-disclosure (revealing personal thoughts, feelings and experiences to a client within a therapeutic encounter), Henretty and Levitt (2010) concluded that this should always be considered and have a clear rationale that furthers therapeutic processes. In their qualitative study, Riches et al (in press) found that therapists seek to walk the line between personal privacy and fostering warmth and authenticity, with self-disclosures improving outcomes but potentially coming at a cost to therapists. This echoes the careful decision-making and rationales described by assessors in our study. Whilst previous research has explored the importance of self-disclosure during therapy (e.g. Gelso et al, 2005) our research indicates that self-disclosure also has important benefits at the assessment stage.

Burke (1980) describes role identity as being learnt through interactions with others, with differences resolved through negotiation (cited in Stets and Burke, 2003). However, we found role confusion amongst some clients who were unable to clarify what was expected of them. Where role clarification occurs, it can help balance control, with both dyad members understanding the rules of engagement. Demystifying therapy and addressing its secrecy has been described as an important ethical issue (Trivedi forthcoming). There are also inherent role conflicts for assessors, for instance, when the role of administrative gatekeeper is more pronounced than other aspects of identity. This requires organisational reflection on the systemic and procedural barriers preventing human encounters.

Above all else, we found that the single aspect of the encounter that reduced distance and increased connection, trust, and safety was the success with which assessors communicated their humanity. This was achieved in multiple ways, including: prioritising building trust; using language carefully and without pathologisation; conveying empathy and a lack of

judgement; demonstrating honesty and transparency; sharing control and negotiating; and clearly and actively listening. Where attempts to convey humanity were experienced by clients as authentic, the distance with which the encounter began was reduced, and connection increased. We also found that achieving an authentic, trusting, transparent and humanising encounter was particularly important in enabling trauma survivors to remain engaged with the service.

The notion that the assessment encounter is enacted relationally, with the quality of that relationship key to determining experiences, is in keeping with Carl Rogers' belief that it is the relationship, rather than the modality, which predicts therapeutic success (e.g. 1951). It also supports research which has found that basic human qualities - such as warmth, empathy, honesty, trustworthiness and kindness - lie at the heart of therapeutic relationships (e.g. Author, 2014). As one client in this study observed, "it wasn't so much what she did…it's who she was" (Client 4). This finding also connects to previous research which has found that the quality of the therapeutic alliance is important during psychological therapy assessments (e.g. Morris 2005) as well as within therapy more broadly where it is connected to positive therapeutic outcomes (e.g. Goldsmith et al 2015; Horvath 2001). Sundet (2011) for instance, conducted qualitative research with therapists and families which identified relationships as one of three factors that were central to families' experiences of helpful therapy. Families conceptualization of helpful relationships with the therapist included feeling listened to, taken seriously and believed. Specific to assessments, Singer (2005), has described the importance of developing person-based approaches that strengthen therapeutic alliance whilst also deepening understanding of clients and enhancing the effectiveness of future interventions.

Finally, we found that women often valued undergoing assessments with female assessors, particularly where there were past experiences of male violence. This echoes McDonagh's

(1997) findings that women whose sexual abuse had previously been ignored or pathologised within an assessment context sometimes sought feminist therapy that would engage with their life experiences, rather than understanding them through psychiatric diagnoses. Similarly, writing as a client, Sen (2017) describes experiences of oppression that may not be understood by therapists: "No matter how caring a person is, if they haven't experienced or looked into the experience deeply, they won't "get" the trauma, and trauma it is, of having a less than, demonised status". Sen describes such experiences as amounting to an 'inequality of identity' between clients and therapists continuing, "You are not told what to do with your identity in this relationship, or how to be confident and safe with that identity". Further research adopting an intersectional approach is needed to gain a greater understanding of the role of social identities within assessment encounters (e.g. van Mens-Verhulst and Radtke, 2006).

Strengths and limitations

Dyadic research enabled us to explore assessments relationally and through a third perspective borne of transcending individual accounts, creating new understanding of assessment experiences (Eisikovits & Koren, 2010). A methodological strength of dyadic research is that it privileges relational space in the research process, leading to new insights. Trustworthiness is increased through multi-perspective exploration (of paired accounts), akin to triangulation (Eisikovits and Koren, 2010). Our study was strengthened by an Ethics Working Group and by an analytic account informed by multiple standpoints: all team and Advisory Group members had either undergone and/or conducted psychological therapy assessments.

As discussed, confidentiality placed limits on how findings could be reported, limiting the value of dyadic research. This is consistent with previous authors' findings on the ethical consideration of side-by-side quotes and withholding of contextualising demographic information on participants (e.g. Hudson et al 2018; Ummel and Achille, 2016; Forbat and Henderson, 2004). Dyadic research is unusual and can appear to scrutinise clinicians' therapeutic relationships; this perception may have prevented assessors from participating, resulting in a small sample. However, the richness of dyadic analysis means that it is possible to produce an in-depth analytic account. Eisikovits and Koren (2010) highlight that whilst individual interviewing creates space for critical reflection, the other dyad member is present virtually, potentially altering what is un/said.

Specific limitations of this study include that as assessors were gatekeepers to clients, clients did not have the same chance of being included in the study. Assessors approached clients following assessment; it is possible that these clients had a more positive experience. All clients were accepted for therapy (sometimes with conditions). Rejected clients may experience and reflect on assessments differently (e.g. Marshall et al, 2016). Future dyadic research should explore the perspectives and experiences of these clients as well as therapy modalities where identity categories are matched e.g. peer counselling.

Conclusions

This novel study adopted a qualitative dyadic approach to understanding psychological therapy assessments relationally, with the aim of understanding how assessment encounters can create positive, healing experiences for clients, particularly those who have experienced significant trauma. Dyadic research is an important way of elevating the relational (as opposed to the individual) to the main focus of enquiry in qualitative research. We found that

dyad members balance closeness and distance - particularly through connection to and distancing from individual trauma – through enacting different aspects of their identity, and that this impacts on connection, safety, trust and disclosures. When clients and assessors come together as humans, experts, collaborators and survivors, the safest most healing assessments are enabled. This understanding of how identities are enacted in assessment encounters demonstrates that above all else, it is the success with which assessors communicate their humanity that determines clients' experiences, highlighting the importance of humanising encounters for both assessors and clients. We conclude that dyadic qualitative inquiry is a feasible and rich method for understanding the relational in psychological healthcare encounters.

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Table 1: Dyads basic demographics and assessment process				
Setting	**Participant**	**Demographics***	**Work / education**	**Assessment process**
Dyad a Community	Client	Male, Chinese, 43, heterosexual	Self-employed; degree	One face-to-face assessment for one-to-one counselling/psychotherapy with therapy beginning the following week
	Assessor	Male, White British, 60, heterosexual	Experienced counsellor	
Dyad b Community	Client	Female, White British, 39, heterosexual	Part-time; degree	One face-to-face assessment for a range of possible therapeutic supports (counselling, Freedom Programme, support groups) then a waiting list place
	Assessor	Female, White British, 45, heterosexual	Trainee counsellor	
Dyad c Community	Client	Female, White British, 35, heterosexual	Part-time; degree	As above. one face-to-face assessment for a range of supports (counselling, Freedom Programme, support groups) then a waiting list place
	Assessor	Female, White British, 67 heterosexual	Experienced counsellor	
Dyad d NHS	Client	Female, White British, 49, heterosexual	Self-employed; O-levels	Three face-to-face assessment sessions for a specialist tertiary trauma service offering specialised CBT, followed by an outcome meeting
	Assessor	Male, Mixed Heritage, 45, heterosexual	Experienced psychologist	
Dyad e NHS	Client	Female, Black British African, 39, heterosexual	Part-time student (A-level equivalent)	Ten face-to-face assessments for a specialist tertiary trauma service offering specialised CBT, then referral for preliminary treatment elsewhere
	Assessor	Female, White British, 51, heterosexual	Experienced psychologist	
Dyad f IAPT	Client	Male, White British, early 30s, heterosexual	Full-time; masters	Telephone assessment, gap, second telephone assessment, waiting list place, then one face-to-face assessment with the therapist (first therapy session). The service predominantly offers CBT.
	Assessor	Male, White British, young, heterosexual	Experienced IAPT practitioner	
Dyad g IAPT	Client	Female, White British, 20s, heterosexual	Unemployed; A-level equivalent	Face-to-face assessment, waiting list place, second face-to-face assessment,

	Assessor	Female, White Asian, young, heterosexual	Recently qualified psychologist	therapy beginning shortly afterwards. The service predominantly offers CBT for 'severe mental illness'.

* Self-identified ethnicity and sexual orientation

Table 2: Overview of thematic findings

Overarching theme	Sub-themes	Theme summary	Example quotes
Balancing closeness and distance…	As strangers	The key context of assessments is that they begin with distance, with clients reaching out to a stranger, often from a place of crisis and desperation. However, trauma experiences make it difficult to trust people, particularly those perceived as having authority. Therefore, building trust and connection are key to moving beyond being strangers, thereby closing the distance with which the assessment process begins.	It's such an enormous bit of faith you've gotta…put into these strangers. Client
	As human beings	In the most healing encounters, assessors communicate their humanity to clients, reducing distance and increasing closeness. Communicating humanity creates a sense of connection and safety for clients, impacting on trauma disclosures.	be a human-being in the room at *all times* and to have *principles*; to always think, every single person should…feel like they've been treated like a human-being. And if you don't do that give up. Assessor
	As experts	Alongside humanity, assessors also drew on their expertise to increase closeness to clients and their experiences, and to protect themselves from vicarious trauma through clinical distancing. Clients also drew on their expertise - through self-knowledge - to decide how much to share and how much to withhold, carefully balancing their closeness to and distance from trauma.	I remember when I looked at *assessor name* on a letter and all of the qualifications that [they] had and I was like, shit, this [person] knows what [they're] talking about. I can trust [them], [they] really know…what [they're] on about. Client
	As collaborators	Collaborative assessments were amongst the most healing encounters, creating a sense of being heard and cared for amongst	Be open and honest and transparent…convey *maximum* control – whatever happened to

		clients which decreased distance and increased closeness. Trauma involves a significant lack of control and consequently some assessors prioritised conveying control to clients, particularly around trauma disclosures.	them they had no control: your job is to give them full control. Assessor
	As survivors	Some assessors reflected on and occasionally communicated their personal experiences of trauma. This decreased distance and increased closeness, providing clients with hope that things can change. Amongst clients there was at times role confusion regarding what they ought to be saying, maintaining the sense of distance that the assessment opened with.	But I definitely did have some hope that because *assessor name* who did the assessment shared a little bit with me about [their] experience of [their] [first] relationship in a very general way and it gave me a bit of hope that if [they'd] been able to move on from a similar situation that I could as well. Client