The consultant-client relationship in nutrition counseling

A qualitative case study on client-centered nutrition counseling

Edda Breitenbach, Eva-Maria Endres, Christoph Klotter

Abstract

Study question: What influence does the consultant-client relationship have on the course and outcome of nutrition counseling from the subjective point of view of a nutrition consultant and from the perspective of the client?

Methodology: A case study based on qualitative, guideline-based interviews of a nutrition consultant and her client. The data were evaluated using the Mayring method of structuring content analysis.

Results: A good consultant-client relationship that conforms to the principles of client-centered therapy according to Rogers is the foundation on which the client builds the ability to find their own routes towards solving nutrition-related problems.

Keywords: nutrition counseling, consultant-client relationship, client-centered therapy, sense of coherence, obesity

Citation

Breitenbach E, Endres EM, Klotter C: The consultant-client relationship in nutrition counseling. A qualitative case study on client-centered nutrition counseling. Ernahrungs Umschau 2021; 68(1): 2–7.
This article is available online:
DOI: 10.4455/eu.2021.002

Peer-Reviewed

Manuscript (original) received: 27. March 2020
Revision accepted: 10. September 2020

Corresponding author

Eva-Maria Endres
Universität Eichstätt-Ingolstadt
Eva-Maria.Endres@ku.de

Introduction

According to Rogers [1], the founder of scientific client-centered psychotherapy, and also according to the working group of Watzlawick [2], the consultant-client relationship is decisive in determining the course of counseling and its success. Rogers identified three basic therapeutic/counseling variables: unconditional positive regard, empathy and congruence. In numerous correlation studies, he was able to demonstrate that these basic variables are decisive in determining the course of therapy/counseling and its success [1]. Watzlawick, Beavin and Jackson, the founders of modern communication science, established the axiom: "The relationship comes before the content." Therefore, the content that is communicated depends on the relationship [2].

In addition, some international studies have shown that a client-centered approach (the Rogers approach) to counseling in dietetic consultations is successful and should be taken into account [3–7 and others]. Levey and colleagues call for the importance of client-centered nutrition counseling and its implementation to be better communicated and more firmly integrated in nutrition consultant training and for evaluation instruments to be developed for continuous use in nutrition counseling [8]. For less health-literate clients in particular, nutrition is an intimate subject, and an understanding and respectful approach to the client is likely to be more successful than prescriptive health instructions [9–11].

This is why the relationship between consultant and client is at the center of the graphic model of the German Nutrition Care Process, with counseling methods and framework factors grouped around it [12].

Study question

Using a case study as the basis, this article will investigate the influence of the relationship between a nutrition consultant and her client on the course and outcome of nutrition counseling from the subjective point of view of the consultant and client interviewed. The aim is to shed light on both sides of the relationship, both from the consultant's point of view and from the client's point of view. In order for this relationship to be recorded, the interviewees needed to have been in a counseling situation together.

Methodology

A mixed methods approach was used to collect the data on nutrition counseling in Germany for the purposes of this research project. In the first step, an online survey was used to collect data about the status quo of nutrition counseling in Germany from the subjective perspective of nutrition consultants [13] (Part 1 of this article in ERNÄHRUNGS UMSCHAU 12/2020). In addition, in order to investigate the subjective perspectives of nutrition consultants and clients with regard to nutrition counseling in more detail, three qualitative guided interviews were conducted with nutrition consultants and their clients. For the present article, one of these three consultant-client pairs was selected and used to illustrate the consultant-client relationship. This pair was selected because both of them describe the interaction in the relationship in a very differentiated way in the interviews, which provides a good insight into what happens in nutrition counseling.
In the qualitative interviews with the nutrition consultants, there were a total of nine question sections on specific topics (including socio-demographic data), and in the interviews with the clients, there were ten (also including socio-demographic data). In each case, one of the question sections was on the topic of the consultant-client relationship. The questions were asked both as general questions and in relation to the nutrition consultant's clients who were interviewed.

The nutrition consultant was asked the following questions in the relationship questions section:
- What is your experience of the relationship between yourself and your client?
- Were there any changes to this in the course of counseling?
- How would you describe the atmosphere?

The client was asked:
- What was your first impression of the nutrition consultant?
- What is your experience of the relationship between yourself and the nutrition consultant?
- Were there any changes to this in the course of counseling?
- How would you describe the atmosphere?

Six interviews were planned in each case. In order to recruit nutrition consultants to participate in the interviews, letters were written to relevant professional associations (VDOE, VDD). Only when nutrition consultants were asked directly did three agree to participate in an interview. The clients were contacted via the nutrition consultants. It was not possible to do this any other way due to data protection rules.
The nutrition consultants and clients were interviewed separately. The study investigators conducted the interviews at the practices of the nutrition consultants. The interviews were recorded as audio files, transcribed and then analyzed using the Mayring method of qualitative structuring content analysis [14]. In the course of the analysis, 28 superordinate and subordinate content categories were defined for the interviews with the clients and 44 were defined for the interviews with the nutrition consultants. The categories were initially based mainly on the interview guidelines and were then supplemented with categories that were defined through an inductive process.
This article will not present all of the categories and their associated findings; rather, the focus is on statements about the consultant-client relationship based on one particular case study (one nutrition consultant and one client) as an example.

Results

The nutrition consultant in this case study was a qualified *"Ökotrophologin"* [= German degree in nutrition, household management and economics] with 27 years of professional experience in nutrition counseling. With many years of working in obesity treatment for children and adolescents behind her, at the time of the interview, she was working part-time at a clinic and also working freelance in her own counseling practice, which focuses on obesity treatment.
At the time of the interview, the client was 48 years old. She was working full-time doing shift work and living with her partner. She had three children, two of which were already grown up. She had a long history of illness—especially obesity and conditions associated with her metabolic syndrome. She decided to undergo gastric bypass surgery. Prior to the surgery, she was required to complete five nutrition counseling sessions. The interview took place four months after the surgery. During the period after the surgery up to the point of the interview, the client had two sessions with the nutrition consultant and also took part in a self-help group once a month.

Description of the consultant-client relationship

The nutrition consultant [NC] described the consultant-client relationship as client-cen-

tered. The needs of the client [C] determine the course of the counseling and are its starting point. Before she said anything in her role as an expert, the nutrition consultant always asked about the client's concerns first:
NC: "Of course, they don't always feel comfortable saying what's on their mind because they feel they are in a hierarchical expert-client relationship structure. Every nutrition consultant has their own way of working of course, but my aim is to ensure that my client sees me as an equal in order to create an atmosphere where they can say: more of this, less of that. But I also ensure that I ask the right questions and don't just start talking about something because then the clients just say: yes, yes, that's right. Instead, I aim to be open so that the client has the opportunity to get the result that will satisfy them."
A client-centered approach was also taken with regard to the extent to which the client wished to take advantage of nutrition counseling. Counseling was framed as support in the case of difficulties and as something offered. It was up to the client to decide what she needed:
NC: "It's about making sure they know about the options. Saying: here's the number, here I am, there are these forums available, here's an e-mail address, blah, blah, blah. Get in touch. It's about saying to them when they go: Get in touch with these people if you need to. It's not about saying: I'll book this for you. […] But I think the sovereignty over deciding 'what kind of support do I need with nutrition' […] should belong to people themselves."
When asked about her relationship with the client that was interviewed, she emphasized that it was a trusting and congenial relationship, but they were not friends. It was very important to the nutrition consultant to take a "horizontal" approach to counseling—with herself and the client as equals—but to nevertheless maintain a professional distance. She therefore uses the formal form of the word "you" (in German: "*Sie*") with all of her clients.
The client was obligated to attend nutrition counseling in order to obtain approval from her health insurer for her bariatric surgery. Seven times during a short interview sequence, the client emphasized that she was very skeptical about the nutrition counseling before she started it. This is to say that she did not know what nutrition counseling was or what it aimed to achieve:
C: "Well I have to be honest—and I said this to the nutrition consultant too—I was very skeptical about the whole thing and at first I thought: right. Nutrition counseling. What's this supposed to do? Or something like that. Because at that time, you tend to think that yes, I know how to nourish myself and I know how a diet works, so what else could a nutrition consultant possibly have to tell me? So I was very skeptical about it all. [...] I think that nowadays, when you can read so much in the newspapers and in other places, at first you are skeptical about nutrition counseling, because you sort of think: What else could this person have to tell me? Everything worth knowing has already been written down anyway."

Unconditional positive regard and adaptation to the individual

The relationship with the client that was interviewed was based on mutual positive regard. This relationship supported the client's recovery process by ensuring that the client was able to acknowledge the nutrition consultant's expertise and the relevance of the content of the counseling sessions:
NC: "We have a good relationship and I think she values the way that I work. She values that she is doing this and it's not just for my sake. That's actually also how I see it. Quite lighthearted, and open."
By holding the client in high regard, the nutrition consultant acknowledged her uniqueness and therefore also her individual needs. The client's transition from skepticism to openness occurred when she realized that the sessions were not about simply conveying general nutrition information, but were instead about seeking solutions that suited her as an individual:
C: "I actually already have all the information, but what should I do with it? You don't tend to think that it is going to be tailored to yourself as an individual and that you can find and work on the things that you have been getting wrong that you weren't able to see on your own."
For the client, this was the main value of the nutrition counseling. This became apparent when she was asked about the content of the nutrition counseling sessions.
C: "What I find really good is that it is specifically tailored to you, basically, to all your little problems and sticking points, wherever they might be. And we also went into my individual life situation: I work the late shift so that means that I can't just follow a standard program with 'just eat this and that', no—it always has to be adapted to the individual person."
The nutrition consultant summarized her relationship with the client as follows: "That there is someone there for the client when needed. And that there is no pressure and no secretiveness, no guilty conscience—I haven't seen any signs of those things. No 'I'm doing this because my nutrition consultant wants me to'. That the client actually says what they think. We might talk about a change of job—about topics that really have far-reaching effects on the client's everyday life. Yes, it should be a congenial conversation, but also each person should have a distinct role in it."
The outcome of counseling was always left open-ended from the consultant's point of view, especially in the case of clients who came to her because they were due to have bariatric surgery. In terms of how she structured the counseling sessions, the nutrition consultant ensured that the content and methods left

clients plenty of room to maneuver and she regularly encouraged them to become actively involved and to express their needs. Neither the nutrition consultant nor the client approached the sessions as if there were a predetermined script. Instead, each of them experienced an interesting and thoughtful encounter with each other. For the nutrition consultant, this approach of tailoring the sessions to the individual was the key to successful counseling of the client.
NC: "The more you tailor the sessions to the individual, the more you get to know what their concerns are."

Self-empowerment as an effect of nutrition counseling

When asked about the effects of nutrition counseling, the nutrition consultant did not focus on improvements in psychological parameters, but rather on the self-empowerment of the client, which enables them to take care of their own health and their own life.
NC: "I can decide things for myself again and I can choose among all the different bits of advice like "slimming your sleep" and so on and make my own plan of action—fostering that kind of feeling helps the client build up their self-confidence and focus on self-efficacy. I think that is one of the opportunities of nutrition therapy that you don't necessarily talk about with the client directly, but that can be the effect."
For the client, this fostering of self-efficacy was one of the key successes of her treatment. She began to put her own eating behavior into context by reflecting on it and exploring it in the context of her personal environment.
C: "Well I always say, in my own environment, or in anyone's own psychological environment, what is it like? How does the person handle certain situations and how do they behave in certain situations? And how does that affect eating behavior? We looked into that."
In this way, the client learned to be aware of her own needs, to acknowledge them, and to incorporate this knowledge into her everyday eating habits. She mentioned mindful eating as one of the key successes of the nutrition counseling.
C: "Then it's not just like, I'm going to stuff something in my face just because I feel like it right now—to put it bluntly. Instead, I am able to say okay, I'll eat this bit of chocolate, but I'll just eat the one and I'll eat it mindfully. And not a whole bar just because I feel I need to have it right now."
In this part of the interview, she further outlined her personal learning journey. Due to the gastric bypass surgery, she had to reduce her portion sizes. This led to a new awareness of quality and a greater appreciation of food.
C: "Well I would say that, um, I used to buy a lot of meat and fish and that sort of thing at the supermarket, and because I no longer eat so much of it, I now buy it at the farmer's market or somewhere like that so that I can get really good quality and I know that what I'm eating is really tasty and really great."
She also emphasized that this approach had led to an increased quality of life, which she illustrated using the example of a cup of coffee:
C: "And I would say that having a nice latte or something like that—taking the time to enjoy it—I have a new appreciation for that sort of thing and a new appreciation for a lot of things."

Nutrition counseling as a holding function

When asked about what factors helped her to implement her knowledge in her everyday eating habits, the first thing she mentioned was her family. However, this did not appear to be the key aspect for her. Her description was as follows: "They accept that it is how it is now and they basically welcome it."
She described the most important factor as follows: "Of course, nutrition counseling is the most important factor. Because it means you always have someone you can go to when you have questions—which is important for someone like me who was always thinking: yes, yes, but why can I eat that now or why do I have to eat cheese now or why do I find this product the most filling? And home cooking, yes fine, but that's much more nutritious and eat properly for a change, that sort of thing always helped me a lot, that was very important."
Nutrition counseling was therefore the most important source of support for her. She was secure in the knowledge that if she had any difficulties or if anything was unclear, she could take her concerns to the nutrition consultant. During the course of counseling, this brought about a change in the initial skepticism towards the nutrition consultant's nutrition expertise. Now, the nutrition consultant was her first port of call for nutrition information and for personal support.
The nutrition consultant's approach to counseling focused on facilitating self-help, but also on being available to provide support at all times. Clients are therefore able to find their own way because they always have the nutrition consultant to turn to when needed.
NC: "So it's not: come to me and then I'll help you, but rather it's: take what we are doing here away with you so that you can organize and structure your everyday eating by yourself. And if that doesn't work, then you can come back to me with it."

Discussion

The interviews presented here illustrate that the Rogers counseling model can play a very helpful role in nutrition counseling. The three basic variables—unconditional positive regard, empathy and congruence—provide the framework within which a person can develop, learn to understand themselves better, accept

themselves, cope with life better, and establish a solid foundation of self-worth. For Rogers, it is not therapeutic techniques that heal, but rather a good relationship which is defined based on the three basic variables. For him, placing the client at the center of counseling and ensuring that they determine what is talked about and what shape counseling should take was key. For this reason, he called this approach to counseling "client-centered therapy" or "non-directive therapy" [1].

The nutrition consultant took an approach that was based on Antonovsky's salutogenic model [15]. This model does not ask why someone becomes ill (pathogenesis) but rather asks how they stay healthy and become healthy (salutogenesis). Antonovsky attributes salutogenesis to the sense of coherence, which comprises three elements: the comprehensibility, manageability and meaningfulness of the world. The client presented here improved her sense of coherence significantly: She understands herself and her environment better, she is much more able to manage her eating and her life makes more sense to her. She feels more at ease with life as a whole. With a good sense of coherence comes a greater drive to take care of one's health, leading one to stay healthy.

The client is able to improve her sense of coherence when she feels supported by the nutrition consultant. The English psychoanalyst Bion called this "containing" [16], his colleague Winnicott called it the "holding function" [17, 18]. The term "holding function" originates from observations of early childhood development. In the first instance, it means physically holding the infant in one's arms, thus guaranteeing them security, reliability and comfort. Their fears are banished, and self-realization can take place. Winnicott recommends that the counselor take on this function so that the client is able to develop [18]. Containing means that the child may experience negative feelings and negative ego states, and the mother bears these for the child. This allows the child to integrate them [16, 19].

How the client described her nutrition consultant: She was the most important person in her change process. It was only because of this that the client was able to tell the nutrition consultant about negative aspects of her eating behavior without fear of judgment. This allowed her to work on her eating behavior. Her initial skepticism gave way to the feeling that someone was there for her—someone she could confide in without having to become subordinate to them. By describing the relationship as "lighthearted, and open", the nutrition consultant showed that this approach to counseling is not a burden for her. If the client had felt that she was a burden to the nutrition consultant, she would have experienced herself as a burden.

The statements made by the client and the nutrition consultant demonstrate the central importance of the second axiom of Watzlawick, Beavin and Jackson: The relationship comes before the content [2]. Only because the nutrition consultant showed that she did not want to impose any health rules, but rather wanted to accompany the client on her journey in a benevolent way, was the client able to accept her suggestions and implement them for herself.

Limitations

Since this is a case study, the aspects highlighted here do not apply to every nutrition counseling situation, nor do they apply to every health condition. The nutrition consultant selected a successful consultation for this case study, but this case still shows the type of relationship on which successful consulting can be based.

Conclusions

Further research is needed to determine the key factors that constitute a good consultant-client relationship. The importance of client-centered nutrition counseling and its implementation needs to be integrated as a core part of nutrition consultant training. Standardized instruments for evaluating nutrition counseling methods and processes must be established in order to ensure high quality consultant-client relationships and to allow comparisons to be made.

Dr. Edda Breitenbach[1]
Eva-Maria Endres, M.Sc.[2]
Prof. Dr. Christoph Klotter[3]
[1] Hochschule Neubrandenburg, breitenbach@hs-nb.de
[2] Universität Eichstätt-Ingolstadt, Eva-Maria.Endres@ku.de
[3] Hochschule Fulda, christoph.klotter@he.hs-fulda.de

Conflict of Interest
The authors declare no conflict of interest.

References

1. *Rogers C: Die nicht-direktive Beratung. Frankfurt am Main: Fischer 2004.*
2. *Watzlawick P, Beavin J, Jackson D: Menschliche Kommunikation. 12. ed., Bern: Hans Huber 2011.*
3. *Hazzard E, Barone L, Mason M, Lambert K, McMahon A. Patient-centred dietetic care from the perspectives of older malnourished patients. J Hum Nutr Diet 2017; 30(5): 574–87.*
4. *Mitchell LJ, Ball LE, Ross LJ, Barnes KA, Williams LT: Effectiveness of dietetic consultations in primary health care: a systematic review of randomized controlled trials. J Acad Nutr Diet 2017; 117(12): 1941–62.*
5. *Morris A, Herrmann T, Liles C, Roskell C: A qualitative examination of patients experiences of dietitians ' consultation engagement styles within nephrology. J Hum Nutr Diet 2018; 31(1): 12–22.*
6. *Sladdin I, Chaboyer W, Ball L: Patients' perceptions and experiences of patient-centred care in dietetic consultations. J Hum Nutr Diet 2018; 31(2): 188–96.*
7. *Sladdin I, Ball L, Bull C, Chaboyer W: Patient-centred care to improve dietetic practice: an integrative review. J Hum Nutr Diet 2017; 30(4): 453–70.*
8. *Levey R, Ball L, Chaboyer W, Sladdin I: Dietitians' perspectives of the barriers and enablers to delivering patient-centred care. J Hum Nutr Diet 2020; 33(1): 106–14.*
9. *O'Key V, Hugh-Jones S: I don't need anybody to tell me what I should be doing'. A discursive analysis of maternal accounts of (mis)trust of healthy eating information. Appetite 2010; 54(3): 524–32.*
10. *Ottovay K: I got a brain in there! JAHRBUCH FÜR KRITISCHE MEDIZIN UND GESUNDHEITSWISSENSCHAFTEN 2013; (46): 69–95.*
11. *Seymour-Smith S, Gough B, Matthews CR, Rutherford Z: Food assessment: a discursive analysis of diet talk in interviews with older men who are obese. Psychol Health 2020; 1–22.*
12. *Ohlrich-Hahn S, Selig L, Buchholz D: Der German-Nutrition Care Process. Ernährungsprobleme systematisch lösen. Ernährungs Umschau 64(10): M568–79.*
13. *Endres E, Breitenbach E, Klotter C: Nutrition counseling in Germany. A quantitative online survey of German Nutrition Society (DGE) nutrition consultants. Ernahrungs Umschau 2020; 67(12): 222–9.*
14. *Mayring P: Qualitative Inhaltsanalyse. Weinheim: Beltz 2015.*
15. *Antonovsky A: Salutogenese. Zur Entmystifizierung von Gesundheit. Tübingen: dgvt-Verlag 1997.*
16. *Hinshelwood R: Wörterbuch der kleinianischen Psychoanalyse. Stuttgart: Verlag internationale Psychoanalyse 1993.*
17. *Winnicott D: Vom Spiel zur Kreativität. Stuttgart: Klett-Cotta 1995.*
18. *Winnicott D: Reifungsprozesse und fördernde Umwelt. Frankfurt: Fischer 1990.*
19. *Trescher HG, Finger-Trescher U: Setting und Holding-Function. Über den Zusammenhang von äußerer Struktur und innerer Strukturbildung. In: Trescher HG, Finger-Trescher U (eds.): Aggression und Wachstum. Mainz: Grünewald 1992; 90–116.*

DOI: 10.4455/eu.2021.002