

Client

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1. Core Definition and Scope

The term **client**, within the context of mental health and counseling, refers to an individual who is actively receiving professional services, guidance, or treatment from a practitioner, such as a psychologist, counselor, social worker, or therapist. Unlike the traditionally passive connotation sometimes associated with the term "patient," the designation of **client** emphasizes a collaborative relationship where the individual seeking assistance is viewed as an active participant in their own therapeutic process. This framing suggests that the individual possesses agency, autonomy, and responsibility regarding the outcomes of the intervention. The use of this term gained significant traction, particularly with the rise of humanistic psychological approaches in the mid-20th century, cementing its place as standard professional language across various non-medical therapeutic disciplines.

In contemporary practice, the scope of a **client** extends beyond traditional one-on-one therapy sessions. The term encompasses individuals receiving a wide array of psychological services, including career counseling, family therapy, group therapy, behavioral coaching, and psychoeducation. Regardless of the specific modality or duration of the intervention, the key defining characteristic remains the transactional relationship established between the service provider and the individual seeking help. This relationship is bound by ethical guidelines concerning confidentiality, informed consent, and professional boundaries, ensuring that the primary focus remains on the client's growth, well-being, and achievement of predetermined therapeutic goals. While organizational settings, such as hospitals or inpatient psychiatric units, often retain the use of 'patient' due to adherence to the **medical model** of care, non-medical or outpatient settings predominantly utilize 'client' to reinforce an ethos of partnership and respect.

Crucially, the definition of a **client** contrasts with that of a 'consumer' or 'customer,' terms which imply a purely transactional exchange based on goods or services rendered. In psychology, the relationship is deeply relational and based on trust, empathy, and specialized professional expertise directed toward deeply personal issues. Therefore, the choice of the word **client** is often a deliberate semantic move, signaling that the relationship transcends a mere service agreement and instead involves a therapeutic alliance aimed at profound personal change and psychological adjustment. This distinction is vital for maintaining the integrity of the therapeutic encounter and distinguishing mental health practice from general business interactions.

2. The Patient vs. Client Dichotomy: Conceptual Differences

One of the most enduring debates in mental health terminology revolves around the interchangeability and appropriate usage of the terms **client** and **patient**. As noted in fundamental psychological texts, there is often no formal, universally enforced distinction between the two designations, and many mental health professionals utilize them interchangeably or allow the individual to express a preference. Historically, **patient** originates from the medical tradition, implying that the individual is suffering from a diagnosable illness or pathology that requires treatment by a physician or doctoral-level professional. This term places the individual in a more passive role, awaiting the application of expert knowledge and intervention to resolve an identified deficiency or ailment. The medical context often dictates that the individual is 'impaired' or 'sick,' requiring professional intervention to return to a state of baseline health, a framework often criticized by non-medical practitioners.

Conversely, the term **client** was introduced and popularized specifically to counteract the perceived negative connotations and power imbalances inherent in the **patient** label. By referring to an individual as a **client**, practitioners aim to minimize the hierarchical structure of the relationship, suggesting that the person is seeking assistance with life problems or personal growth rather than being treated for a disease. This semantic shift aligns with the values of empowerment and self-determination, fostering an environment where the individual is seen as capable of growth and holding inherent resources necessary for change. The shift from treating a 'patient' for a 'sickness' to consulting with a **client** about 'life challenges' or 'developmental roadblocks' fundamentally alters the perception of the individual's role and capacity within the therapeutic setting.

The choice between the terms frequently reflects the theoretical orientation or the institutional setting of the therapist. Psychiatrists and professionals working in hospital environments or utilizing a psychopharmacological approach are more likely to employ **patient**, consistent with the institutional and pharmacological requirements of the **medical model**. In contrast, counselors, social workers, and therapists trained in humanistic, existential, or cognitive-behavioral traditions often prefer **client**, viewing it as more compatible with their non-pathologizing, collaborative approaches. This divergence is not merely linguistic; it speaks to deeply held epistemological differences regarding the nature of psychological distress--whether it is viewed fundamentally as disease or as a natural human response to adversity.

Furthermore, the individual's perspective is increasingly prioritized. Many professionals now explicitly ask the individual what term they prefer, acknowledging the importance of self-labeling and the potential for certain labels to carry unwanted stigma. For some, being a **patient** feels appropriate when they recognize a need for serious, doctor-supervised intervention, while others feel that the term pathologizes their struggles, making the **client** designation preferable. This practice of allowing the individual to choose is a testament to the ethical commitment to respect autonomy and ensure that the language used in therapy supports, rather than undermines, the

individual's sense of self-worth and agency.

3. Historical Evolution of Terminology in Mental Healthcare

The historical trajectory of mental health terminology reflects the overall evolution of therapeutic understanding, moving from purely custodial care to complex, collaborative psychological intervention. Prior to the mid-20th century, individuals receiving care were almost exclusively referred to as **patients**, a term deeply embedded in the practices of asylum care and the emerging field of psychiatry. This reflected the predominant view that mental distress was a form of illness, often treated with methods paralleling physical medicine. The **patient** was typically viewed as subordinate to the medical authority, whose primary role was to diagnose, prescribe, and manage the symptoms of the diagnosed affliction.

A significant inflection point occurred in the 1940s and 1950s with the rise of the humanistic movement, spearheaded by figures like Carl Rogers. Rogers, the originator of **Client-Centered Therapy**, staunchly advocated for replacing 'patient' with **client**. Rogers argued that 'patient' implied dependency, sickness, and a lack of personal responsibility, whereas 'client' suggested a responsible individual seeking professional consultation--much like a client seeking legal or financial advice. This linguistic change was instrumental in articulating the foundational principles of person-centered therapy, emphasizing unconditional positive regard, empathy, and congruence, all of which necessitate a relationship built on equality rather than hierarchy.

The subsequent decades saw the term **client** gain widespread acceptance across various counseling modalities, coinciding with the deinstitutionalization movement and the increasing professionalization of non-psychiatric mental health fields. The shift was often institutionalized through changes in professional ethics codes and licensing terminology for counselors and social workers. This evolution signaled a broader societal move away from purely deterministic and biological explanations of psychological distress toward models that incorporate socio-environmental factors, personal narrative, and intrinsic human potential for self-healing. While the debate persists, the adoption of **client** remains a powerful symbol of the profession's commitment to an anti-oppressive and empowering therapeutic stance.

4. Implications of Language: Power Dynamics and Stigma

The choice between **client** and **patient** carries profound implications for the power dynamics within the therapeutic relationship. Language actively shapes perception, and the designation used can reinforce or dismantle inherent hierarchies. When an individual is labeled a **patient**, it can inadvertently elevate the therapist to the status of an absolute authority, potentially fostering an environment where the individual feels disempowered or less inclined to challenge professional decisions. This imbalance can be detrimental to the therapeutic alliance, which requires mutual

respect and a shared understanding of goals. Conversely, the term **client** is intended to level the playing field, establishing a relationship more akin to that of a consultant and consultee, where both parties are regarded as experts--the client in their own experience, and the professional in therapeutic methodology.

Furthermore, the terminology directly impacts the perception of **stigma** associated with seeking mental health services. The historical association of the term **patient** with mental institutions and severe mental illness can trigger feelings of shame, inadequacy, or fear of societal judgment. By adopting the term **client**, practitioners attempt to normalize the act of seeking psychological help, framing it as a proactive, mature decision akin to seeking help for physical fitness or career development, rather than a necessary submission to treatment for a medical defect. This shift is crucial for public health campaigns aimed at reducing barriers to entry for those needing mental health support.

The linguistic implications extend into the legal and ethical spheres. In many jurisdictions, laws governing the professional-client relationship differ subtly based on the term used. For instance, ethical codes for licensed professional counselors (LPCs) typically prioritize client autonomy and self-determination, often using **client** exclusively throughout their documentation. These codes underscore that the individual retains full personal rights and is not merely an object of diagnosis or treatment. This legal structure reinforces the active participation required of the individual, emphasizing that therapeutic success relies heavily on the client's willingness to engage, implement change, and maintain accountability for their decisions outside of the session.

5. Client-Centered Care and the Therapeutic Alliance

The concept of the **client** is intrinsically linked to the emergence and widespread acceptance of **client-centered care** (also known as person-centered therapy), a foundational approach within humanistic psychology developed by Carl Rogers. Rogers revolutionized therapy by positing that the fundamental drive for change comes from within the individual, not from the therapist's expert manipulation or prescription. In this model, the therapist functions not as an authoritative healer, but as a facilitator providing the necessary conditions--chiefly unconditional positive regard, congruence (genuineness), and empathic understanding--for the client to realize their own potential for growth, or "self-actualization."

The emphasis on the **client** underscores the concept of the **therapeutic alliance**, which refers to the relational bond and shared agreement on goals and tasks between the client and the therapist. Research consistently shows that the strength of this alliance is one of the most reliable predictors of positive therapeutic outcomes, often outweighing the specific therapeutic technique employed. When an individual is viewed as a **client**, the alliance is naturally fostered through mutual respect and shared decision-making, wherein treatment plans are jointly constructed and reviewed,

ensuring that interventions are relevant and acceptable to the individual's lived experience and goals. The collaborative nature inherent in the client model enhances commitment and adherence to the work required.

The principles of client-centered care mandate that the client is always treated as a whole, unique individual, rather than a collection of symptoms or a case study. This humanistic perspective actively rejects reductionism and deterministic labels. Therefore, the consistent use of the term **client** serves as a constant reminder to the practitioner to prioritize the individual's subjective experience, values, and cultural context. This commitment ensures that therapy remains a highly personalized process tailored to the client's internal frame of reference, maximizing the potential for authentic and lasting change beyond symptom management.

6. Further Reading

[Carl Rogers and Client-Centered Therapy](#)

[The Therapeutic Alliance in Psychotherapy](#)

[Critiques of the Medical Model in Psychiatry](#)