Nuances and Clarifications Concerning the Notions of Therapeutic Relationship and Working Alliance (Therapeutic Alliance)

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Abstract

Our individual attachment style, or the evolving contact style derived from it, influences the characteristic manner in which we approach others and the way we interpret the world and interactions in general. The complex process of psychotherapy is essentially comprised of two major parts: the therapeutic relationship and techniques. The therapeutic relationship is difficult to define, even more challenging to clinically understand, and empirically studying it rises difficulties. However, despite the existence of various psychotherapeutic schools, it is universally accepted that a quality therapeutic relationship is a necessary condition for favourable therapy outcomes. In this paper, we aim to contribute to the vast field of psychotherapy with some clarifications that we believe are useful, concerning two notions used in practice and specialised literature: the therapeutic relationship and the therapeutic alliance (working alliance).

Keywords: psychotherapy, therapeutic relationship, therapeutic alliance, emotional connection, human interaction, emotional experience.

Introduction

Human beings have sought connection from the very beginning of life and throughout its entirety, culminating in an emphasis on interpersonal contact precisely because feelings of self-awareness and a positive self-image, which foster emotional security, emerge from relational interactions.

In relating to others, one brings forth their own personal history as it is imprinted within their own structures, and within the present context, in "a continuous flow of reciprocal influence". Moreover, personal reality is invariably determined by the relationship and the unique meanings each person in that relationship brings to the encounter, and subsequently, by the meanings collectively constructed between participants, which influence the therapeutic relationship.

In such a framework, the reflexive function, as the ability to understand the mental states of others, holds critical importance in enabling constructive interaction with others. This awareness of the mental states of those around us as being different from our own helps us construct internal mental representations of both self and others, forming the basis of our interpersonal relationships.

Of course, when these aspects cannot be consciously acknowledged, the central aim of psychotherapy becomes the construction or repair of the reflexive function, using the therapeutic relationship as an alternative to the early relationship that was constructed and unfolded unfavourably for the individual.

In this regard, by emphasizing aspects related to the therapeutic relationship and the working alliance (therapeutic alliance), we believe that we can provide some useful insights regarding the necessary distinction that needs to be made between the two.

The Therapeutic Relationship

In the context of integrative psychotherapy, because the self is in continual development, "being a two-way channel: receptive, when we quiet our personality, opening a channel through which wisdom and higher guidance can reach us through the intuitive mind (...), and active, when we live actively, aware that we are its creators" (Chiriac, 2011, 290), as therapists, we observe what is in becoming, and we approach the client from a transpersonal and interpersonal perspective. Thus, we are dedicated to dialogue, surrendering to what is in the relational space, where truth and healing emerge from interaction, rather than from what is already known.

Similarly, it is worth noting that Martin Buber, in his seminal work from 1970, titled "I and Thou," elaborated on this relational perspective, compatible with all epistemologies, and added a highly significant new dimension to the approach of integrative psychotherapy – the interpersonal dimension.

Regarding the concept of therapeutic relationship, some scholarly works indicate that "…it is the social-emotional side, the real relationship that arises and develops between therapist and client as a result of the feelings, perceptions, attitudes, and actions of each towards the other, which constantly determine and change the shared experiences of the two protagonists of the therapeutic process" (Horvath & Symonds 1991, 140).

The notion of a therapeutic relationship is characterized, as the existentialists say, by the importance of encounter and genuine reception. It is characterized by the ways in which connection is expressed... through the lived experience of the therapist and the client as it engages each other during therapeutic encounters (Gilbert & Orlans 2013, 116).

It aligns more closely with the Greek term "agape," which denotes love, feelings for our fellow human beings, a love that strengthens, a love that, by definition, supports the other without obligating them. Kahn (1997, 43). It is a genuine interpersonal relationship that is formed throughout the psychotherapeutic process, founded on the awareness of the encounter between two souls that mutually discover each other and create connection, embarking on a shared journey.

The therapeutic relationship is defined from the perspective of other authors as the accumulation of feelings and attitudes that the client and therapist manifest towards each other, as well as their modes of expression. Therefore, the therapist and the client are co-creators of the therapeutic relationship (Evans & Gilbert 2014, 57).

Therefore, we can speak not only of an accumulation of feelings that both parties manifest or the manner in which these feelings are expressed, but also about the fact that they together create the content of the relationship, as well as the style of expression, within a complex interaction, which Dr. Gina Chiriac metaphorically expressed as "...a dance of interactions and reciprocal influences". The interactions and reciprocal influences between therapist and client occur because, in fact, what the client brings forth is always related to the therapist. In other words, the behaviour, characteristics, and even the mere presence of the therapist influence what the client observes in their interaction with the therapist.

On the other hand, this effect also occurs in reverse: those behaviors, characteristics, and even the mere presence of the client influence what the therapist observes in the client. Thus, what both parties observe leads to perception, behavior, and of course, how the relationship between the two is created in both directions.

Psychotherapy, through the therapeutic relationship, activates the social potential, which helps us adapt and evolve under the influence of our interactions with others. Change in psychotherapy depends on the activation of the brain's neuroplasticity processes, which are capable of undergoing structural changes that will be reflected in cognitions, emotions, and behaviors (Cozolino, 2017, 38). Thus, as Cozolino further emphasizes, the social brain, neuroplasticity, language, storytelling, and co-created narratives become therapeutic tools resonant in neuroscience. In this way, we learn to use our minds to influence our brains by integrating these experiences and experiencing them appropriately.

All these complex processes unfold in the fertile ground of the therapeutic relationship.

Furthermore, it is worth mentioning that in the Romanian literature on the subject, it is shown that the core of the therapeutic alliance is the agreement on goals and various prescriptions that guide and construct the therapeutic intervention, a collaboration based on an unspoken synthesis of the expectations, beliefs, and knowledge of the two protagonists: the client and the psychotherapist (Dafinoiu, 2007, 94).

Through its communication skills and relational positioning (emotional warmth without possessive tendencies, positive appreciation of the client's personality, empathic understanding of their internal structure, congruence, integrated behavior towards the client, the therapist's interest in the client's "story," their silences, his hesitations, his gestures, highlight a dynamic that describes much more than a working alliance; what is actually described is a relationship with holistic, nuanced influences and interactions centered on the social-emotional dimension. Thus, the client and the psychotherapist negotiate the meaning, significance, definitions of problems, and the rules of the game, which will encourage certain behaviors and discourage others, making the therapeutic relationship a shared reality, in continuous evolution. Obviously, the "relational codes" and the "rules of the game" acquire specific nuances depending on the therapeutic school to which the therapist belongs.

The "real" relationship is another term used to describe the therapeutic relationship. Therefore, the I-Thou relationship as the real relationship or the basic relationship, where two people meet and encounter each other as human beings, in a shared sense of here and now. This relationship is something that exists and develops between therapist and client as a result of the feelings, perceptions, attitudes, and actions of each towards the other. This aspect of the relationship is considered real because it is centered on reality, appropriate, and undistorted.

Completing as it were the above, another author emphasizes: "Only in the real relationship between the two, is there enough space for a therapeutic relationship to develop, and in which the client can truly express every thought and feeling. No other relationship allows such complete freedom as the real relationship [...]" (Bar-Levav, 1988).

Each therapeutic relationship, depending on the issues brought by the client into psychotherapy, is marked by aspects that reflect the uniqueness of the real relationship. In this context, the real relationship influences the working alliance. Therefore, true cooperation between the psychotherapist and the client is in the real relationship, and as a result, this cooperation is the basis for the client's development. The working alliance is merely the rational understanding between the two (the beginning phase of the therapeutic relationship).

The perspective we are discussing on the therapeutic relationship has been particularly theorized by person-centered therapy, in the form of the conditions offered by the therapist/counselor: authenticity (congruence), positive regard (unconditional acceptance), and empathy, collaboration, and the therapeutic frame. If the model of the therapeutic relationship were to be restricted only to the first three, then it would be reduced only to the therapist's offering and would not take into account the interactive nature of the personal relationship between therapist and client, which is based on direct, authentic, and undistorted interaction.

Therefore, for a better description of the "real relationship," not only the facilitative conditions described by Rogers (authenticity, unconditional positive regard, and empathy) are taken into account, but also some interpersonal activities initiated by the therapist such as: "self-disclosure," the therapist's intentions and response modes, and the corresponding behaviors of the client, as well as transference, countertransference, and elements of therapeutic ethics.

The Therapeutic Alliance (Working Alliance)

Regarding the notion of therapeutic alliance (working alliance), it should be emphasized that often in the specialized literature the notions of therapeutic relationship and working alliance (therapeutic alliance) are used interchangeably with the same meaning.

However, there are authors, whose opinion I share, who argue that the notions of working alliance and therapeutic relationship are distinct, in the sense that the therapeutic relationship, which is a complex construct, includes: the person-to-person relationship (the social-emotional aspect); the transference/countertransference relationship; the reparative relationship (necessary for development); the real relationship (which also has a transpersonal dimension).

On the other hand, the working alliance is just one part of the therapeutic relationship and can be described as a relationship of mutual trust, cooperation, and sharing of therapeutic goals and responsibilities between therapist and client. It can also be defined as the joining of a client's reasonable part with the working or analytical part of a therapist. Both are generated by the therapeutic encounter (Clarkson, 2003, 34).

Bordin (1994, 254) has shown that the working alliance consists of three parts: goals, tasks, and bond. Thus, he explained, tasks are what the therapist and client agree to do in order to achieve the client's goals; goals are what the client hopes to achieve as a result of therapy, based on their presenting concerns; the bond is formed from trust and confidence that the tasks will bring the client closer to their goals.

It can be underscored here that the working alliance should not be confused with the therapeutic relationship, of which the former is a component, or a "pre-relationship," with a predominantly technical content of the psychotherapeutic process, an aspect also emphasized by other authors, such as (O'Brien & Houston 2009, 62-68).

The working alliance has a long history within psychotherapeutic conceptions. Freud discussed as early as the beginning of the century the importance of an alliance in which the therapist must have a certain comprehensive capacity, and the patient must be oriented towards the therapist, who provides the encouragement they need.

The concept of the working alliance, first used in psychoanalytic psychotherapy by (Zetzel, 1956, 375), has been generalized, thus giving rise to the term therapeutic alliance. In his study, the author showed that "...in a successful therapy there is a conscious agreement, collaboration, and rational understanding between therapist and client regarding what they aim to achieve through their work and how it will proceed."

In another specialized work, it is shown that the working alliance can be most concisely defined as representing the conscious and realistic component of the relationship between clients and therapists, referring to the productive component rather than the social-emotional one (Dafinoiu & Vargha, 2016, 287).

In the same vein, it should be emphasized that the working alliance, often referred to by many practitioners as the therapeutic alliance, is the result of the intentional merging of the "reasonable part" of a client with the "working or analytical part" of a therapist, and it consists of three components: therapeutic goals, work tasks, and bond, meaning the alliance created at a cognitive level, seen more as a technical element that brings the client and therapist into contact around therapeutic goals.

Work, or the working alliance, has been viewed as potentially healing in itself, indicating a connection between therapist and client. Gilbert & Orlans (2013, 115), and interest in this concept has extended beyond the theoretical realm, leading to the development of numerous assessment tools for therapeutic alliance: Penn Helping Alliance Scale (1983), Vanderbilt Therapeutic Alliance Scale (1983), California Psychotherapy Alliance Scale (1987).

Although there are multiple psychometric modalities for assessing therapeutic alliance, such as the Working Alliance Inventory (WAI), California Psychotherapy Alliance Scale (CALPAS), Penn Helping Alliance Questionnaire (HAq), and The Vanderbilt Scales (VPPS, VTAS), there is a consensus that alliance involves both collaboration between psychotherapist and client, as well as the ability of the client and therapist to negotiate suitable therapeutic contract content.

Unlike models that refer to transference and facilitative conditions, the alliance is not considered a mechanism of change but rather as a mechanism that promotes collaboration, thus the patient's consent to participate in treatment. These aspects further lead to the formation of a therapeutic relationship.

The working alliance is also considered by other authors as a comprehensive theoretical framework useful for conceptualizing the therapeutic relationship (Frieswyk et al., 1986; Gelso & Carter, 1985; Horvath & Greenberg, 1989).

Conclusions

The internal experience, as it is imprinted in the history and present context of each of the two involved in the therapeutic relationship, when brought into the encounter between psychotherapist and client, generates a mutual influence, within which personal reality is influenced by the relationship, by the meanings co-constructed by the psychotherapist and client, an aspect that is and will be valid in all interpersonal relationships.

Although the central premise underlying psychotherapy practice is that healing can occur through a variety of modalities – emotional, behavioural, cognitive, and physiological – it is most effectively achieved when there is a therapeutic relationship where a sufficiently strong foundation of safety is built to enhance the vital capacity for affect regulation and to facilitate the client's expectations that someone stronger and wiser will be available to help restore emotional balance in the face of danger.

Emphasizing the impact that relationships have on human functioning, Dr. Menis Yousri highlights that many sources of suffering originate from relational situations, especially primary relationships, and entering into relationships as adults aims primarily at (re)acquiring and maintaining the sense of security that a genuine relationship can provide.

In this regard, the therapist tends to fulfil the primary function of attachment, providing comfort, security, and safety, thus becoming an attachment figure that allows exploration, paving the way for healing.

Credit Authorship Contribution Statement

Titulescu, P. R was responsible for conceptualizing the study, developing the theoretical framework, and conducting an extensive review of literature on the therapeutic relationship and working alliance. He provided critical analysis and nuanced distinctions between these core concepts, synthesizing various perspectives from the fields of psychotherapy and counseling.

Conflict of Interest Statement

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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