The Therapeutic Relationship and Therapeutic Technique

The Psychotherapy Act, an Act of legislation, will regulate the profession of psychotherapy in Ontario and will create the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario. The Psychotherapy Act establishes a controlled act and a scope of practice for psychotherapy both of which are stated as follows:

The Controlled Act

In the process of engaging in the practice of psychotherapy, a member is authorized, subject to the terms and conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapeutic technique delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behaviour, communication or social functioning, Psychotherapy Act, 2007, C.10. Schedule, R. S. 3

Scope of Practice

The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication, Psychotherapy Act, 2007, C. 10. Schedule, R. S. 3

The controlled act contains the phrases, “therapeutic relationship” and “therapeutic technique”. This paper seeks to define and clarify these important concepts which constitute the essence of psychotherapy. This paper is the product of the collaboration of the major free-standing training institutes that make up the Alliance of Psychotherapy Training Institutes (APTI). These institutes are responsible for educating and training psychotherapists in Ontario from both the regulated and unregulated sectors and therefore are in a good position to comment on and discuss these important concepts.
There is a great diversity of psychotherapy\(^1\) modalities or approaches and what follows is a discussion of the “therapeutic relationship” and “therapeutic technique” as they apply to a wide range of modalities. In our opinion aspects of our discussion may apply to all psychotherapy modalities. This is followed by a discussion of therapeutic technique/means of specific modalities, for example: cognitive/behaviour therapy, psychodynamic, experiential and transpersonal psychotherapy. This paper also references research that supports the combined use of therapeutic relationship and therapeutic technique for effective psychotherapy.

The importance of the psychotherapeutic relationship has evolved over the last one hundred years. Through its evolution the concept of the therapeutic relationship has gradually become an important part of a wide range of psychotherapeutic modalities in both the regulated and unregulated sectors of the mental health community.

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM) widely used to diagnose disorders by assessing symptoms and the recently published Psychodynamic Diagnostic Manual (PDM) which emphasizes the therapeutic relationship and a whole-person approach to both diagnosis and treatment practices mark the coming together of various streams of thought from the regulated and unregulated psychotherapy communities. The PDM is intended as a companion manual to the DSM and both are intended to inform all psychotherapy modalities.

The PDM includes current process and outcome research studies that support the importance of the therapeutic relationship in assessment and treatment practices. The research supports the notion that the therapeutic relationship is necessary to understand the whole person of the client – the thinking, feeling and behavioural functions – for effective assessment and treatment purposes.

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\(^1\) Psychotherapy is conducted with individuals, groups, couples and families. There are different forms or methods of psychotherapy, including psychodynamic, cognitive-behavioral and experiential. They are all ways of helping people to overcome traumatic life events, emotional problems, relational problems or troublesome habits. (Minister of Health and Long-Term Care, Fact Sheet, December 12, 2006)
The Therapeutic Relationship

By its very mention in the controlled act the “therapeutic relationship” is acknowledged as an integral part of psychotherapy. The therapeutic relationship is an important concept in a wide range of psychotherapy modalities. It refers to the relationship between the client/patient and the therapist engaged in the psychotherapy process. A positive relationship, sometimes called a working alliance, is part of the client/therapist relationship. This alliance can be described as a collaborative conversation and involves a consensus about therapeutic goals and the means of achieving them. It is important for the collaborative relationship to endure for constructive work to continue consequently the therapist works to repair disruptions to the therapeutic alliance.

The psychotherapeutic client/therapist relationship has a two-fold purpose: it establishes a unique relationship with a new ‘other’ which in and of itself has the potential to heal; and it contributes to establishing a safe place or facilitative environment in which psychotherapy takes place.

In a wide range of psychotherapy modalities the client finds in the therapist a new ‘other’, a real person who is interested, empathic, understanding, helpful and non-exploitative. The therapist brings to the relationship knowledge of the theory and practice of his/her modality, knowledge and understanding of the clients’ issues, standards of practice pertaining to one’s modality, ethical boundaries, respect, and an egalitarian attitude. This helps to establish a new and unique relationship between the client and the therapist that has therapeutic healing value. The therapist’s sustained attunement, empathy, understanding, genuineness and capacity for abiding deep and intense emotions allows the client to speak or express what has hitherto been unspeakable and to feel understood no matter the degree of disturbance.

Over time with the experience of the therapist’s attitude the client begins to feel trust and hope that integration and healing can take place.

In the psychodynamic psychotherapy modalities, in addition to the client finding in the therapist a helpful other, an emphasis is placed on how the client also finds
in the therapist a person onto whom he/she can transfer thoughts, feelings and attitudes about an earlier important person from the client’s life. The client also projects onto the therapist unconscious conflictual feelings and aspects of the self and one’s internal world. The transfer of thoughts, feelings and projections onto the therapist is called transference. The client and the therapist working together to understand the transference enable the client to work through and resolve conscious and unconscious issues from earlier stages of development that are manifest in the person’s present life. Also, through the interpretation of the transference unconscious conflictual projections are rendered conscious and then available for integration and resolution.

The second part of the two-fold purpose of the therapeutic relationship is that it creates a safe place or facilitative environment wherein therapeutic work takes place. The facilitative environment is a symbolic space where client and therapist together creatively explore the ‘real’ personhood of the client. Clients sometimes present who they think they ‘ought’ to be or what they ‘ought’ to think and feel. The facilitative environment allows clients to discover who they really are and what they really feel and think.

Within all psychotherapy modalities a conversation and understanding occurs between two people. The sessions are client-centred - that is the sessions are focused on the client’s issues and work to be done. It is important to discuss what the psychotherapist brings to the therapeutic relationship and how the therapist helps to establish a facilitative environment, but it is equally important to mention that the client brings a willingness to work on his/her issues and a desire for change. The therapist works to tailor the relationship to the personality and needs of the individual client within a particular modality, enhancing the therapeutic or working environment. The therapist creatively customizes responses and interventions that suit the style, personality, circumstances and needs of the client and in so doing assures that the therapeutic work remains client-centred and productive.

The therapist brings a multitude of competencies and mature relational capacities to the therapeutic process based on life experience and training. The therapist’s
psychotherapeutic skills - such as intuitive and empathic listening, observing verbal and non-verbal communication, patience, sensitivity to cultural, spiritual and gender differences, and attunement are brought to bear on the therapeutic process. The therapist is consistent and reliable in all dealings with the client. The therapist also assures that the sessions are kept confidential. All these taken together help to establish an environment that facilitates the therapeutic process.

To help maintain a safe, trusting environment and to facilitate the therapeutic process, in all psychotherapy modalities the therapist is mindful and self-reflective of his/her own subjective, unresolved feelings mobilized by the treatment of the client that might invade and interfere with the therapy process. In psychodynamic psychotherapy this phenomenon is referred to as countertransference. The therapist must also be aware of prejudicial conventional, sociocultural norms that are part of his/her intrinsic moral value system that tend to be occluded or ignored. (Carveth, 2009) These may interfere with and distort the therapist’s perspective of a client. The therapist attends to these feelings and beliefs in a number of ways: through self-analysis, supervision with a senior clinician, peer supervision or by seeking therapy for him/herself.

The therapist is also self-reflective of feelings that are induced within him/her that inform the therapist of the client’s feelings and issues. These feelings are received through empathic attunement and help deepen the therapist’s understanding of the client and the client’s issues.

The therapist sees and treats the client as an adult – unless the client is a child or adolescent – and as such sees the client as a person essentially responsible for adult decisions and actions taken in his/her life. This important process contributes to the development of agency so necessary for the healing process and being able to cope with the world.
The Therapeutic Technique or Therapeutic Means

Therapeutic technique\(^2\) or therapeutic means refers to therapeutic praxis. It refers to how a therapist conducts the therapy and what a therapist does and says. It includes verbal and non-verbal communications to the client during the therapeutic process. There is an interconnection between the therapeutic relationship and the therapeutic technique as the therapeutic techniques are embedded in the therapeutic relationship. In other words the relationship is not separate from what the therapist does or says, (Norcross, 2002). Therapeutic technique refers to the ‘best practices’ of the various psychotherapy modalities. There are some best practices that are common to all modalities, for example: assessment of symptoms that effect a person’s thinking, feeling and behavioural processes; empathic listening and observing verbal and non-verbal communication; understanding the client’s issues to be worked with in therapy and the idiom for speaking about them; developing and maintaining a therapeutic alliance of mutual respect; the therapist’s self-reflection on thoughts and feelings that might interfere with the therapeutic process; the maintenance of ethical boundaries; and attunement towards the client. Therapists bring to their work knowledge of theory and clinical practice for their specific psychotherapy modality that informs best practices and maintain best practices by participating in on-going professional development.

There are a vast number of psychotherapy modalities and it is impossible to even briefly describe the therapeutic techniques of all of them. Therefore, by way of example we are limiting our discussion to some of the therapeutic techniques or best practices of four specific modalities: cognitive/behaviour therapy, psychodynamic, experiential and transpersonal psychotherapy.

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\(^2\) Elements common to all types of formal psychotherapy training include the ability to: listen and understand clients and patients and attend to nonverbal communication, develop and maintain a therapeutic alliance with patients and clients, understand the impact of the therapist's own feelings and behavior so they do not interfere with treatment, and recognize and maintain appropriate therapeutic boundaries. (New Directions, 3.5 Education and Training, p. 209)
1. Cognitive/Behaviour Therapy

Cognitive/behaviour therapy (CBT) is a combination of techniques based on the theory of behavioural learning and cognitive psychology. CBT is a psychotherapeutic approach that aims at alleviating symptoms. It focuses on symptoms in the here and now and teaches clients how to change thoughts (cognition) and actions (behaviour). New skills such as new ways of thinking and behaving are taught to clients to help ameliorate symptoms or problems. Emphasis is put on practicing newly acquired skills in everyday life; hence homework is assigned. The therapy focuses on struggling in the present to change behaviour rather than focusing on the causes of the symptoms or problems. A collaborative relationship is established between the therapist and the client. The therapy may be time-limited.

2. Psychodynamic Psychotherapy

Psychodynamic is defined by the Oxford Dictionary as: “the interrelation of the unconscious and conscious mental and emotional forces that determine personality and motivation”. Psychodynamic psychotherapy, also called in-depth therapy, is a wide umbrella term that encompasses all the approaches that consider the conscious and unconscious aspect of mental and emotional life. It centres on the concept that maladaptive thinking, feeling and functioning are a result of both conscious and unconscious mental and emotional processes. It considers that childhood experiences through the developmental process contribute to maladaptive functions.

Psychodynamic psychotherapy modalities focus on the complexity of the human being’s conscious and unconscious determinants of mental, emotional, motivational and social functioning and as well as existential issues. The concept of transference and countertransference constitute a major focus. As stated above, transference in its most general sense is the transfer onto the therapist of the client’s thoughts and feelings about an earlier important person from his or her life. Transference also entails projections onto the therapist of unconscious
conflictual feelings and aspects of the self and one’s internal world. Through the transference the psychological problems of the client—conscious and unconscious, past and present—as well as character disturbances become manifest. Working with the transference makes possible the working through of conscious and unconscious conflict, maladaptive defences and behaviours, and disturbances from various levels of development.

More specifically psychodynamic psychotherapy modalities are successful in treating a wide range of difficulties and disturbances. For example: clients’ attachment issues, lack of self identity, past trauma, conflict in relationships, anxiety, depression, the inability to love, to work and to succeed in life.

3. Experiential Psychotherapy

In experiential psychotherapies such as art therapy, bioenergetics, drama therapy, gestalt, movement/dance therapy, psychodrama, family conjoint therapy, family constellations, somatic experiencing, holotropic breathwork, the therapist will employ, in conjunction with ‘talk’ therapy, specific techniques that engage the whole person—body, mind, feelings and spirit in order to facilitate healing and growth.

Within the therapeutic relationship the therapist designs ‘experiments’ or processes that can facilitate insight, awareness, emotional catharsis, self-expression as well as heal trauma and shift limiting attitudes, beliefs and behaviour patterns. For example, a client may complain of feeling trapped, unable to mobilize energy to free herself. The therapist may endeavour to recreate and heighten the felt experience of being trapped by creating an enclosure either with people (in a group setting) who provide a ‘wall’ of resistance, or with furniture, or by holding the client in such a way that she has to mobilize her energy and express herself in order to free herself. This process can facilitate insight, catharsis, and help the client to take new initiative in her life to free herself. Or, in another example, a client is chronically anxious and feels stuck. The therapist asks the client to draw his/her experience of anxiety. The drawing is then processed and the client is invited to experiment becoming or embodying some quality of the drawing which has some emotional impact thus newly owning a quality of
being or feelings formerly disallowed.

The therapist approaches the client with interest and without expectation of how the client “should be”. An experiential therapist needs to be comfortable with the full range of human emotions in order for clients to feel safe enough to engage fully in these processes.

4. Transpersonal Psychotherapy

Transpersonal psychotherapy offers an integration of Western psychotherapeutic techniques with the ‘perennial’ wisdom of the ancient meditative and spiritual traditions of both East and West. On the exterior the transpersonal therapeutic relationship does not differ widely from experiential psychotherapy, since the approach employs similar experiential methodologies to facilitate healing and growth. What distinguishes it is the recognition of the spiritual context in which these techniques are employed. It understands that the client’s circumstances and ‘symptoms’ may be as much teleological as causal – i.e. that the psyche is an intelligence purposed to an end, that of spiritual or self-realization, rather than simply being a mental concomitant of biological/organismic mechanisms. This understanding, that the true nature of a human being goes far deeper than biology, and has been better grasped by the contemplative spiritual traditions than by the dogmatic materialism of science, informs all the experiential procedures of the transpersonal approach, whether in its application of ‘psychotherapeutic’ techniques or more obviously ‘spiritual’ ones such as meditation.

The transpersonal therapist responds creatively and authentically to the client, alert to and sometimes guided by synchronicity, paying close
attention to everything that is arising in the present moment in the client, in him/herself and in the field, guiding the client to engage in processes that facilitate healing, insight, awareness, catharsis, freedom of expression and an increase in relational capacities. The therapist’s obligation is to have a mature level of honesty, caring and self-awareness and be committed above all to the well-being and growth of the client. The strategy of remaining aloof or dissociating from relationship behind a mask of ‘professionalism’ is not regarded as helpful, but indeed is viewed as potentially damaging to the client. Without significant self-knowledge and a grounded and healthy openness on the part of the therapist, the difficult dynamics of transference and countertransference are likely to be unconsciously activated and contaminate the therapeutic encounter. Thus the transpersonal requirement is for the therapist to be maturely established in a personal, spiritual and relational authenticity. This in turn grounds the process with the client, allowing the mysterious ‘alchemy’ (to use Jung’s terminology) of a healthy individuation.

Conclusion
There has been a great deal of research on the question of what is more important and therapeutically sound: the therapeutic relationship or the therapeutic technique? Research shows that therapy which encompasses both therapeutic relationship and technique is more effective than therapy that focuses only on one or the other. (Norcross, 2003)

Furthermore, “The research shows an effective psychotherapist is one who employs specific methods, who offers strong relationships, and who customizes both discrete methods and relationship stances to the individual person and condition. That requires considerable training and experience.” (Norcross, p. 13)

The diverse training institutes that form APTI educate and train psychotherapy
candidates in establishing a reliable therapeutic relationship and honing therapeutic techniques as described in the above quotation. Theoretical and clinical training components as well as standards of practice, ethics, experiential learning and supervision all contribute to educating and training candidates for the purpose of alleviating clients’ symptoms, suffering and problems and promoting integration, healing and well being.
References

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Article


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