

## “The Therapeutic Relationship” – Petruska Clarkson (1994)

	Modality of Therapeutic Relationship	Kinship Metaphor
1	Working Alliance	<b>cousins</b> incl. aunt/uncle - niece/nephew; = kindred loyalty though different parents)
2	Transference / Countertransference	<b>step-parent / god-parent</b>
3	Reparative / Developmentally Needed	<b>parent - child</b>
4	I-Thou ('authentic' / existential)	<b>person - person</b>
5	Transpersonal	<b>marital pair</b>

### ***From the Foreword to First Edition***

After more than two decades of study, personal dedication and professional commitment, I see many approaches to psychotherapy flourishing alongside, interpenetrating and influencing each other more than ever before. In the broadest sense this reflects contemporary Western culture, which has been characterised by the term 'postmodernism'. One of the central distinguishing features of postmodernism is its distrust of the 'one truth' or distrust of any so-called 'one truth'. Others have described it as a collapse of meta-narrative – the dawning realisation that the ultimate or grand truths, whether Marxism or Freudianism, have all been found to be fundamentally flawed as singular definitions of reality.

*"During the present century psychological science has been largely guided by a modernist worldview. The modernist perspective, as represented in the arts, sciences and cultural life, is centrally concerned with locating foundational forms. This romance with essentials is manifest in psychology's assumption of a basic, knowable subject matter; universal psychological processes; truth by (empirical) method; and research as progressive. Yet, in broad sectors of the intellectual world and elsewhere one detects a defection from modernism and the emergence of a postmodern perspective. Dominant within post-modernism is a thoroughgoing perspectivism. All attempts at foundations are viewed, then, as reflections of particular perspectives, themselves without justification except by recourse to other perspectives. Post-modernism not only raises critical questions regarding the modernist project in psychology, but opens new vistas for study. Cultural critique and the construction of new and more practical forms of theoretical intelligibility are primary." (Gergen 1990: 1)*

For me the relationship is not just another meta-narrative, and the idea of five kinds of relationship is intended more as an offer of a conceptual matrix or a viewfinder by means of which to make sense of all the competing, contrasting or even contradictory views on the human condition and what to do about it, incorporating shades from ultra-right orthodoxy as well as being hospitable to the intrinsic possibilities of creativity, iconoclasm and innovation. So the relationship seemed to me to be the factor that was as vivid and obvious as the substructure on which most psychotherapies find their being. It is difficult for a fish to study and discuss water since it is the very medium of its life; and it is also difficult for psychotherapists, psychologists and counsellors to study the relationship, since that is the very medium in which we and our clients live, breathe and find our meaning. Of course I studied, honed, experienced, interpreted and used the relationship. I thought that it was the context for the rest of the work. I did not fully realise that it was the work itself. I do not believe I have ever seen it as clearly as I see it now. This does not mean I did not see it then; only that figure and ground have shifted in an irrevocable way for me, and I cannot overvalue its importance now.

There is also circumstantial validation. Evidence from the world of psychotherapy is amplifying the lesson. It is one of the most important factors in the rise of integrative psychotherapy (Norcross 1986). For decades there have been attempts to find which psychotherapy, which counselling method was the more effective, which theory better, which approach more efficient in terms of money, time and benefits (whether physical or spiritual). Now the bulk of research points to the fact that the most important factor in effective psychotherapeutic work is the relationship between the client and the counsellor. Yet, when I look back on all the varieties of transformative or healing experiences in which I took part, it is the relationship between me and my psychotherapist that was the most important, vastly the most important. The theory they espoused, the interventions and interpretations they used, all these seem as nothing compared with the vitality or the rich network of relational possibilities orchestrated by a healing and committed significant 'other'.

The most significant psychotherapist of my life said to me some three years ago when she broke (again) another one of the many technical prohibitions of the system of which she is a doyenne: "We won't do rules around here – we're really experienced enough to know they don't work! The rules, the guidelines, they are good for the beginners."

Rules can prevent harm, but taken as true in themselves, they can prevent healing. Ever since the Fiedler (1950) studies, it has been one of the best kept secrets in psychotherapy that more experienced therapists resemble each other in what they 'do' more than novices in any theoretical (ideological?) system. This fits my experience now. The task is not solely that of the counsellor or psychotherapist. The work lies in the creative space between, in the relationship.

I have here used five kinds of relationship differentially emphasised in different traditions of psychology and psychotherapy to form a matrix for integration. They do not all have to be used or acknowledged. "Viewed together, they begin to make some kind of sense, but I must emphasise that this is very much a beginning and in no way a definitive study." (Watson 1974: x). To paraphrase Watson, I am resigned to the fact that my synthesis goes so far beyond the bounds of certain forms of established practice that many colleagues will find it outrageous, while at the same time it does not go nearly far enough to satisfy colleagues who would be wont to include everything. This is what bridges are about.

In this book my personal and professional interest in the psychotherapeutic relationship has drawn on such diverging traditions that I have hesitated to offer them in a final published product. This struggle accounts for the delay in publishing. However, I would feel better if I can offer this as a continuation of an ongoing conversation, knowing full well this conversation has been in progress perhaps since the historical prototypes of a helping relationship, and it continues in all parts of the world, many of which do not share the same assumptions.

This book is intended to be useful for classical purists or only one approach: those who seek or practice integration for clinicians and who wish to develop the meta-narrative which spans all approaches; and also those who are learning to juggle with a multiplicity of narratives about the human psyche and the healing relationship which privilege no particular view.

The recent decade or so has seen great change in the landscape of counselling, counselling psychology, psychotherapy and psychoanalysis. On the one hand, there has been an increased preoccupation with professionalization, accountability, theoretical sophistication and research interests. On the other hand, there has been a growth at least in terms of a willingness to listen and learn from other approaches and other orientations (e.g. Fonagy 1989). According to Norcross and Goldfried (1992) in the United States eight interacting, mutually reinforcing factors have fostered the burgeoning development of psychotherapy integration in the past two decades:

1. proliferation of therapies
2. inadequacy of single theories
3. external socioeconomic contingencies
4. ascendancy of short-term, problem focused treatments
5. opportunities to observe and experiment with various treatments
6. paucity of differential effectiveness among therapies
7. recognition that therapeutic commonalities heavily contribute to outcome variance
8. development of a professional network for integration

All these factors can be said to have given impetus to the search for an integrative paradigm or framework for integrating aspects of various approaches.

This book focuses on the value and use of the relationship between psychotherapist and the person who comes for psychotherapy and healing, using a broad historical and theoretical perspective. It brings together different stories from different perspectives or planets of our discipline (and some others), not to compete, but to compare, contrast, integrate, inform or even tolerate the mutuality of their existence in our conceptual and ideological world.

The competition between different stories, whether based on religion or ideology, is far less critical to the prospects for peace in the world, and to the emergence of a global civilisation, than the competition between different stories about stories – between absolutist /objectivist and relativist/constructivist ideas about the nature of human truth. A pluralistic civilisation can only be built with a great amount of tolerance, and the kind of tolerance that comes from people who believe in the cosmic certainty of their truth (and theirs alone) is both limited and patronising. You can only become truly tolerant of other people's realities by having found some new way to inhabit your own. (Anderson 1990: 267)

Five types of psychotherapeutic relationship, which I suggest are potentially present in any psychotherapeutic encounter, are here brought together in an integrative framework. The merits of different approaches to psychotherapy and counselling are recognised, noting the aspects of the psychotherapeutic relationship that each one emphasises. The nature of each kind of psychotherapeutic relationship is analysed, and clarity is offered for the reader by placing them in the context of clinical examples. There is no need to accept or integrate all these in order to benefit from an expanded perspective.

## The five relationships are:

- **The working alliance** as the part of the client/psychotherapist relationship that enables the client and therapist to work together even when the patient or client experiences strong desires to the contrary.
- **The transference /countertransference relationship** as the experience of unconscious wishes and theories transferred onto or into the therapeutic partnership
- **The reparative/developmentally needed relationship** as intentional provision by the psychotherapist of a corrective, reparative, or replenishing relationship or action where the original parenting was deficient, abusive or over-protective
- **The person-to-person relationship** as the real relationship or core relationship as opposed to object relationship
- **The transpersonal relationship** as the timeless facet of the psychotherapeutic relationship, which is impossible to describe, but refers to the spiritual dimension of the healing relationship.

It is important to remember that these are not stages but states in psychotherapy or psychoanalysis, often subtly 'overlapping' in and between which a client construes his or her unique experiences.

Of course, it is possible to say that most or all of the five relationships are aspects of the transference and its working-through phase. All can also, for example be satisfactorily subsumed under the heading of working alliance. However, it has been the experience of quite a large number of teachers, supervisors and clinicians that the framework offered in the following chapters provides a more comprehensive and developmental way of conceptualising relationships than using the relatively unfocused headings of 'transference' or 'working alliance'. The model of five relationship modalities acts as a possible integrative framework for different traditions (or approaches to) psychotherapy, notwithstanding apparently irreconcilable schisms. It is not offered as a new truth, only as a useful way in which to keep questing.

It has been suggested that the five relationships constitute a kind of developmental sequence or hierarchy. I think sometimes this may be the case but, even though I may explicitly or implicitly follow this suggestion, I must state emphatically that it is not my conviction that these forms of relationship have to follow one another in a predictable way for all clients. I am convinced that the sequence may at times, for good psychotherapeutic reasons, be completely different. Clients may wish to focus on some rather than explicitly all these forms of relationship. If at times I obscures facts so as not to interfere with the flow of the material, I would ask readers to keep it in mind as they read through and work with this book.

The five relationships are differently emphasised in different approaches, but they appear to form a potentially coherent whole. The working alliance seems to have more to do with the scientific and academic tradition; the transference/countertransference relationship with the Freudian and Kleinian psychoanalytic orientation; the developmentally needed or reparative relationship with the innate evolutionary and healing forces of life itself or *physis*, defined by Berne as "The growth force of nature which makes organisms evolve into higher forms, embryos develop into adults, sick people get better, and healthy people strive to attain their ideals" (1968: 369–70); the person-to-person relationship with the existential/humanistic tradition; and the transpersonal comes from religious, oriental and occidental spiritual traditions.

Jung was the psychologist who contributed the concept of archetypes to modern psychology, psychoanalysis and psychotherapy. Hillman, indeed, suggested that the appellation archetypal psychology "more adequately corresponds with [and] more accurately describes Jung's approach to the fundamentals of the psyche' than analytical psychology (1975b: 170).

Archetypal psychology is an apt term to describe the work of deepening, soul-making, healing and transformation which draws its wellspring and nourishment from the exploration of archetypes at individual as well as cultural levels. However, it is not a science of precision. Jung cautioned that it is a well-nigh "hopeless undertaking to tear a single archetype out of the living tissue of the psyche" because archetypes are "units of meaning to be apprehended by the intuition" (1968: para 302). Archetypal images and legends of *physis* have appeared at many different times as well as in the individual dreams and fantasies of ordinary individuals and artists in different cultures (Hobson 1961; Walker 1988: 268). This theme runs like an underground river through the landscape of this book, but I have plumbed it in depth elsewhere (Clarkson 1995).

Again, no matter how it may appear to the contrary in different places in the book because of context or example, I firmly believe that all five of these relationships are overlapping and interlinked. **Although they may each be perceived as a whole, the whole that they constitute together contains them more fully like a fractal.** They are separately highlighted and discussed as distinct entities for the sake of learning, discussion, training, even perhaps a research. But there must be a continuing awareness that any such abstract analysis is made only to highlight one facet of a complex and interwoven gestalt. Whenever one is made the figure, the others are also present in the ground. And the demarcation lines in human affairs are, as always, moveable, overlapping and potentially contentious.

After publishing my paper "A multiplicity of psychotherapeutic relationships" (1990a) which – developed in more detail – forms the cornerstone of this book, I discovered Gelso and Carter's (1985) paper, thanks to Michael Carroll. I would recommend it even though it deals with only three aspects of relationship, as it does so very thoroughly. Another subsequent discovery is a book on relationship by Kahn (1991), which I also recommend.

"We are born of relationship, nurtured in relationship, and educated in relationship. We represent every biological and social relationship of our forebears, as we interact and exist in a consensual domain called 'society'." (Cottone 1988: 363)

**It is for this reason that the client (or patient) in systemic integrative psychotherapy is thought of as *always* in relationship, whether this be conceived of in object relation terms or in subject relation terms, as in existential approaches to psychotherapy (Clarkson 1991e).**

**One way of conceptualising or imagining the healthy psychotherapeutic relationship is to conceive of it as involving the psychotherapist voluntarily entering into a kinship relation with the patient. This, in some views, recapitulates the early familial maladaptations (if they have occurred). In many perspectives this replication is construed as providing the arena for understanding, reparation or healing. Fundamentally, if a psychotherapist can establish a relationship with someone who has lost the capacity to relationship, such as an individual in psychosis, they have been retrieved in their relatedness with others. Thus they can begin to rejoin the family of humankind. Most forms of psychotherapy use this state of voluntary kinship relationship more or less consciously.**

The Jungian Andrew Samuels states: "the psychology of the soul turns out to be about people in relationship." (1985: 21) If, indeed, the psychotherapeutic relationship is one of the most, if not the most, important factor in successful psychotherapy, one would expect that much of the training in psychotherapy or counselling psychology would be in the *intentional* use of the relationship. Some psychotherapies claim that psychotherapy requires use of only one kind or relationship, or at most two – for example, the working alliance and the transference relationship. Some specifically exclude the use of certain kind of relationship. The Gestaltists Polster and Polster (1973) and the existentialist May (1969b) focus on the existential nature of the psychotherapeutic relationship.

Some psychotherapeutic approaches pay little theoretical attention to the nature of the relationship and may attempt to be entirely free of content. In some approaches to hypnotherapy or neuro-linguistic programming, for example, psychotherapeutic changes are claimed to be made by the patient without the practitioner necessarily knowing what these changes are. In most approaches stated policy and actual practice often diverge. As we shall see, even Freud's actions (speaking perhaps louder than his words) often belied the assumed orthodoxy of psychoanalytic practice. A more recent psychoanalyst comments:

"The most neglected feature of the psychoanalytic relationship still seems to me to be that it is a relationship: a very peculiar relationship, but a definite one. Patient and analyst need one another. The patient comes to the analyst because of internal conflicts that prevent him from enjoying life, and he begins to use the analyst not only to resolve them but increasingly as a receptacle for his pent-up feelings. But the analyst also needs the patient in order to crystallise and communicate his own thoughts, including some of his innermost thoughts on intimate human problems, which can only grow organically in the context of this relationship." (Klauber 1986: 200-1)

The psychotherapeutic relationship is characterised by the facts that:

- it is usually paid for according to some contractual agreement;
- one of the parties in the relationship has been specifically trained to take part in it;
- the stated goal is usually the amelioration of psychological problems or the improvement of mental health of the paying partner in the work; and finally
- the psychotherapist is willing to commit him/herself to the welfare of another human being in this way

# A Multiplicity of Therapeutic Relationships - extended

- modalities 1 - 5 based on Petruska Clarkson's 1990 paper and 1994 "The Therapeutic Relationship";
- 'archetypal' based on James Hillman's "The Myth of Analysis";
- 'medical model help', although not usually used as a modality of psychological work, is nevertheless a relational modality present in the field and therefore needs to be included (Soth 2004).

	<b>Modality of Therapeutic Relationship</b>	<b>Kinship Metaphor</b>
	Medical Model Help	doctor-patient
<b>1</b>	Working Alliance	<b>cousins</b> incl. aunt/uncle - niece/nephew; = kindred loyalty though different parents)
<b>2</b>	Transference / Countertransference	step-parent / god-parent
<b>3</b>	Reparative / Developmentally Needed	parent - child
<b>4</b>	I-Thou ('authentic' / existential)	person - person
<b>5</b>	Transpersonal	marital pair
	Archetypal (Hillman)	Eros-Psyche