# A qualitative exploration on the increased attention being paid to the Psychotherapeutic Relationship and understanding its role in the therapeutic process.

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# ABSTRACT

The importance of the therapeutic relationship has been a topic of discussion and debate since the dawn of the talking therapies. Over time, different ideas and understandings of the therapeutic relationship have emerged from different schools of Psychotherapies and even different therapists within the different schools. This research project set out to gain a better understanding of how the therapeutic relationship is viewed by today's practitioners. Samples of 6 therapists were interviewed across the three main umbrella approaches. 2 are from the Humanistic approach, 2 are from Psychoanalysis approach and the last 2 are from the Cognitive Behavioural Therapy approach. A literature review was initially undertaken to gather information already in the public domain on the subject of the therapeutic relationship. Following on from the literature review the research methods used were semi structured qualitative interviews. A thematic analysis was then performed on the information received. The findings were varied. The 3 approaches found the therapeutic relationship to be import but to different degrees. The Humanistic approach placed the relationship at the fore front of the therapy process and believed to be the catalyst for therapeutic change. They were however split on the idea of having an integrated definition of the 3 man umbrella approaches. This suggested a 50% margin in the acceptance of an integrated definition within the Humanistic approach. In the Psychoanalytic tradition it was found that the relationship was based around the unconscious transference and application of technique. The "real" elements of the relationship interactions such as the warm, undistorted, realistic, authentic, true, or the reality orientated aspects did not appear to exist. The Psychoanalysts understood the relationship to be important as far as technique or method was concerned. They outright rejected the idea of an integrated definition on the grounds that the theories and understandings of the relationship in Psychoanalysis are too different to the other approaches

to reconcile. It was found that in the CBT approach the relationship was equally as important as theory, treatment or technique to affect therapeutic change. The CBT participants were divided, one for and one against, having an integrated definition of the therapeutic relationship. All but 1 of the participants had a little or a very basic understanding of the role the relationship has in the other traditions. This further highlighted the exclusiveness of each approach in modern times and years later from past attempts to reconcile the different understandings surrounding the role of the therapeutic relationship in each approach.

# CHAPTER 1: INTRODUCTION

## 1.1 Background

This research project is based on a general view of an exploration of the increased attention being paid to the psychotherapeutic relationship and understanding its role in the therapeutic process. Samuels illustrates that "The psychology of the soul turns out to be about people in relationship" (Samuels, 1989, p.15). Over the years there has been much debate around the power of the therapist / client relationship as opposed to the theory, treatment or technique prescribed by a particular Psychotherapy approach. Freud (1912) is thought to be the first to look at the value of the therapeutic relationship to which he understood to be the affectionate and friendly elements of the transference. As time went on, this theory on the relationship has been researched and developed further and at present, it would seem that increasing attention is been paid to the actual relationship between therapist and client and how that facilitates the therapeutic process. Michael Kahn examines the importance of the relationship and quotes his mentor by writing "the relationship is the therapy" (Kahn, 1997, p.1). Even the phrase "therapeutic relationship" has also been re-named by practitioners and theorists numerous of times over the years through the use of different terms and metaphors in order to best understand what the relationship represents for them. Zetzel (1956) for example introduced the term "therapeutic alliance". Gelos (2011) speaks of the "real" relationship. It would seem great lengths have been taken in order to aptly portray the significance of the therapeutic relationship across the different approaches as we ourselves gain more knowledge and understanding in this area. Research carried out by Duncan and Moynihan (1994) shows that it is the client's experience of the therapist that significantly affects the outcome of the therapy and the calibre of the therapeutic relationship. In opposition to the client's experience is the therapist's own understanding and experience of themselves. This is considered to be

less predictive of the quality of the therapeutic relationship and overall outcome of the therapeutic process. Geller, Greenberg and Watson (2010), using the therapeutic presence measure, got therapists and clients to complete forms called the Therapeutic Presence Inventory-therapist (TPI-T) and the Therapeutic Presence Inventory-therapist-client (TPI-C) to measure in-session therapeutic presence. Their research found that clients reported change and a positive therapeutic relationship after sessions in which their therapist was present and engaged with them. Research conducted by Elvis and Green (2008) also predicted the outcome of therapy to be more successful when a positive therapeutic relationship existed. In fact, they saw the therapeutic relationship as central to therapeutic growth.

### 1.2 Scope and Objectives

There appears to be an abundance of research carried out around the therapeutic relationship but there does not appear to be a clear definition or understanding that could apply to all approaches. This study aims to look at the different viewpoints or arguments that currently exist to examine the role that the client / therapist relationship plays in affecting therapeutic growth within a client. The research also aims to look at the current knowledge or understandings of the participants around the value of therapeutic relationship within the other approaches other than their own chosen field. The research will be conducted across the 3 main umbrella approaches which are Humanistic Therapy, Psychoanalysis and Cognitive Behavioural Therapy in order to get a more general view and understanding of the therapeutic relationship and how it is perceived within each approach.

# CHAPTER 2: LITERATURE REVIEW

## 2.1 Introduction

This chapter will provide a summary of some of the literature and research that has been carried out surrounding the therapeutic relationship. The research will try to provide an insight into how some of the terms developed over time as theorists began to pay more attention to the relationship and its application in the therapeutic process. This chapter will also try to demonstrate examples of the different uses and meanings the therapeutic relationship holds within the 3 umbrella Psychotherapies and point out different arguments and attitudes towards the focus on the relationship.

## 2.2 The Psychoanalytic Therapeutic Relationship

Traditional psychoanalysts are viewed to be a blank screen for the patient to project their thoughts and emotions onto the analyst. The analyst would typically remain mostly silent before attempting to interpret the patient's dreams, resistance, unconscious projections and transference neurosis and so on. Analysts have since tried to redefine and explore the different elements of the actual relationship as opposed to just concentrating on the unconscious transference dynamics. Frank (2005) describes this change of position in psychoanalytic thinking as the "most striking theoretical reversal in the history of psychoanalysis". The idea of the "real relationship" (Gelso, 2011) was brought to light.

Gelso (2011) admits that the personal relationship between therapist and client has always existed. He identified and concerned himself with certain elements of the therapeutic relationship that were distinct from other aspects of the relationship which are genuineness and realism. He insists on other approaches to examine these components in order to gain some understanding of the value of the therapeutic relationship. Gelso maintains that the

therapist is affected by the client and also needs to feel they have been heard and appreciated as the relationship works two ways. There has been much debate over what the real relationship contains. Greenson (1967) suggested the real relationship could be the undistorted, realistic, authentic, true, or reality orientated aspects of the relationship. These are the more tangible factors of the relationship rather than concentrating completely on the unconscious processes taking place. He observes though that there are 3 modes to the full analytic relationship. The real relationship is one, transference and counter transference is another. Finally, the third is the working alliance. Greenson (1967) identified that there was an element of these aspects interwoven in all relationships and some may be more predominate over others at certain times. The idea of the real relationship concept is in direct opposition to the transference analysis relationship concept which Freud originally put forward. Freud (1916-1917) describes the therapeutic relationship as positive transference which is the affectionate and friendly parts of transference. Freud (1912) called this the "unobjectionable positive" transference. He paid little attention to what keeps the relationship going but suggested that this bond should be maintained to assist with the patient cooperating. Contemporary theorists considered this to be the first attempt to look at the relationship, albeit analytically. Some authors offer that Freud is sometimes treated harshly or maybe taken out of context regarding strict adherence to analytic technique. Couch (1999) discusses this and portrays Freud's technique to be natural and non rigid as evident in his writings. He expresses that it was the analysts in the wake of Freud whom, maybe too literally, took to specific ideas and techniques Freud (1958) put forward in his papers on technique (Freud, 1958) rather than the value of the therapeutic relationship he had with patients. These analysts developed what Lipton (1977) called modern technique. He felt Freud left out the "personal relationship" he had with his patients in his writings in order to get his techniques across. The therapeutic relationship Freud had with patients informed his

technique and gave it an advantage over modern technique. He understood that Freud's emphasis on neutrality was just in relation to technique was not intended to take over the analyst's whole personality. Lipton (1977) chose the phrase "personal relationship" rather than "real" to address the fact that it is not part of the technique applied by the analyst and it is subjective to the individual. He argued that what Freud considered to be the unobjectionable transference is actually what other analysts, like Greenson, referred to as the real relationship. Lipton (1977) combined Greenson's idea of the real relationship and the alliance concept into his idea of the personal relationship which he considered Freud had already found with his own patients.

To continue with the progression of the attempts to define the therapeutic relationship Sterba (1934) introduced the term "alliance", whereby the therapist allies himself or herself with the patient's illogical or unreasonable transference and defences, thus expanding on Freud's theory. Zetzel (1956) broadened this by putting forward the term "therapeutic alliance" which she saw as the allying of the therapist with the ego of the patient. She suggested that our current capacity to hold relationships depended on our early developmental experiences and whether the patient could hold the positive and negative aspects of the analyst in the real relationship. Greenson (1967) further developed the idea of the therapeutic alliance by suggesting the idea of the working alliance as previously mentioned. The working alliance is the patient's capacity to work in the therapy which he considers to be the real, rational and non-neurotic attitudes of the patient. Greenson (1965) insists the working alliance is essential to the facilitation of the therapeutic relationship. Bordin (1979) enhances this therapeutic alliance by pointing out 3 of its intricate elements that are considered between analyst and patient; these are goals, tasks and bond. He argued that these are important for any form of therapeutic relationship to be successful. Viedermann (1991) explicitly promoted the idea of

the Real Person of the Analyst rather the abstinent neural analyst. He described situations where a real person response can be more appropriate and effective then a sterile scientific explanation or interpretation. He affirmed patients respond well to this and leads to a corrective emotional experience.

Brenner (1979), on the other hand, strongly opposed the concept of the therapeutic alliance. He argued that the therapeutic focus is taken away from the interpretation of certain transference. He explained that due to the process of identification, rationalisation and collaboration, the patient's resistance may be hidden along with other transference elements. Furthermore, he suggested that it also directs the therapy away from the classical analytical position. Kernburg (1972) found that moving away from the classical analytic technique and allowing the actual personality of the therapist in, can interfere with the therapy process. Crits-christoph, Gibbons and Connolly (2003) looked at how the relationship can set up the stage for technique to be more effective but admitted that not enough research in the area relating technique to the alliance has been done to any satisfactory degree. Loewenstein (1969) pointed out that the actual terms "therapeutic alliance" and "working alliance" did not include the patients who seek to get better but not work and the patients who seek to work but not get better. According to Kahn (1997), more emphasis should be put on the nature of the relationship between analyst and patient. Having said that, he did insist that the other training psychotherapists receive outside of the relationship is also important but definitely not enough.

### 2.3 The Humanistic Therapeutic Relationship

The Humanistic approach is centred on the concept that the relationship is of utmost importance. The pioneering work done by Maslow (1999) and Rogers (2003) was influenced by philosophy (especially existentialism) and the potential for the client to grow through the search for fulfilment and meaning. This resonates with the works of such philosophical figures like Heidegger and Kierkegaard on "being" and "non-being".

Rogers (1995) - the founding father of the Rogerian Therapy or Client Centered Therapy - maintained that there are 3 relational characteristics or Core Conditions that must be present in the therapeutic relationship. These conditions are unconditional positive regard, empathy and congruence. Rogers (1995) insisted that if these are adhered to whole heartedly, then that in itself can affect therapeutic change. Rogers put great emphasis on the relationship and held it in high esteem from the beginning as the main healing agent in therapy. Rogers (1957) originally had 6 conditions that needed to be met for an effective therapeutic relationship but he eventually reduced them to 3 which attracted some criticism. Authors such as Tudor et al (2004) argued that the reduction in the conditions could affect the integrity of the Person or Client Centered approach due to this simplification. Rogers (1987) was also quite outspoken in the matter of transference. He was opposed to the psychoanalytic view of the transference relationship and making the analysis of transference central to the therapeutic process. Instead, he believed that all the client's feelings, positive or negative, directed towards the therapist should be dealt with through the building of the therapeutic relationship characterised by the core conditions. He explicitly insists that the intellectual analysing of the transferences seems to be for the therapist's benefit only. While Gelso and Carter (1994) recognised the Core Conditions put forward by Rogers, they deem them to be beliefs or

components offered by the therapist alone. They consider them to be elements of effective therapy but do not really explain the therapist and client transactions or interactions.

Kahn (1997) agrees with Carl Rogers on emphasising the importance of the relationship between therapist and client and also on the therapist making the relationship the primary concern. Bugental (1987) emphasised the importance of interpersonal skills to help with deepening the conversational level in the therapeutic relationship. He advocated the importance of engagement and moving responsibility to the client. He insisted that presence plays a greater role in healing rather than technique or rapport. O'Farrell (2006) suggested that to establish a good relationship, the early stages should be handled with great care. She goes on to explain that close attention should also be paid to the practical aspects such as privacy which is important for the client so they can speak freely and be themselves, and comfortable surroundings such as heating, lighting, noise level and even the position of the furniture.

Yalom (2002) considered the relationship to be so important that the maintenance and care of the relationship takes precedence over all other aspects of therapy. Throughout the course of therapy he encourages therapists to invest in to the therapeutic relationship in order for the therapist to grow. He goes on to discuss how the conventional everyday terms such as client / facilitator, analysand / analyst or user provider does not show his understanding of the therapeutic relationship. Yalom may mean to show the equality of the therapist and client in the psychotherapeutic relationship by showing the client respect and demystifying the therapist's position. Yalom (2002) insists that showing the patient the importance of building a relationship together assists in its own right with change. Yalom (1991) inferred that a trainee therapist can induce therapeutic results similar to veteran therapists through their enthusiasm and eagerness to explore. He openly teaches students that it is the relationship

that heals and the way to promote this is by learning how to relate through the core conditions.

Bachelor (2013) investigated the clients and therapists views on the therapeutic alliance. The research found that the therapists and clients view of the components of the relationship differed in some important areas like helpfulness and joint participation that leads to good outcomes. Feltham (1999) provides a list of objections to the emphasis placed on the therapeutic relationship which include, the development of overly dependent relationships, group therapy may be better than one to one therapy. He also mentioned the use of technology for therapeutic change over actual human presence, such as computers or telephones. Although these may be valid objections, he understands that there are grounds for focusing on the effectiveness of the therapeutic relationship.

## 2.4 The Cognitive Behavioural Therapy Therapeutic Relationship

Cognitive Behavioural Therapy is based on the assumption that one's thoughts affect one's emotions. These emotions affect one's behaviour and this behaviour in turn affects one's thoughts and so on. It is believed that an intervention of some kind is needed to disrupt the cycle to put in place a more favourable one. For this reason, CBT is a specific type of therapy concentrating on maladaptive thoughts and behaviours. It can be described as a brief, problem solving, task focused, evidenced based and a technique heavy therapy. It has also been described as mechanical, manualised or surface level therapy and arguments have been made that there is little room or need for the therapeutic relationship to develop in order to affect therapeutic change.

CBT's initial founder Aaron Beck points towards the therapeutic relationship by describing the importance of "collaborative empiricism" (Beck, Rush, Shaw, & Emery, 1979). This is

the coming together of the client and therapist to investigate the client's issues. The therapist and client will collaboratively come up with solutions on how to change certain patterns of behaviour and thoughts. The client is seen to be a scientist in their own right experimenting with techniques. Rector, Zuroff and Segal (1999) viewed this type of relationship as secondary to technique. They suggested the collaborative relationship is primarily used for the implementation of technique to be more efficient and in doing so they promote technique over the relationship. Wright et al (2006) implied that the collaborative empiricism is a particular type of working alliance put forward by Greenson. Beck, Rush, Shaw, and Emery (1979) briefly mentioned the importance of the therapeutic relationship in the sense that it could be perilous for therapists to completely ignore it but they do not go in to any great length on the topic leaving the debate wide open. Beck came from a psychoanalytic background. More recently Beck (1991) has acknowledged that there has been a move towards incorporating psychodynamic elements, around the view of the relationship, within the work of CBT. He stressed the importance of the therapeutic relationship specifically with clients with personality disorders to increase the chance of change. However, the therapist should challenge these client's difficulties so they can be restructured. This changes the therapist's position back to teacher or mentor, that is, a figure of authority making the relationship once more unbalanced. Roth and Pilling (2007) outline that one of the main aspects of CBT is to build a trusting relationship. Hardy et al (2007) suggest that the building blocks of the therapeutic relationship contain the 3 elements that Bordin (1979) explained were intricate in the therapeutic alliance which are goals, tasks and bond.

Sander and Wills (2005) argue that in more recent times the therapeutic relationship in CBT has been given more attention. They suggest that being more emotionally engaged can help create a better CBT model of therapy. They discuss the development of this relationship to

be in line with Rogers' idea of the core conditions. Gilbert and Leahy (2007) recognise that CBT never put much research into the relationship but accepted that it can be a contributing factor in affecting therapeutic change in a client. They look to realise this deficit and explore in a more in depth way the value of the therapeutic relationship within the CBT framework. Leahy (2008) recommended that in more complicated clinical cases the focus shifts to the therapeutic relationship to help affect change. This is described as third wave CBT. Hynes (2004) illustrated this as initially focusing on acceptance and commitment. Tai and Turkington (2009) pointed out the inclusion of mindfulness, meta-cognition and compassion orientated therapy to help people relate differently to certain elements such as relationships. This effectively is using the therapeutic relationship to help clients with their own relationships and other difficulties.

Dobson (2003) understood the therapeutic relationship is necessary but not effective enough in itself to illicit therapeutic change. Grazebrook and Garland (2005) echoed this view and advocate that the therapist's core conditions, similar to Rogers, of genuineness, respect and empathic understanding are not adequate for therapeutic change in CBT. The research provided by Beutler et al (2004) outlined that although the core conditions may be important in the CBT practice, it may not be the case for all clients. They report the type of relationship between therapist and client should be based on the individual. Ellis (1962) outright proposed that these core conditions are neither necessary nor sufficient for successful application of CBT but they may be desirable. Larrson et al (2009) as part of their research regarding differences and similarities between practitioners across certain types of Psychotherapy orientations, questioned practitioners on what they focused on in their practice. The therapeutic relationship was the second most common answer with the CBT practitioners but they were also the therapists less willing to give this answer.

# CHAPTER 3: METHODOLOGY

## 3.1 Introduction

This chapter will demonstrate and describe the methodology used in the research and the rationale behind the decisions made for the study approach. The literature review examined the complexity of the therapeutic relationship across the 3 approaches. The aim of this research is to understand the relevance or role of the therapeutic relationship, within the 3 approaches, in the process of therapy and how it can affect therapeutic change in a client. The 3 main umbrella approaches involved in the research are Cognitive Behavioural Therapy, Humanistic Therapy and Psychoanalysis.

## 3.2 Research Method

The type of research method used is qualitative in nature. Saunders, Lewis and Thornhill (2009) pointed out that qualitative analysis is used mainly as a synonym for any data collection technique like interviews or data analysis procedure like thematic analysis that generates or uses non-numerical data. This type of research may generally be associated with smaller scale research projects looking for a more experiential perspective that can include opinions and subjective experiences of the participants involved rather than specific universal facts. McLeod (2003) expressed that "research is a systematic process of critical inquiry leading to valid propositions and conclusions that are communicated to others" (McLeod, 2003, p.4). This method was chosen because this author was looking to gain an understanding of how the therapists thought and felt about the value of the therapeutic relationship /alliance within their own experience. The qualitative method is flexible and allows for this type of subjective thinking in the research. This is important as the therapists not only partake in the basic relational exchanges but also may experience therapeutic relationships and

connectedness at a deeper level. Some of the research, the interviews for example, were undertaken in the natural setting of the therapists, that is the therapy room, in an attempt to help the therapist feel comfortable and at ease while being interviewed. It was this researcher's hope that the more comfortable the therapist was, the more they would open up and outlay their personal experiences. The interviews focused to an extent on the therapist describing the value of the relationship and what it meant to them within their theoretical framework. According to Landridge (2004) the qualitative approach can "produce unexpected insights about human nature through an open-ended approach" (Landridge, 2004, p.15) so being able to conduct the interviews in a relaxed environment helped the therapists express themselves more fully allowing for other topics or insights to develop for further analysis.

The other method of research used was the literature review which was initiated early in the research project. The information was gathered from primary and secondary sources in order to provide a good grounding for the development of the research questions.

### 3.3 Participants

A random sample of six therapists in total was taken. The sample included 2 therapists from each approach. 2 therapists instead of one were chosen in order to try to achieve a more balanced view of their understandings across the 3 approaches. In order to qualify for selection, each therapist had to meet a specific criterion. For example each therapist had to be qualified and registered with their corresponding bodies associated with their approach. The bodies or associations taken into account were the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP), Irish Association for Counselling and Psychotherapy (IACP), Association for Psychoanalysis and Psychotherapy in Ireland (APPI), Irish Council of Psychotherapy (ICP), British Association of Behavioural and Cognitive Psychotherapies

(BABCP), and the National Association of Cognitive and Behavioural Therapies Ireland (NACBT). Each therapist also had to have a minimum of 5 years experience in their chosen field post accreditation with their professional body.

### 3.4 Research Procedure

It is important when attempting to research a project that a plan or proposal be set out initially in order to establish a framework or design to guide the study as it progresses from one section to the next.

A literature review was undertaken at the beginning of the research project in order to gather enough information to guide the development of the research questions in the next stage of the study. The questions were devised carefully and directly reflected back to the understandings of the literature review. The schedule for the interview found in Appendix A contained 6 questions in total. The estimated time per interview was approximately 20 minutes. A consent form was drafted for each therapist to sign giving consent to use the information provided and explaining briefly what the research was about.

The participants were checked to see if they met the criteria outlined in section 3.3 of this study through the websites of their individual associations according to the field they worked in, for example the websites of the IACP, APPI, NACBT, BABCP, ICP and IAHIP, prior to being contacted by telephone. The details of the research were explained over the phone and an explanation of how a semi structured interview would be conducted face to face using a device to record the interview for later transcription was outlined. Each participant was informed from the beginning that they could remain anonymous throughout the process. On agreement by each therapist to participate in the interview stage of the research, a suitable date, place and time was set to conduct the interviews. Prior to each interview taking place,

the interview schedule containing the 6 questions in Appendix A and the consent form in Appendix B was emailed to each participant to assist them with preparation and knowledge of what to expect from the questions presented. The interviews took place in the therapy rooms used by the individual participants ensuring privacy. Before each interview began, the researcher once again explained what the research was about and how the interview would be conducted. They were also advised that they could retract their contribution at any time before the 25$^{th}$ April 2014. During the interview each question was asked by the researcher initiating a response from the interviewee. The researcher assisted with any clarification needed regarding the questions asked and allowed any further insights or developments that may add to the research questions. Hancock (2001) explains how the open ended nature of the semi-structured interview allows for such a process to take place ensuring the individuality of each interview and also allows the interviewer to follow particular lines of inquiry if new relevant material rises. At the end of each interview, the participants were thanked for their time and participation before the researcher left.

The recordings for each interview were later transcribed for data analysis in the form of a thematic analysis. The findings were then detailed under specific headings and later discussed in reference to the literature review.

### 3.5 Research Materials

A main body of questions was presented to the interviewees before the interview took place. These questions can be found in Appendix A titled Interview Schedule. A recording app on a Samsung Galaxy Ace Plus phone was used to digitally record each interview. Also, a consent form was given to each participant to sign. The forms were then scanned into a laptop and password protected for confidentiality purposes although each participant waived their right to anonymity at the time of the interview. Each participant was asked to give consent on this form for the information provided on the recording as material to be used in the research project. Each interview was individually transferred onto a laptop and transcribed for data analysis a short time after each interview took place. The recordings were also saved and password protected.

### 3.6 Data Analysis

The data from the interviews was subjected to a thematic data analysis process. This process is a qualitative approach which focuses on the subjective experience of the participants. Each interview was transcribed accordingly and read a number of times to identify any themes that emerged from the data. Each theme that emerged was then systematically grouped and coded accordingly to help describe and bring meaning to individual segments of the grouped data. Dey (2003) explains, "Description lays the basis for analysis, but the analysis lays the basis for further description" (p.33). He suggests that through analysis we can achieve a new insight or view of the data collected by breaking down the data into bits. These bits can then be analysed to see how they link or interconnect in some way. This linkage may highlight or reconceptualise the data pointing to themes or particular threads running through the information. Moore (1987) understood that analysing qualitative data is a difficult process but can lead to deep meaningful understandings of the issues.

Moore (2000) puts forward basic principles for analysing data:

i) Analysis should not come last

ii) Analysis should be systematic but not rigid

iii) Produce analytical notes as the study progresses

iv) Segment the data

v) Categorise the segments

vi) Use comparison as the main intellectual tool

vii) There is no right way of doing things

viii) Intellectual craftsmanship

ix) Aim for a higher level of synthesis

The researcher used these principles as a general guide in attempting to analyse the data successfully.

### 3.7 Ethical Considerations

When doing any research it is always important to look at how ethical the study actually is and if there are any considerations that need to be contemplated. Therefore ethical considerations have been made in respect to the proposed research and it was accepted that no vulnerable groups would be contacted or interviewed such as clients. Some consider ethics to be the morals and principles of an individual. Beauchamp and Childress (1995) put forward 4 commonly accepted principles to provide a framework for ethical decision making.

These are as follows:

i) Respect for autonomy that is the respect for the individual's rights and the right to determine their own lives.

ii) Beneficence which is doing good

iii) Nonmaleficence meaning to do no harm

iv) And Justice which is to be fair and equitable and what is appropriate for the individual involved.

McLeod (2003) explains how a common ethical dilemma that arises during psychotherapy and counselling research is the actual research questions triggering painful memories or material for the interviewee. With this in mind the questions for the interview were carefully drafted in a particular open ended manner so not to impose or judge the interviewees individual experience. The therapists who participated in the interviews were offered complete anonymity and it was explained that they could retract their interview piece at any time. The consent form in Appendix B was given to each of the participants to sign allowing for the use of the information provided.

Cohen and Cohen (1999), on the subject of philosophical ethics and therapy, explain that it is of utmost importance to have a theoretical framework for ethical decision making in the same way as it is for the different approaches of psychotherapy to have competent theory behind them. It is not just conforming to the law or ethical codes of practice that govern a specific professional body that makes a therapist morally virtuous. It is also the autonomous decision making based on the therapists personal moral understandings that can make the difference between an ethical decision as opposed to a decision solely based on written law and codes. Banister et al. (1994) highlighted the importance of considering the potential impact the

interviewer has on the research process specifically at the interview stage. This researcher took that into consideration and tried to avoid any leading questions or bias towards a particular Psychotherapy approach while attending to the interview process.

### 3.8 Conclusions

The methodology as detailed was successful in attaining the information subjectively from each participant's experience. Due to the nature of the interview being around the therapeutic relationship, it was important to use the outlined methodology to obtain the required material which came from each therapist's subjective individual experience of the relationship.

# CHAPTER 4: FINDINGS

## 4.1 Introduction

This chapter will present the findings of the 6 interviews that was conducted around the role and value of the therapeutic relationship across the 3 umbrella approaches which are CBT, Humanistic and Psychoanalysis. Direct quotes will be used from the interviews, so for the purpose of anonymity, each therapist will be coded using 3 letters relating to the psychotherapy approach they work within. A number will be placed on the end of the 3 letter code in order to be able to differentiate between therapists. Therefore, the following codes that will be used are:

i) Cognitive Behavioural Therapy =CBT1 & CBT2

ii) Psychoanalysis Approach = PSY3 & PSY4

iii) Humanistic Approach = HUM5 & HUM6

The main themes that arose from the interview questions will be summarised at the beginning of each heading. Explanations and extracts from the interviews will then be outlined that correspond to the prevailing themes.

## 4.2 The Importance of the relationship to affect therapeutic change

It was found throughout all the 6 interviews that the importance of the therapeutic relationship in affecting therapeutic change was accepted across the 3 main umbrella approaches but to different degrees. The Humanistic participants believed the relationship to be the primary factor in affecting change. The CBT participants agreed that it could affect change but only as far as technique would allow. The Psychoanalysts viewed the relationship as important, so long as it adhered to the analytic method.

CBT1 stated that there had to be an "adequate or good enough therapeutic relationship" present in order for therapy to work. He commented that if there was not this type of relationship from the first session then there could be no therapy. CBT2 explained how the therapeutic relationship is not only important but is "probably the difference between therapy working or not working". He described the therapeutic relationship in CBT, in his view, to be like teacher and pupil. This suggested an imbalance of power in the relationship.

The Psychoanalysts agreed in the importance of the relationship but also viewed the relationship in a different light than the other 2 approaches. PSY3 understood the "real" relationship to be fundamental to do any useful work. He understood the psychoanalytical relationship to be defined by technique and method. PSY4 agreed that the relationship is important but stressed that "the relationship between a therapist and client in Psychoanalysis is a transferential relationship but the transference itself is the treatment". He explained it is a "different sort of relationship" rather than a friendly or warm type of relationship. These explanations of the relationship stood out from the other 2 approaches due to their focus on technique and the unconscious processes.

The Humanistic participants both explicitly deemed the relationship to be the catalyst for therapeutic change. HUM5 answered "Yes it's seriously important" because it helps the client feel comfortable and when the client feels comfortable they will open up "very quickly and they will open up very fully". HUM6 directly explained the "Straight forward answer yes I do". He held the relationship to be paramount within his training and how he develops his technique over the years. In his experience, therapy "sets up relational responses and feelings", therefore the client will inevitably discuss relationship issues such as "trust, safety security and other issues".

### 4.3 Ongoing attention paid to the relationship

Each therapist in each approach outlined different ways they would attend to the therapeutic relationship. What became apparent was that each tradition tended to the relationship according to their field. The CBT participants suggested using tools such as questionnaires. The Psychoanalysts opted for explaining the method used and being aware of themselves in the unconscious processes and transference. The Humanistic participants queried the relationship directly to the client, shared things about themselves and attended carefully to their surroundings.

CBT1 explained that attention to the relationship must "start very early on" and if there are any problems with the relationship then they should be looked at as soon as possible. To do this, he suggested monitoring the relationship using the therapists own reference points based on the therapist training to assess the strength of the relationship. CBT1 also explained that "Duncan and Millar are the 2 big boys" in America who use measuring tools such as feedback to give to the clients at the end of each session so that they could report on how they felt in the relationship at that time. Some of the questions on the sheet focused on tasks, goals and bonds and these sheets could be used across all forms of therapy. CBT2 purposes that to maintain the relationship "one must give as much attention and alertness to my client on session 8 as I gave to them on session 1".

PSY3 offered that his way of attending to the relationship would be outlining the different methods used in Psychoanalysis like "free association" and "interpretations" to the patient at the beginning of therapy, so they know what to expect. He explained, the patient may veer from "the method" as therapy continued so he would reiterate the psychoanalytical methods and explain that therapy is "going to be slow and by a certain method". PSY4 clarified that to maintain the relationship the therapist must be very aware of what is happening with the

Analysand as the therapist "could be in the position of the father or the mother or sometimes there's a very erotic element of the transference". He also prioritised the importance of attending to the therapist's own position in the transference and in "relation to the desire of the other".

HUM5 outlined that to attend to the relationship, she would "listen more to the client" and "if I share something with them, sometimes that helps them share more with me" but all the time "being aware not to let that balance get out of hand". She goes on to explain how she would have respect for the client and make the room more comfortable for the client. She felt that genuinely caring about the client is very important. HUM6 likened the relationship of 2 people to "the garden that they share together and you actually have to really work on it so you actually have to tend to the garden and not just assume it's going to look after itself". His way of maintaining the relationship was by directly asking the clients "how are we" or asking, "how did you experience me?" He would also agree to do a review on the current status of the relationship "every so often". He explained that this helped him remain aware of what is going on in the relationship.

### 4.4 Focus on theory, treatment and technique compared to the relationship

This section focuses on the theory, treatment and technique compared to upholding a good relationship. The findings were that each approach was divided in their response. The CBT participants held the relationship in equal standing compared to theory, treatment and technique. The Psychoanalysts were unable to differentiate the relationship from the treatment or techniques prescribed. The more tangible relational transactions such as warmth or friendliness did not appear to be present in the Psychoanalytical relationship. This suggested that theory, treatment and technique prevailed over the "real" relationship when it

came to Psychoanalysis. The Humanistic participants quite clearly upheld the therapeutic relationship over any theory, treatment or technique.

CBT1 argued that without the relationship “there can be no theory, treatment or technique”. He explained that a good relationship “fits into theory, treatment and technique”. He maintained that the “best practice of technique keeps the relationship at the very centre of what you’re doing”. CBT2 described the theory, treatment and technique as being “the hand and the relationship being the glove” and upheld them in equal standing to the value of the therapeutic relationship. Having said that, he felt if he was to use the “Rogerian” approach only, he would be counselling clients for a very long time as he is mainly solution focused. He proceeded to mention that he preferred the “psycho-educational” approach of CBT.

PSY3 suggested that the analysand’s idea of a good therapeutic relationship would be different to his idea. This implied as long as they were working within the psychoanalytic methods then the relationship was good. When asked again if he held theory, treatment and technique above upholding a good relationship, he simply stated that they were “impossible to separate” and would not elaborate any further. PSY4 reiterated that the relationship is the transference in Psychoanalysis, so therefore it is the treatment so “you wouldn’t hold one over the other”. He also went on to express that theory is “very important”.

HUM5 explicitly explained that she would not value theory, treatment or technique over upholding a good relationship. She gave an example of a therapist she had in the past. She stated that “all I could see was her theories and techniques; she wasn’t a human being at all. It wasn’t a human relationship”. She explained that the theory, treatment and technique are important but “become background”. HUM6 explained he would “definitely not” value theory, treatment and technique over the relationship. He explained he has issues with therapists making therapy very clinical or adopting strategies. He perceived this as “making

the therapy safe”. He understood that having a more open and honest relationship helps to look at “what’s actually going on”.

### 4.5 Client’s expectation of the relationship in the opinion of the therapist

It was found that out of the 6 participants, 1 humanistic therapist considered that the client expected a friendly relationship and that is what he would provide from the start through showing warmth and empathy. 2 participants, 1 in CBT and 1 in the Humanistic approach, felt that it depended on the client so they would adapt to the particular situation. While 3 participants, 1 in CBT and 2 in Psychoanalysis insisted the client would expect more of a working relationship and if they did not, it would be explained to them at the beginning that that is how the therapy would be conducted.

CBT1 expressed that it depended on the client. He compared the difference between the relationships he might have with an “expensive lawyer” to the relationship he might have with “a housewife, student” or somebody who is “straight, somebody who is transsexual”. Each of them, he explains, may look for different things in him as a therapist but not in the way people may assume. For example, “the lawyer who is on 200 grand a year might want a sort of pally relationship”. CBT1 described himself as an “authentic chameleon” as he would adapt different roles for different clients as needed. CBT2 puts the client’s expectation of the relationship down to how he contracts with the client on “day 1”. On the first day when meeting a client, he explains to them that they will be involved in a “working relationship. It’s not a friendship”. He does recognise the friendly elements that can develop within the working relationship. According to CBT2, “most clients expect me to be more cold and doctor-like but I’m not”.

PSY3 believed patients expected a more friendly relationship that was accepting and non-judgemental which he understood to be “a well meaning other human being”. He continued to say that he would remain distant from the patient and that they would not know anything about him. PSY3 gave a general answer of no. He determined that it depends on the patient. The example he gave was places such as France and New York where people know what to expect from Psychoanalysis but not so much in Ireland. So some patients may know they are there to work while others who do not know much about Psychoanalysis may expect a more friendly relationship. This contrary would be explained to them. He compared the Psychoanalytical relationship to prostitution “It’s very intimate but it’s not personal”.

HUM5 reported that clients expected “something in-between”. She explained that clients have to be aware that the therapist may be friendly but they are also a professional. HUM6 believed a warm and friendly relationship is helpful particularly in a situation like therapy where “somebody is seeking care”. He felt personally “cold or more distant personalities” would not invite him out to talk or disclose. He compared warmth to empathy and pointed out that Rogers felt this to be the most affective of the Core Conditions.

### 4.6 Understandings of the relationship within the other approaches

CBT1 had a good understanding of the therapeutic relationship within the other 2 approaches. He understood that there are many different forms of Psychoanalysis and Humanistic therapies as with CBT. Referring to Classical Psychoanalysis, he considered the relationship to be the “medium by which the analysis takes place…well the therapist understands the client based on the unconscious processes through that relationship” and expressed in disbelief that this “somehow brings about change”. However CBT1 did understand the efforts made by other psychoanalysts like Kohut who bring a more humanistic idea of the relationship into psychoanalysis. He compared CBT to psychoanalysis and explained that

transference and counter transference would not have much use in CBT. He understood from the Humanistic perspective, particularly the classical Rogerian approach built around the 3 Core Conditions empathy, unconditional positive regard and congruence, all of which he was able to name, were qualities to enable change. He agreed in regards to CBT, that they are necessary but “we would not at all believe they are sufficient for change”.

CBT2 viewed the Humanistic understanding of the therapeutic relationship to be “part of all aspects of therapy”. He followed on to explain that he had some Humanistic background but his chosen field was CBT. He confessed he was not particularly sure about the therapeutic relationship within Psychoanalysis but suspects it “holds some value” across all approaches.

PSY3 had a little understanding of the CBT relationship which stemmed from his past experience in Psychiatry. He had less of an understanding of the Humanistic relationship. He understood the CBT relationship to be “completely different” than Psychoanalysis whereby the relationship consisted of the therapist giving the clients instructions and exercises in “a hope of a quick solution to their problem”. As regards to the humanistic relationship he initially did not want to comment due to his lack of knowledge on the subject. He did however say he understood the Humanistic relationship to be less reliant “on things like transference and the attempt to access the unconscious”. PSY4 understood CBT to be a “working relationship”. He expressed that it was not his “thing” but to “appear credible” he explained that CBT clients were given thought exercises to perform so “maybe the relationship is important as regards to trust”. He did not feel the CBT relationship was a “therapeutic relationship”.

HUM5 had some knowledge of CBT. She saw CBT to be technique orientated rather than the focus being put on the relationship. She did not know much about the Psychoanalytic relationship. She did offer that from what she understood “you totally can’t have a

relationship in Psychoanalysis" and that "it doesn't sound very real at all". She could not understand how that could work but expressed it "obviously does". HUM6 admitted to not having much knowledge of CBT. He did see it as being systematic and technique orientated and explained he would not be drawn to it himself. He insisted that "maybe it's a personal thing, maybe I don't particularly like being told what to do". He suggested it focused more on treatment as opposed to addressing relational issues. He understood the relationship in CBT to be of less value than in the Humanistic tradition. From the Psychoanalytic perspective he saw the relationship to be "of importance and the possibility of transference and counter transference being allowed". He did generally feel it "represented coldness as opposed to warmth". He did believe the relationship in Psychoanalysis is valued in the same way as the Humanistic tradition. Although he found it quite "cognitive" which he considered to be only one part of the relationship, the other being the "felt part".

### 4.7 Integrative definition vs individual approach orientated definition of the therapeutic relationship

When questioned on the idea of having a more integrated definition of the therapeutic relationship that could be adapted across the 3 main approaches, 4 out of the 6 participants rejected the concept. The main reason that stood out was that each approach has different elements that could not be reconciled in any functional way. Out of the remaining 2 participants, 1 strongly believed an integrated definition would not only be helpful but currently existed and should be primarily taught to trainee therapists. The remaining participant also agreed it could be helpful but felt it will be a long time coming.

CBT1 was quite outspoken promoting a more integrated definition of the therapeutic relationship to help understand its relevance and importance across the 3 umbrella

approaches. He went on to make a point that research had been carried out by Bordin amongst others in 1979 around having a universal definition but none of which is being taught to trainee therapists. He explicitly suggests that Bordin's universal definition "should absolutely be at the very front of our training but it's not". CBT2 expressed that an integrative definition could never happen as "the different camps hold tight to their particular ethos belief system". He did go on to illustrate that varying definitions is important to "keep debate alive" so there is a value to a non universal definition.

PSY3 was adamant that "you couldn't have an integrative definition of the therapeutic relationship beyond the initial things of what we understand by friendly and an agreement on a work plan or something like that". He felt the approaches were so different that he could not see them come together in any "meaningful way". PSY4 did not believe in an integrated definition as he understood the psychoanalytical relationship to be a transferential one. Therefore he could not "reconcile" with the other approaches.

HUM5 was not convinced about an integrated definition. She believed some of the approaches had some things in common but also contained different elements. HUM6 agreed that it could help but he did not believe there was a definition to come any time soon.

### 4.8 Conclusion

This chapter examined the data collected from each of the semi structured interviews. Different themes were highlighted at the beginning of each section to help show the overall consensus of each topic. This helped further to highlight another theme that ran through all the interview questions. Each participant held on to the classical understandings of their approach leaving little room for any integration of other theories around the value of the therapeutic relationship.

## CHAPTER 5: DISCUSSION

### 5.1 Introduction

In this chapter, the research findings will be discussed around the role and value of the therapeutic relationship across the 3 umbrella approaches which are CBT, Humanistic and Psychoanalysis. A thematic analysis was performed on the semi-structured interviews of 6 therapists consisting of 2 therapists from each approach. The findings will be compared to the available literature presented in Chapter 2 of this research.

### 5.2 The Relationship in Affecting Therapeutic Change

The findings clearly show the distinctive views each approach has around the importance of the therapeutic relationship in affecting change. The participants in the Humanistic approach were consistent with the literature of Rogers (1957, 1995), Yalom (2002) and Kahn (1997) in placing the relationship at the forefront of therapy in influencing therapeutic growth.

The CBT participants accepted the importance of the relationship but only in equal measure to the technique and treatment applied. This is in contrast to Rector, Zuroff and Segal (1999) who viewed the relationship as secondary to technique. Dobson (2003) also believed the therapeutic relationship is necessary in CBT but not affective enough in itself to illicit therapeutic change. However, Gilbert and Leahy (2007) recognised the value of the relationship in CBT and believed it can be a contributing factor in affecting therapeutic change. Sander and Wills (2005) supported the participants view. They proposed that the relationship element of CBT is similar to Rogers' (1995) Core Conditions and could help affect therapeutic growth. Grazebrook and Garland (2005) disagree and suggest that the Core Conditions are not affective enough in CBT to initiate change. Ellis (1962) believed the Core

Conditions are neither necessary nor sufficient for successful application of CBT however they may be desirable which again was in contrast to the findings.

The Psychoanalysts agreed the relationship was important to affect change so long as it did not stray from Analytical interpretation of the relationship that is based around the transference, counter transference and the unconscious. This is similar to the understandings of Freud (1912), Brenner (1979) and Kernburg (1972) but is in direct contrast to Frank (2005). Frank (2005) suggested there was a monumental shift in psychoanalytical thinking from the transference relationship to the actual relationship. This shift was not apparent in the findings. Also Gelo's (2011) and Greenson's (1967) understandings of the "real" relationship was not paramount in the findings either.

### 5.3 Attending to the Therapeutic Relationship

The literature supported the findings around how the different schools approached maintaining the relationship. The Humanistic participants focused on directly asking the clients how they felt about the relationship and paid close attention to making the surroundings comfortable. This corresponds to how Yalom (2002) and O'Farrell (2006) would attend to the relationship as per the literature.

The literature supported the CBT interviewees who recognised that a relationship needed to be built and maintained by paying close attention to it in each session and by producing feedback sheets as a tool of measurement. Roth and Pilling (2007) outline that one of the main aspects of CBT is to build a trusting relationship. Duncan, B. (2010), Duncan and Moynihan (1994) suggested using feedback sheets as a powerful tool to help keep in touch with the relationship as each session passes.

The Psychoanalysts maintained that rigid obedience to the method and tracking the transference was the way to continuously attend to the relationship. This is in agreement with Brenner (1979) and Kernburg (1972) who advocated strict adherence to the classical analytic techniques and rejected the idea of letting the personality of the therapist intervene in therapy.

## 5.4 Theory, Treatment and Technique over Upholding a Good Relationship

The writings of Kahn (1997), O'Farrell (2006), Rogers (1957, 1995), and Yalom (2002) supported the Humanistic participants who were unanimous in upholding the relationship above theory, treatment and technique. There was no mention of how the relationship could interrupt or get in the way of therapy, as reflected by Feltham (1999).

The CBT therapists were consistent in their response by upholding the relationship in equal standing to the theories, treatment or techniques used. These views were in contrast to Rector, Zuroff and Segal (1999) who viewed the relationship as secondary to technique. They believed the collaborative relationship is primarily used for the implementation of technique to be more efficient and in doing so, they promote technique over the relationship. Beck, Rush, Shaw, and Emery (1979) introduced the idea and the importance of "collaborative empiricism" which was understood to be a type of working alliance to assist with aiding technique. Dobson (2003) also promoted technique over the relationship in CBT but agreed it was necessary. On the other hand, Sander and Wills (2005) understood that increased attention is being paid to the relationship in CBT in line with Carl Rogers' Core Conditions. They reported that being more emotionally in contact with the client can create a better CBT model of therapy. This idea appears to be more in line with the participants' understandings. However, Grazebrook and Garland (2005) suggest that the Core Conditions are not enough in CBT compared to technique. Research carried out by Larrson et al (2009) around questioning practitioners on what they focused on in their practice was also in contrast to the answers

given by the CBT participants. The therapeutic relationship according to Larrson (2009) was the second most common answer that the CBT practitioners would focus on. They were also the therapists less willing to give this answer according to Larrson (2009) which was not consistent with the findings of this research project.

From the perspective of the Psychoanalysts, it was perceived that the theory, treatment and technique were the relationship. The literature of Frued (1912), Brenner (1979) and Kernburg (1972) supports these findings. It was found that Gelso (2011), Greenson (1967) and Viedermann's (1991) theories on the "real" relational aspects of the therapy were secondary to the technique orientated analytical viewpoint of what the relationship consists of.

### 5.5 Clients expectation of the relationship within Each Approach

The Humanistic participants considered that the clients expected a friendly and a work orientated relationship. This is in agreement with Rogers' (1995) understanding of the Core Conditions (particularly empathy) and Bugental's (1987) emphasis on enabling the client to work more in the therapy. The CBT therapists felt their clients expected a more work orientated relationship but it also depended on the client. This echoes Beck (1991) and Leahy's (2008) work suggesting the shift towards the relationship in more complex cases.

The Psychoanalysts insisted the clients would expect and receive a more work orientated relationship as their understandings were based around the classical analytic theory structure like the literature from Brenner (1979) and Kernburg (1972). These particular Psychoanalysts would remain distant and in the process and negated any warm or friendly aspects of the relationship.

### 5.6 Understandings of the Relationship within the Other Approaches

There was a significant amount of literature around introducing more Humanistic elements of the relationship into Psychoanalysis and CBT such as Gelso (2011), Greenson (1967) and Sanders and Wills (2005). This was contrary to the findings as most participants had little understanding around the role of the therapeutic relationship within the other approaches, particularly the Psychoanalysts. However, one of the CBT participants seemed to have a good understanding of the therapeutic relationship within the other 2 traditions and was in agreement with authors such as Bordin (1979) who sought to amalgamate the understandings of the therapeutic relationship of each umbrella approach into one sustainable definition.

### 5.7 Integrative Definition of the Therapeutic Relationship across the 3 Main Umbrella Approaches

There was not a vast amount in the literature around having an integrated or universal definition of the therapeutic relationship that could represent the 3 main umbrella approaches. The findings seem to mirror this in so far as most of the participants did not agree to the idea of having a combined definition for all the approaches. One of the CBT therapists who agreed mentioned Bordin's (1979) attempt at reconciling the different approaches through focusing on tasks, bond and goals. This may be of no surprises as CBT itself would generally focus on tasks and goal setting.

### 5.8 Strengths and Limitations

The strength of the research was based around the idea of getting a balanced view of the therapeutic relationship by including 2 therapists from each approach. However, 6 participants is a small sample and the research method used was semi structured in nature so as to include personal understandings and experience. Therefore, the viewpoints suggested by each participant may not reflect the viewpoints of the broader Psychotherapy society.

The research was based around the 3 main umbrella approaches, Humanistic, CBT and Psychoanalysis. It did not take into account the Integrative Approaches to avoid confusion and in-cohesiveness. On retrospect by incorporating this approach category into the research, it might have helped shed more light on the role of the therapeutic relationship among today's contemporary psychotherapists.

### 5.9 Recommendations for further research

A recommendation this researcher might put forward for further study would be around an issue that was raised by one of the CBT participants. It would appear that there have been efforts made to adapt a cohesive, universal definition from authors such as Bordin (1979). This includes the 3 elements of goals, tasks and bond that he understood to be important for any form of therapeutic relationship to be successful. Although Bordin's theory has been around since 1979, it is generally not taught to trainee psychotherapists and was something this researcher only came across through researching this project.

### 5.10 Conclusion

The study has been successful in portraying the complex role and value the therapeutic relationship holds within each of the 3 main umbrella approaches, Humanistic, CBT and Psychoanalysis. It has also highlighted the diversity that still remains between the different approaches around the therapeutic relationship, despite the many efforts to incorporate or reconcile certain elements from each approach in to a more universal understanding.

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# APPENDIX A – INTERVIEW SCHEDULE

**Question List**

1) Do you consider the actual relationship between therapist and client to be of importance to affect therapeutic change?

2) How would you attend to the therapeutic relationship as the therapy progresses in order to sustain a working therapeutic alliance?

3) Would you value theory, treatment and technique over upholding a "good" relationship?

4)  In your experience do you feel clients expect a "friendly" relationship with their therapists or a more work orientated relationship?

5) What is your current view or understanding of the value the therapeutic relationship holds, if any, within the other 2 umbrella approaches? (3 Approaches considered here are CBT, Psychoanalysis and Humanistic)

6) Do you think a more universal or integrated definition of the therapeutic relationship across the psychotherapies could help with the application of therapy and communication across the psychotherapies?

## APPENDIX B - PARTICIPANT CONSENT FORM

**Title of study:** A qualitative exploration on the increased attention being paid to the psychotherapeutic relationship and understanding its role in the therapeutic process.

My name is Jonathan Fitzpatrick and I am a 4th year BA Hons Counselling and Psychotherapy student in Dublin Business School. I am conducting this study as part of my final year research project. My research supervisor is Ms. Mary Bartley.

This is an exploratory study that seeks to examine the increased attention being paid to the role of the therapeutic relationship amongst today's contemporary psychotherapists.

The process involves an interview that should take approximately 20 minutes which will be recorded by Dictaphone and later transcribed. The questions will focus on the role and value you give to the therapeutic relationship in order to affect therapeutic change in your client and a brief understanding you may have of the importance given to the therapeutic relationship within the other 2 umbrella theories(theories considered are CBT, Humanistic and Psychoanalysis).

You will not be identified in the results of this research or in any part of the finished project and all information will be dealt with in the strictest confidence. Participation is voluntary and you may withdraw at any time prior to submission of the completed project that is 25th April 2014.

Under data protection the author is required to keep the transcripts of the interviews for a period of five years in a secure location, after which they will be destroyed.

**Please sign this form to acknowledge you have read and understood the contents:**

The purpose and process of this study has been explained to me and I agree to participate.

**Participant's signature: ______________________________**

**Participant's name printed: ___________________________**

**Date: ________________**

Thank you very much for your time and consideration,

*Jonathan Fitzpatrick*