The Real Relationship in Psychotherapy

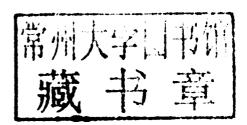
The Hidden Foundation of Change

Charles J. Gelso

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PREFACE

When I first started writing about the therapeutic relationship a few decades ago, the concept of the real relationship was perplexing to me. I had a hard time grasping how it fit within the matrix of relational factors in psychotherapy, especially transference and the working alliance. Was it merely the opposite of transference? Was it any different from the working alliance? Because of my fundamental questions, when Jean Carter and I wrote our early conceptual pieces (Gelso & Carter, 1985, 1994), Jean took the lead on the sections that focused on the real relationship. She believed that the real relationship was an important and distinguishable component of the overall therapeutic relationship, and her abiding belief helped me continue forward in exploring the real relationship.

From my early questioning, and tied very much to my experiences as a practicing psychotherapist and psychotherapy supervisor, clarity began to emerge about this concept. I gradually came to see that in every psychotherapy relationship there exists a person-to-person connection that is different from the work relationship (the working alliance) as well as different from, but not merely the opposite of, the transference and countertransference relationship. This personal part is generally not at center stage, but it is a key aspect of the connection between therapist and patient. I further came to

believe that this person-to-person element is more or less a part of each communication between the psychotherapy participants, especially those communications that are directly or indirectly about each other and their relationship.

The real relationship is a controversial concept. It resonates with some therapists, but others express serious misgivings. This has become very clear as my collaborators and I have presented our ideas and research findings to journal editors and at conferences. In this book, I seek to clarify the controversy as well as to clarify why the concept of real relationship is an important, perhaps vital, one in psychotherapy of every persuasion.

One of the problems with the concept of real relationship is the term itself. The term "real" implies that there must be something that is unreal, too. Indeed, in my first theoretical article about the therapeutic relationship, Carter and I (Gelso & Carter, 1985) used the term "unreal" relationship to capture the patient's transference. This was probably not a good idea. As I shall discuss in this book, everything about the relationship is real in the sense that everything exists. The term real relationship, though, seeks to capture the genuine and realistic part of the relationship and communications within it. However, because of the problems with the term real relationship, in recent years I have been using the term personal relationship in conjunction with real relationship. Students and laypersons, as well as fellow professionals, seem to more easily accept the term personal relationship. However, some take issue with that term, too, because it seems to connote a nonprofessional relationship. Other terms have been used to get at the processes that I seek to capture, for example, the new relationship, the realistic relationship, the I-thou relationship. Each is problematic. After struggling with this question of terminology for a quarter century or so, I have concluded that there is no one term that fully and satisfactorily captures the process I am seeking to capture without carrying unwanted excess baggage. I believe that we shall just have to live with this, and I suspect that we can indeed do so, while keeping mindful that the processes or substance the term depicts are far more important than the term itself!

In this book, I seek to provide a thorough treatment of the real or personal relationship, beginning with the relational context in which it is embedded and the history of the concept of real relationship (Chapter 1), and following with an exploration of its two fundamental elements, genuineness and realism (Chapters 2 and 3); the theory of the real relationship that I have framed over the years (Chapter 4); examples of the manifestation of the real relationship in the actual therapy experience (Chapter 5); the measurement and empirical study of the real relationship (Chapters 6 and 7); and a summation of some key points in the final chapter (Chapter 8). Because I want each chapter to stand mostly on its own, the reader will note more redundancy in this book than in the typical textbook. There is overlap in the content across

chapters, and some case examples are repeated as they fit the material being discussed. I expect that the overlap will not detract from the process of reading the book, but of course the reader will be the final judge of that.

Although this is a scholarly work, I have also made the writing and presentation less formal than typical journal articles and books I have written. My intent is to speak to practicing psychotherapists and therapist trainees as much as to researchers and theoreticians, and it is my hope that at least some of the material dovetails with the reader's experience and thus comes to life. Because of this intent, the empirical parts of the book (especially Chapters 6 and 7) are presented in a nontechnical way, and the statistical elaborations are kept to a minimum.

I express my deep appreciation to the wonderful group of colleagues with whom I have had the good fortune to work over the years in studying the real relationship. As mentioned, Jean Carter took a major role in our early formulations of the real relationship. Jeffrey Hayes, too, contributed substantially in our book on the psychotherapy relationship (Gelso & Hayes, 1998). During the last several years, Jairo Fuertes, Frances Kelley, and Cheri Marmarosh have contributed enormously to the empirical study of the real relationship. I recall many years ago when Jairo was a graduate student in my seminar on the therapeutic relationship. His resonance to the concept of the real relationship and its importance spurred me on at a time when I had many doubts. His views influenced me more than I believe he realized. My graduate students currently and in the recent past also have been a major influence on this work, questioning in a way that has helped me stretch my thinking as well as supporting and actually conducting research on the real relationship.

I also express my gratitude to my daughter, Catherine Bayly, for her keen editorial eye and her meticulous and extremely helpful copyediting. I also thank Kalea Matsakis for her valuable feedback. APA production editor Harriet Kaplan's exceptionally careful and helpful editing of the final proofs is deeply appreciated. Finally, I extend many thanks to Susan Reynolds of the American Psychological Association for believing in this work and for guiding me through the proposal and final manuscript.

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The Real Relationship in Psychotherapy

1

CONTEXTUALIZING THE REAL RELATIONSHIP IN PSYCHOTHERAPY AND PSYCHOANALYSIS

This book is about a concept that has been with us from the very beginnings of psychotherapy and psychoanalysis but has consistently resided in the background of our theories. Because it was so relegated, what has been termed the real relationship has also been poorly understood. Until recently, none of the careful definitional work that is usually devoted to scientific constructs in the behavioral sciences was afforded the real relationship; similarly, no one was studying the real relationship empirically. Many of those who did comment on the real relationship took issue with it for a variety of reasons (discussed later in this chapter). However, the concept of a real relationship in psychotherapy and psychoanalysis stayed around nonetheless, and it is my contention that it did so because practicing clinicians knew that there was something very important about this concept and the experience it implied. Indeed, my own theoretical and empirical work on the real relationship stemmed from experiences throughout my career in conducting psychotherapy, and it is those experiences that have maintained my sense of the value of the construct in the face of much dissent from both theoreticians and researchers.

In this chapter, I situate the concept of the real relationship within the broader context of the therapeutic relationship and distinguish it from other relational concepts. Then I briefly explore the history of the construct and what theoreticians of differing persuasions have had to say about it. As the reader will see, the term *real relationship* has most often been used within psychoanalytic thought, although its meanings in that context have often been highly ambiguous and varied. Despite its psychoanalytic roots, the real relationship is discussed as a vital part of all psychotherapies, and its influence exerts itself from the moment patient and therapist first encounter one another.

THE THERAPEUTIC RELATIONSHIP IN PSYCHOTHERAPY AND PSYCHOANALYSIS

The real relationship is a key part of the overall therapeutic relationship that exists between patient and therapist from their first interaction, actually from before their first meeting in the form of fantasized hopes, fears, and expectations. This overall relationship has been the topic of great attention over the years, which I shall briefly examine in the next section.

It is safe to say that there are very few generalizations one can make about psychotherapy that would receive widespread support and agreement. One such statement, however, is that the relationship that emerges between patient and therapist is very important in that it has a significant impact on the process and outcome of treatment. Even here there is disagreement about the relative impact of the therapeutic relationship in contrast to treatment techniques and methods. Just how important this relationship is, and in what ways it is seen as important, depends on who is doing the looking, and therapists from different theoretical orientations tend to have varying views about this. Still, virtually all agree that the relationship is important, and the empirical evidence surely supports this generalization (e.g., Lambert & Barley, 2002; Norcross, 2002).

The Therapeutic Relationship Defined

A remarkable fact about the theory and research that have been published on the therapeutic relationship is that so little effort has gone into defining it. When I first began to write about the therapeutic relationship, more than 2 decades ago (Gelso & Carter, 1985), I could find no definition of the phenomenon. That still seems mostly true today. Some individuals appear to have equated the relationship with the therapist-offered conditions of congruence, unconditional positive regard, and empathy as specified by client-centered therapists, in particular Carl Rogers (1957). However, such therapist-offered conditions tap aspects of the therapist's contribution to the relationship, not the relationship itself, which is immutably interactive and dyadic. Others seem to equate the relationship with the working or therapeutic

alliance. This is a very narrow conception, because the working alliance captures only one component of the overall relationship, as I shall clarify later in this chapter. I should note, however, that even these apparent definitions were not offered explicitly as definitions of the therapeutic relationship.

What is the therapeutic relationship? The definition Jean Carter and I developed in 1985 seems still useful, and it was recently adopted by the Task Force on Empirically Supported Therapy Relationships sponsored by the Division of Psychotherapy of the American Psychological Association (Norcross, 2002). We defined the therapeutic relationship as "the feelings and attitudes that therapist and client have toward one another and the manner in which these are expressed" (Gelso & Carter, 1985, p. 159). Some have argued that this definition is too broad, and that the phrase "the manner in which they are expressed" is especially problematic. It "muddies the water and opens up the relationship to include everything" (Hill, 1994, p. 90). In contrast, I have maintained that any sound definition must incorporate the expression of feelings and attitudes, for without expression there can be no relationship. However, it is equally important to understand that the expression of feelings and attitudes takes on many forms, and this definition usually includes remarkably subtle variations, such as facial expressions, eye movements, and other nonverbal behaviors, as well as what are more commonly thought of as behavioral expressions.

Relationships in general, and psychotherapy relationships in particular, are complicated phenomena. Barrett-Lennard (1985) captured beautifully the complex nature of these phenomena:

One may think of a [dyadic] relationship as being centered on the qualities and contents of experiencing of the two participating individuals with, and toward, one another. This covers a lot of territory but it does not fully encompass the ways in which the participants communicate with each other, the messages that are passed back and forth, the moment-bymoment or generalized image that A has of B's awareness of A, or of B's feeling toward A, and likewise in respect to B's image of A's interperceptions. Neither of these levels fully encompasses "a relationship" as an emergent entity that develops a life and character of its own, existing in intimate interdependence with the single-person components, a "we" in the consciousness of member persons and a distinctive "you" or "they," or the like, as seen from the outside. Any of these levels of relationship can be viewed in terms of what is present or typical at a given time in the life of the relationship, or from a developmental standpoint; and interest may center on the interior process of the relationship or on the ways the relationship system maintains itself or is altered under the influence of external forces. (p. 282)

A key point made by Barrett-Lennard (1985) is that the dyadic nature of a relationship creates a "we" as well as two separate "I"s, or individuals. This

"we" transcends, or at least is different from, the two "I"s, thus representing a kind of third force in any two-person relationship.

What the Relationship Is Not

For any scientific definition to be worth its salt, it must make clear what the construct it seeks to define is not, as much as what it is. We can usefully divide psychotherapy into a relational aspect and a technical aspect. Of course, thus far we have been talking about the relational aspect of psychotherapy. The technical aspect, the part of psychotherapy that is not the relationship, pertains to the techniques and methods used by therapists to bring about change, as well as the theoretically prescribed roles in which the patient and therapist engage (Gelso & Hayes, 1998). Techniques themselves may be very specific, for example, verbal techniques, such as reflection of feeling, interpretation, and open- or closed-ended questions. Techniques may also be more general, such as the gestalt two-chair technique, systematic desensitization as used by behavior therapists, or dream interpretation as used by analytic therapists. One feature of techniques, whether considered in the narrow or broad sense, is that they tend to emanate from theories of psychotherapy. Thus, the psychoanalytic, humanistic/experiential, and cognitive behavioral therapist each tends to use a set of techniques that are wedded to his or her favorite theory of therapy. The integrative therapist will use techniques tied to the theories that he or she seeks to integrate.

The roles in which therapists are involved are also prescribed by their theoretical choices, with different theories mandating differing roles for their adherents. Furthermore, theories will also suggest roles for the patients of these therapists. For example, the psychoanalytic therapist takes the role of the steady, empathic listener, who very rarely advises but who instead helps people explore their feelings, their relationships, and their histories. When the time is right, the analytic therapist will offer interpretations to help the patient gain insight. If this analytic therapist is a psychoanalyst with a classical bent, he or she will likely have the patient recline on a couch and free associate. The patient's role is to tell the therapist/analyst whatever crosses his or her mind, to not hold back thoughts or associations, and to collaborate with the therapist to gain insight into his or her conflicts. Therapists of every orientation have their roles, and they also suggest a role to which the patient must adhere if the treatment is to work.

Although the therapeutic relationship is different from the technical aspect of psychotherapy and psychoanalysis, we should not oversimplify the difference, or make it seem more than it is. In the reality of clinical practice, the relational and technical elements of psychotherapy constantly influence one another, seeming at times to even blend together.

To use interpretation as an example, the content, tone, length, and quality of a given interpretation offered by a therapist are all likely influenced by the quality of the relationship that the participants have with one another, and the relationship will affect how this interpretation is received by the patient. To continue the cycle, the quality, content, tone, length, and so on, of the interpretation will affect the relationship itself. Thus, although the technical aspects of psychotherapy are different from the relational aspects, the two are in constant synergy.

BEYOND THE GENERAL RELATIONSHIP: A TRIPARTITE MODEL

Although it is useful for the theorist and practitioner alike to think about the therapeutic relationship in general, it is not enough. To move forward, the field must become more specific than it generally has been. One way of accomplishing this greater specificity is to divide the overall relationship into components (Gelso & Carter, 1985, 1994; Gelso & Hayes, 1998). On the basis of the work of the great psychoanalyst Ralph Greenson, one of the most useful ways to divide the overall relationship is into the three components: (a) the working alliance, (b) transference—countertransference configuration, and (c) the real relationship. The stepchild in this tripartite model is clearly the real relationship, as shall be discussed in detail throughout this book. Yet the real relationship is a vitally important, perhaps the most important, component of the overall relationship. As a preface to our in-depth exploration of the real relationship, I now briefly summarize what I refer to as the tripartite model (Gelso & Samstag, 2008) and its components (see also, Gelso & Carter, 1985, 1994; Gelso & Hayes, 1998). My intent is to summarize the working alliance and transference-countertransference just enough to contextualize the real relationship, thus allowing an understanding of why I consider this personal relationship so vital to the overall therapeutic relationship and to the success of psychotherapy in general. Within the following summaries I provide brief definitions of the constructs.

According to the tripartite model, the working alliance, transference—countertransference, and the real relationship are present in each and every psychotherapy relationship. The extent to which one or the other is salient at a given time in the therapeutic interaction depends on many factors, for example, the particular point in treatment, treatment duration, the therapist's theoretical orientation, the personality dynamics of the patient, the patient's central problem(s), and the quality of the therapeutic relationship. Although a given component, such as transference, my be stronger and more prominent in a treatment such as psychoanalysis than in, say, cognitive behavior therapy (CBT), transference still exists in CBT and exerts an influence on the therapy.

The Working Alliance

During the past 3 decades, the working alliance has been vigorously theorized about and empirically investigated as an element that is vital to all therapies (e.g., Bordin, 1979; Horvath, 2006; Samstag, 2006). There is strong research evidence indicating that a sound working alliance contributes significantly to successful psychotherapy across the different theoretical approaches to treatment (Horvath & Bedi, 2002). The roots of this construct reside in the very beginnings of psychoanalysis. Sigmund Freud was certainly touching on something very similar to the current conception of the working alliance when he wrote about the importance of enlisting the patient as a collaborator and when he referred to the "friendly and unobjectionable transferences" that were necessary if analysis were to succeed (S. Freud, 1912/1953a). Although there were a number of key psychoanalytic papers on the alliance over the first 7 decades of the 20th century (see Gelso & Haves, 1998). Greenson's (1965, 1967) work stands apart because, first, he theorized about a working alliance and, second, he sought to differentiate it from transference (and countertransference) and the real relationship. Regarding the term working in working alliance, this importantly signifies the purposive and collaborative effort on the part of therapist and patient in their therapeutic efforts (Gelso & Samstag, 2008; Meissner, 2000). As Greenson (1967) suggested, the working alliance is an artifact of the treatment in the sense that the sole purpose of its existence is to further the work of therapy. This relatively transference-free component emerges from the real relationship, which is more basic and general and, as I elaborate later in this chapter, exists any time two or more persons encounter one another.

Given these parameters, Gelso and Carter (1994) defined the working alliance as "the alignment or joining together of the reasonable self or ego of the client and the therapist's analyzing or 'therapizing' self or ego for the purpose of the work" (p. 297). In focusing on the reasonable side of the patient and the analyzing/therapizing side of the therapist we rely on the psychoanalytic concept of the split in the ego (Sterba, 1934). Thus, the ego is seen as having both reasonable/observing capacities and experiencing capacities (or sides). Although both sides are necessary for effective therapy (or living), the working alliance stems from the reasonable side, which itself allows us to stand back and reasonably observe ourselves and our experiences. The joining together of the patient and therapist's reasonable sides allows each to observe, understand, and do the work of psychotherapy in the face of the many emotional obstacles and resistances that impinge on virtually all therapies.

When this joining together occurs, the conditions for an effective working alliance described by Bordin (1979) are facilitated; that is, the patient and therapist experience a sound bond; they agree (implicitly or explicitly) on

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