In the Relational Space:

Constancy, connection and collaboration in the service of good therapy

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The question of what constitutes good therapy is central to the development of therapeutic practice. As practitioners, we have all been nervous novices, unsure what to do or say at a particular moment with a patient or client, reaching anxiously for the best guideline we can dig out in that instant from our memory bank or from our learned repertoire. But we are intelligent human beings and we learn from experience. The more we practise and reflect on our practice, the greater the chances are that we will gradually become more confident in our work as we draw on increased experience; and that over time we will progressively become grounded in an authentic sense of ourselves as practitioners. Yet the question of how to define or describe what it is that makes what we do "good" still matters. Every client presents a different challenge, a different set of opportunities to help. In that sense, every client brings a potentially new relationship into the room, and we can anticipate always being tested in our capacity to relate to that client in the shared task of therapy. So how as practitioners do we recognise when how we have been with a client, what we have done and said, has made a qualitative difference to them and to our work together? How do we articulate that to ourselves and to others? Equally important, how do we learn from those times when what we have said and done has for all sorts of reasons not been good – that is, neither good quality nor effective therapy?

The question of what makes for good therapy from the client's perspective can be equally perplexing. How can we tell what clients see and what they draw on to evaluate what they receive by way of therapy? To a large extent, we have to interrogate our own experience, both personal and professional, for clues. In this essay, I argue that certain concepts now well-established in the therapeutic canon of ideas offer key guidance through which to recognise the presence (or absence) of quality in how we work.

All of us start our training as practitioners within one particular school or modality; later we may branch out and train again from another orientation. These influences become embedded in our ways of thinking and working. Inevitably, our early practice is formed by certain assumptions, internalised from our original training and experience, that "this is how to do things". Techniques and approaches we learn to deploy in our early years can be very helpful, though there will always be a difference, including from the client's point of view, between the activity as offered and the person of the therapist who offers it. Recently, someone came to see me for a consultation, having first worked with me more than twenty years ago in a group I then co-ran. He had retained from that experience a vivid memory of an exercise I had guided him through, which had made a powerful (and clearly lasting)

impression on him. However, techniques such as that early one I used can lull us into a belief that good practice equates to certain kinds of *action*, be they exercises, interpretations, reflecting back a client's words, and so on. To be of full value, each of these actions must be drawn from a fundamental understanding of their underlying premise and *why* they may be helpful in working with a particular client at a particular moment. My key tenet here is that 'activity' [i] and thought (particularly the capacity to think conceptually) go hand-in-hand as determinants of good therapy, always informed by a constant attention to how a client responds and the flexibility to modulate one's own responses in return.

I have been a practising psychotherapist for more than twenty-five years, and a client myself for many years. I have learnt much from the various therapists whose patient I have been – in timespan ranging from a few short weeks to more than twelve years – learning less about what to do (and, equally, what not to do) as how to be. When I look back at my own experience of personal therapy, what I seem to have learnt most from (and what I recall most clearly) were the unexpectedly significant moments: of ordinary human kindness; of a therapist's humble acknowledgement of his own difficulties with me; of generosity over money and time within the boundaries of our work. These experiences touched me deeply; I have absorbed them and drawn on them in working with my own clients, usually to good effect. I also learnt from counter-productive therapeutic encounters with other practitioners what to avoid. If, as psychoanalytic theory suggests, we cannot help but absorb aspects of our parents into shaping how we come to deal with life, it is no less true of our therapeutic experiences. No manual or theoretical framework can substitute for who we are in the clinical encounter. While frameworks and constructs offer valuable guidance, in the immediacy of the consulting room each client challenges us in different ways to meet ourselves. One thing that underpins "good" therapy, therefore, derives from the capacity to recognise how our own and our client's fragilities meet, and to work from there. Authenticity - working from a deepening understanding of ourselves, our strengths and limitations - is central.

One of the two concepts I draw on in this essay is this: that one of the most important determinants of good therapy, the domain where a therapist's and a patient's perceptions will optimally meet in mutual recognition of a quality experience, is that of relationship.

Much has been written about the fundamental importance in therapeutic work of the therapeutic relationship. For example, Paul and Charura state that "practice needs to be based on what is effective and grounded in evidence. This evidence points to the therapeutic relationship (TR) as the most important factor that the therapist can influence in therapy." (Paul and Charura, 2014, p.1). Over and above any modality, what seems clearly to

underpin therapeutic value is the quality of relationship that builds between patient and therapist. Once a "good enough" relationship has been established, it has the capacity to weather many storms. But how can we know what a 'good-enough' relationship with any particular client will look like, and how we should act to build it?

An embryonic relationship exists as soon as client and therapist meet (and in a certain way, even before).[ii] Over time, I learnt to tell when, in that crucial first meeting, what I had said and how I had responded to a potential new client was "good enough" to encourage the client, where appropriate, to carry on. Many of the determinants of basic good practice were there. I would listen carefully to what the client was bringing, paying attention both to verbal and non-verbal communications. I thought selectively about what to respond to and how. I framed what came over to me as essential elements in what the client was speaking about, and offered them back calmly and with interest. And I made sure that, before we finished, the client clearly understood not only the boundaries of time, place and frequency of work but why I offered these. When I got it right (for example, when there was no severe disappointment that could not be acknowledged and given its own place in our conversation), I saw something in the client relax and I felt it within myself. Yet there were clients with whom I got it wrong and failed to provide a good therapeutic experience. One young man, then in training himself, came to me having been instructed by his training organisation to change his therapist, as his original one was insufficiently qualified for their purposes. Having formed a close attachment to his previous therapist, he was understandably resistant to transferring it to me. I struggled with his displaced anger and his rejection for several months before we parted company. In hindsight, I should have tackled this painfully sore issue much more straightforwardly, pointing out the enormous disruption in attachment he had experienced and questioning whether he was ready to change therapists at this moment. I am sure that he did not have an experience of good therapy with me; nor did I with him. When clients have experienced denial and avoidance in their early-life experiences, a therapist's honesty in acknowledging and facing difficulties will be of great significance to them; even in the very first encounter, it is part of the relational requirement of good therapy.

Through this example I am suggesting that good therapy in the client's experience can happen even in a short therapeutic encounter. Good therapy is independent of long-term therapy, and many clients will take something valuable from even a few sessions. But in-depth change which qualitatively changes a client's life more profoundly is, generally speaking, the subject of long-term work; and for that attachment, the second of the two concepts informing my thinking, is key.

The need to attach is fundamental to human survival and growth, and if good therapy is to happen attachment must be present. People commonly arrive in therapy with histories of disturbed attachment, disturbances often reflected in their subsequent relationships and which are likely to manifest in relation to their therapist. Some clients arrive predisposed to attach to any therapist who offers a warm and sympathetic ear. Gratifying though an apparently instant rapport can be, it has its own dangers. The client who seems to 'love' me straightaway is idealising me, appealing to my narcissistic self-phantasy as a projection of her own longing. Her phantasy is that in understanding and accepting everything about her, I will make up for her disappointing parent. In this idealisation, there is no reality of human contact; neither the client nor I are free to connect as real people, and the therapy often becomes stuck. What good therapy means in this scenario revolves around a key question: how can I and this client talk openly and *together* about what is bound up for her in these painful defences against being genuine?

Bowlby, "the 'father' of attachment theory" (Ezquerro [1], 2018, p. xxv), recognised that when security of attachment has been missing in a patient's early years with consequent impact on how they subsequently live, a therapist is extraordinarily placed to offer an alternative security as a needed foundation in the patient's life and as a basis for their missing creative growth. Secure boundaries of time and place are pre-requisites of good practice here; these provide an implicit reparative security explicitly missing from many people's earlier experiences. However, Bowlby also saw that what should be involved in the original relationship was not only (a mother's) physical presence but mutual "enjoyment": "the enjoyment of each other's company which mother and child obtain." (Bowlby, 1953, quoted in Ezquerro, *op.cit.* p. xix). The more a client experiences him or herself as of genuine interest to their therapist, and as someone not only challenging but capable of giving and receiving pleasure, the more collaborative the therapist/client relationship becomes.

According to Ezquerro, a supervisee and close colleague of Bowlby's later years, Bowlby thought of psychotherapy as "a genuine collaborative relationship between patients and therapists". (Ezquerro [2], 2018). Effectively, this collaboration was one in which client and therapist are mutually engaged in enabling, nurturing, and making space for the client's own spontaneous expression of recovery and growth:

> "the human psyche, like human bones, is strongly inclined towards self-healing. The psychotherapist's job, like that of the orthopaedic surgeon's, is to provide the conditions in which self-healing can best take place." (Bowlby, 1988, in Ezquerro, *op.cit.* p. xxvi).

These are good guidelines for understanding what makes for good therapy. I never ceased to be amazed and delighted each time a client arrived at a session with an authentic and wholly new experience of her or his own to share with me. Sometimes I didn't know what I

had done to facilitate this; but I do know that my constancy of being there, of careful listening and thoughtful responses, of enjoying and engaging with who my clients were and are, and of letting myself be seen as human, often worked wonders.

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[i] Speaking in itself is a form of activity

[ii] I am thinking here of the route through which a client arrives at seeing us at all. Whether word-of-mouth recommendation, website perusal or initial email/telephone exchanges, any client is likely to arrive with some kind of fantasy already in mind as to how the therapeutic encounter (relationship) will be. At any first meeting the therapist needs to hold in mind the potential client's implicit hope and/or dread and find, where opportunity presents itself, words to articulate it.