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INTRODUCTION

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During the last 2 decades, remarkable progress has been made in psychotherapy research, specifically in the development of evidence-based treatments for a range of disorders (e.g., Barlow, 2014; Lambert, 2013; Nathan & Gorman, 2002; Norcross & Wampold, 2011; Weisz & Kazdin, 2010). However, the mechanisms through which these therapies influence outcome are generally not yet well understood (Barber, Muran, McCarthy, & Keefe, 2013; Barber & Sharpless, 2015; Kazdin, 2011) and, furthermore, the strategy of matching research-based treatments to specific disorders is not always effective (Wampold & Imel, 2015). Attempts to delineate the active ingredients in the different treatments have pitted treatment methods against relationship variables, or *specific* versus *common* factors, as core mechanisms of change in the therapy process (Castonguay, 2011; Norcross & Lambert, 2011). However, years of research have shown that studying technique and relationship variables as separate entities yields inconsistent results, suggesting

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that different change mechanisms play different roles with different clients (e.g., Webb, DeRubeis, & Barber, 2010; Webb et al., 2012).

In light of this, researchers have shifted the focus to how relationship variables and techniques interact with one another and affect outcome in different treatment modalities, and how technique is applied in the context of a particular relationship (Castonguay & Beutler, 2005; Goldfried & Davila, 2005; Hill, 2005; Horvath, Del Re, Flückiger, & Symonds, 2011). One of the conclusions of the second APA task force on the therapeutic relationship (Norcross & Wampold, 2011) was that "the relationship acts in concert with treatment methods, patient characteristics and practitioner qualities in determining effectiveness; a comprehensive understanding of effective (and ineffective) psychotherapy will consider all these determinants and their optimal combination" (p. 423).

In the reality of clinical practice, technique and relationship are intertwined and cannot be neatly separated—the therapy process consists of a synergy between technique and relationship. Applying a specific technique may strengthen the bond, whereas a strong bond may support the use of techniques that move clients out of their comfort zone. In our quest to gain a deeper understanding of what facilitates or hinders therapeutic process, we need to find new ways of conceptualizing and studying the complexity inherent in such interrelated processes during the unfolding of therapeutic relationships in practice.

ORIGINS OF THE BOOK

This book originated from a research workshop held in Jerusalem called "Multiple Lenses on the Therapeutic Relationship." As an extension of our collaboration in the Jerusalem–Haifa psychodynamic psychotherapy study (see Chapters 3 and 4), we invited leading psychotherapy researchers and clinicians to take part in the 3-day workshop. The key speakers addressed theoretical underpinnings, client–therapist relationship processes and experiences, client and therapist variables, techniques versus the relationship and outcome, and implications for training therapists (Wiseman & Tishby, 2014). On the last day of the workshop, we gathered for a closed meeting (without an audience) to watch videos of clinical cases in order to discuss "hands on" how to translate the presented contributions into practice. The focus on moment-to-moment process in specific cases treated by leading therapists who took part as speakers led to challenging "how" questions, including: How does the relationship work? How does the therapist make decisions on how to intervene? and, How similar or different are therapists of different orientations?

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For example, in a video that Robert DeRubeis showed of himself conducting therapy with a patient who was extremely depressed, we were all struck by the centrality of his empathic reflection and affirming positive regard that went way beyond cognitive–behavioral therapy (CBT). In fact, if we had to guess the orientation of this therapist, we would probably not have easily recognized it as CBT. The lively clinical discussions highlighted the usefulness of intensive study of clinical cases in gaining a deeper understanding of therapeutic process and its relation to outcome. The choice to study clinical cases resonated with Stanley Messer's presentation to the group of his formulation with Dan Fishman of the methodology for pragmatic cases studies.

One product of the conference was a special issue of *Psychotherapy Research* called The Therapeutic Relationship: Innovative Investigations. The articles presented an array of empirical studies in which the contributors offered innovative ways of studying various relationship mechanisms as they relate to change processes and outcomes (Wiseman & Tishby, 2014). While the special issue, which was later published as a book (Wiseman & Tishby, 2015), fulfilled our intention of contributing to innovative research, the present book integrates theory, research, and practice in the form of case studies and has the potential to contribute more fully to practitioners, trainees, and supervisors. In other words, the culmination of our work together is our desire to build bridges between practitioners and researchers. We also believe that such bridges will contribute to the professional development of graduate students who can be trained as clinical researchers without having to choose one over the other.

OUR PURPOSE AND RATIONALE

This book examines the development of the therapeutic relationship through different "lenses" based on theory, research, and practice. Research on the therapeutic alliance shows that its contribution to outcome cuts across theoretical orientations (Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012); however, we believe that this process develops in different ways in various types of therapies. Our contention is that the methodology of case studies (Chapter 13) is highly suited for examining in-depth links between relationship process and technique that enhance therapy process, leading to beneficial outcome. The authors of the chapters are clinicians who are also psychotherapy researchers; they faced the challenge of integrating their case studies with research and practice. In each chapter, they present a relationship conceptualization that guided them (involving *both* patient and therapist) and demonstrate through the case study how it

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contributes, together with technique, to successful outcome. Emphasis is on the unfolding of the client–therapist interaction and the development of the therapeutic relationship in their case study, rather than on discrete relationship variables (e.g., empathy, alliance, self-disclosure) or on schools of psychotherapy.

In examining the process of change in the case studies, the authors of each chapter outline their theoretical basis for the case (which may represent one or more models of psychotherapy) and describe the course of therapy.[1] In addition to the detailed case analysis in each chapter, the authors' relevant research supporting these relational concepts and their connections to process and outcome are presented. The contribution of their research to their clinical understanding and practice and to training is highlighted, as well as the contribution of practice to their research. Thus, we aim to demonstrate the mutual influence of research and practice, leading to strengthening the connections and dialogue between these two fields.

OVERVIEW OF THE CHAPTERS: INTEGRATING CASE STUDIES, THEORY, RESEARCH, AND PRACTICE

The book begins with an overview of the therapeutic relationship, and its centrality to the therapeutic process (Chapter 1). The chapter presents four main theoretical "threads," delineating different functions of the client–therapist relationship and how they facilitate therapy process. The chapter emphasizes the need to discover which parts of the therapy relationship are shared among different kinds of treatments, and which parts are unique. It also recommends examining specific ways in which the interactive nature of psychotherapy is differently manifested and utilized in a variety of contexts.

Eleven clinical case studies (Chapters 2–12) follow, describing a variety of relationship aspects and how they are manifested in different therapies. As volume editors, we were faced with a dilemma: to give the contributors as much freedom as they needed to present their ideas and case studies or to ask them to adhere to guidelines in order to provide a common framework. We resolved this by providing them the essential guidelines for the chapters, while accepting that some chapters would follow them more closely than others. We presented authors with the following overarching guideline:

Describe an aspect of the client–therapist relationship that you will be focusing on. The description should clearly depict a relational process between patient and therapist. This will be the "lens" through which you will analyze the case. Use the following five areas to discuss the case:

[1]Note: Case examples have been disguised to protect client confidentiality.

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1. A *theoretical/conceptual basis for this relational process*. The conceptual basis can be drawn from any theoretical model of therapy, an integration of theories, or it can be transtheoretical.
2. *The clinical case study*:
   - Presenting problem and patient description.
   - Formal assessment and any quantitative measures that measure level of patient distress and outcome (e.g., standardized self-report questionnaires, clinician-rated instruments like the Structured Clinical Interview for *DSM–IV*).
   - Provide measures of relationship (e.g., alliance or Early Experience of Close Relationships or transference) and measures of technique (e.g., Multitheoretical List of Interventions, Comparative Psychotherapy Process Scale) if they were used in this case.
   - Initial interviews and case formulation.
   - Course of treatment: Focus on relationship concepts and how they interact with technique, clinical choice points, and relevant feedback leading to adaptations or changes in process and significant moments in therapy that moved the process along.
   - Outcome and prognosis: Include results from relevant quantitative measures.

     All identifying data should be changed, so that the patients cannot be recognized.
3. *Summary of the mechanisms of change* involving both relationship and/or technique factors and their interaction described in both qualitative and, when possible, quantitative terms.
4. *Research to practice and back:* Quantitative and qualitative measures used in research that are relevant to your concept and can be applied to practice and training.
5. *Practice implications and recommendations for clinicians and supervisors*.

It may come as no surprise that there is a built-in tension between these specific guidelines and the variations required to keep the clinical richness of the cases and to capitalize on the clinically and empirically informed insights and visions of our contributors.

ORGANIZATION OF THE BOOK

As indicated above, our goal was to present the development of the therapeutic relationship through different "lenses" based on theory, practice, and research. Although our emphasis is on microtheories of change (Cunha et al., 2012; Stiles, Hill, & Elliott, 2015) rather than on broad-based schools

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of psychotherapy, the contributors of the clinical cases formulated their conceptual lenses in the broader context of specific schools. Some adhere more closely to a specific school than others, but what is common to all is going beyond the boundaries of a specific major school of psychotherapy and breaking new ground for understanding what takes place between the client and therapist.

Schools of Psychotherapy

The chapters herein are organized under four broad schools of psychotherapy.

Psychodynamic and Psychoanalytic

Five chapters represent various modes of psychodynamic therapy and psychoanalysis, in which the therapeutic relationship is a key mechanism of change. These therapies examine the relationship on both conscious and unconscious levels, and from both the therapist's and the client's perspective. In psychodynamic therapy, the relationship as a means serves not only of creating a safe environment but also of reflecting various aspects of the client's inner world and interpersonal patterns that are a focus for change. Each of the five chapters thus focuses on a different relational aspect.

Kohberger, Safran, and Muran (Chapter 2) examine ruptures and repairs in the alliance in two successive courses of brief relational therapy with the same client. The process of identifying ruptures and attempting repairs helps clients gain a deeper understanding of their relationship patterns and creates an opportunity to experience new relationship patterns with the therapist. In this chapter, the authors examine how ruptures were addressed by each of the two therapists, and the relation of rupture and repair work to the outcome of the two treatments. Schattner and Tishby (Chapter 3) look at patterns of transference and countertransference in a successful case of psychodynamic therapy. Using the core conflictual relationship theme method, they identify core relational patterns of therapist and patient, and how these patterns play out in the therapy relationship. Wiseman and Atzil-Slonim (Chapter 4) rely on a conceptual combination of attachment theory and contemporary relational thinking about the mutual impact client and therapist have on each other in the process of change as the lens for the development of the therapeutic relationship. They address the issue of the subjective sense of closeness and distance in the relationship during the course of therapy as depicted in relational narratives and how it relates to therapist's and patient's attachment styles. Zilcha-Mano and Barber (Chapter 5) focus on patients' experience of feeling understood in treatment. They present two case studies to examine how patients' interpersonal patterns influence their ability to

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feel understood in treatment, whether the therapist actively deploys strategies to make the patient feel understood, and whether the patient indeed feels understood as a result of these efforts, which is the result not only of the patient's traitlike tendencies but also of the actual interactions between the therapist and the patient in the therapy room. The final chapter among the psychodynamic chapters is by Shefler (Chapter 6), who describes the dilemma of adhering to the classical psychoanalytic setting even when there is a risk of straining the alliance. He presents two clinical vignettes that show that maintaining professional boundaries can at times turn against the therapy process, and that the therapist has to make difficult choices regarding whether to break those boundaries in order to maintain the alliance.

The supervisory relationship provides the template for developing the therapy relationship. Thus, by focusing on the processing of the relationship in supervision, supervisees can incorporate these supervisor–supervisee experiences into their clinical work. Hill and Gupta (Chapter 12) apply the concept of "immediacy" (talking about the here and now in the relationship), which they have studied in the therapeutic relationship to the supervisory process. They present several vignettes that show how the use of immediacy helped resolve problems or tensions in supervision, which in turn helped supervisees in their work with clients.

Cognitive and Cognitive–Behavioral Therapy

Traditionally, the relationship in cognitive and CBT is a necessary but not a sufficient condition for successful therapy. In the two chapters in this section, the authors demonstrate the ways in which the therapeutic relationship becomes part of the process, although in ways that differ from psychodynamic therapy. Castonguay, Youn, Xiao, and McAleavey (Chapter 7) integrate relational concepts from other therapy models, such as addressing ruptures and repairs, in order to improve the efficacy of CBT. In their case example, they describe how the client missed several sessions, saying that he had felt judged in therapy. The therapist, instead of working on cognitive biases, focused on the rupture and even used some self-disclosure in order to repair the rupture and set the therapy back on track. Elizur and Huppert (Chapter 8) describe the different roles that the CBT therapist plays in the relationship, including that of expert, salesperson, ally against avoidance, and coach. These roles are described in detail in the treatment of a woman with social anxiety disorder.

Humanistic Psychotherapy, Emotion-Focused Therapy, and Experiential Therapy

Farber and Suzuki (Chapter 9) present the case for positive regard, demonstrating the impact of positive regard in the therapy of a young woman who

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had been abused as a child. The authors describe positive regard as "most effectively conveyed through multiple and ever-changing expressions of both verbal and nonverbal communication" (p. 212). Watson (Chapter 10) focuses on the central role of therapist empathy and responsiveness in emotion-focused therapy. She focuses on listening to clients closely and responding to their emotional needs in the moment and emphasizes attunement, acceptance, congruence, and warmth, and how these qualities contribute to changes in clients' self-structures.

Family Systems Therapy

Heatherington, Escudero, and Friedlander (Chapter 11) demonstrate the importance of engaging with each family member and with the family as a whole, in order to foster a sense of safety to facilitate family work. The relationship is not processed, and it is not in itself a mechanism of change. However, different creative interventions, attuned to each family member, are employed in order to build strong alliances.

Understanding the Therapeutic Relationship Framework

Chapter 13, by Messer and Fishman, offers a general framework for organizing these chapters (2–12) according to the different foci and lenses on the therapeutic relationship. This framework maps each chapter along two major dimensions: (a) The therapist's goal in establishing a relationship vis-à-vis therapeutic change: Is the relationship a necessary but insufficient component, or is it the central focus of therapy? (b) How directly does the technique address the therapeutic relationship versus techniques that impact the relationship, although they do not address it directly? These two dimensions form a two-by-two grid with four cells, and the cases are placed in their respective cells. Thus, readers can get an overall grasp of the similarities and differences between the different therapies in terms of the centrality of the relationship and its function in each treatment.

WHAT CAN TRAINERS AND SUPERVISORS GAIN FROM THE CASES?

This book can be used in a number of ways for training and supervision for both beginning and advanced trainees. The debate on how to teach psychotherapy (e.g., Castonguay, Eubanks, Goldfried, Muran, & Lutz, 2015;

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Romano, Orlinsky, Wiseman, & Rønnestad, 2010), whether through separate courses on each major school of therapy or through common principles (e.g., insight, corrective experience) is also relevant to the way trainers can use the cases in this book. For beginning therapists, it would be helpful to focus on several individual chapters, defining and illustrating the relational concept that is at the heart of the chapter and how it plays out in the clinical case. It would probably be helpful to start with some didactic knowledge of basic concepts in a given model so that beginners could follow more closely the unfolding therapy process. For instance, to learn from the chapter on how family systems and alliance meet, some basic understanding of systems theory needs to be acquired and then be followed by reading and reflecting on the alliance as it plays out with different family members. More advanced trainees would be better equipped to compare and contrast the relationship themes presented in each chapter and think about how they could be used in therapy in different ways. For those, the Messer and Fishman grid (Chapter 13) would serve as a fruitful and broader prism to appreciate the breadth and complexity of the relationship. We propose that the chapters in this book can actually constitute an outline for a course syllabus on the therapeutic relationship. In addition to reading chapters, course instructors could accompany the chapters with demonstration video recordings to identify and observe these relationship processes, as well as to generate exercises to practice them.

One central theme that emerges from these clinical cases is the importance of monitoring the relationship throughout treatment. The supervisor can pick which process in the relationship he or she views the trainee as ready to apply, and can focus on guiding the trainee to attend to it and choose the relevant techniques to facilitate the process. As trainees gain experience and confidence, the supervisor can broaden their relational perspective by focusing on additional concepts the trainees can learn to recognize and monitor. A case in point is the use of types of immediacy, which requires some level of confidence before the supervisee can implement it with their clients. As Hill and Gupta suggest, the use of immediacy in supervision is a good way to experientially teach supervisees its application in the therapies they conduct. Such extensions for creative applications in supervision could be used with other relational themes and layers that are described in the chapters.

We hope that by integrating relationship and technique in innovative ways our book will appeal to clinicians from diverse orientations who will be able to draw on the relational concepts presented in the cases. In presenting research linked to clinical practice, we also hope to pique the interest of clinicians to conduct research, with the goal of improving the therapy we offer our clients.

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