

Three-legged stool

Instead of thinking of the relationship between counsellor and client as the central pillar of therapy, **Emma Redfern** explains how she now thinks of it as a three-legged stool

It has been 18 years since I changed career and began my training as a humanistic integrative psychotherapist. It feels time to review my basic assumptions about the client/counsellor relationship in the light of technological changes (communications by text, email, sometimes exclusively and sometimes in addition to a face-to-face relationship, whether in person or online) and 18 years' worth of additional training, CPD and being a client.

Central pillar or foundation stone

As part of my initial training and later for BACP accreditation, I enjoyed writing philosophy of counselling essays. In these, I agreed with my trainers, colleagues and supervisors in emphasising the importance of the relationship between client and counsellor. Whether Clarkson's working alliance, the transference relationship, the developmentally needed or reparative relationship, the person-to-person or I-Thou

sense of it's now or never, I decided part of this year's CPD would include undertaking a post-qualifying diploma in counselling children and adolescents. The same training institution, and a different tutor, and the relationship is still being emphasised as what it's all about. This time round, I understand more clearly that the tutor is using the relationship as shorthand to teach about two significant aspects: what the relationship offers and who is doing the offering. Particularly with this client group, there is an emphasis on attachment and providing a secure, non-agenda-led relationship in which the therapist is available, attentive and responsive, and coming from a place of curious openness rather than expert knowing. Bowlby, as cited by Wallin, sums this up: '...the therapist's role is analogous to that of a mother who provides her child with a secure base from which to explore the world.'³ The world being the outer world. In reference to the inner world, Wallin writes: 'A patient in a psychoeducational group on

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relationship, and the transpersonal relationship,¹ I deemed the relationship to be the significant healing factor. It was the monolithic foundation stone or central pillar to psychotherapy. In essays, I quoted Erskine et al from *Beyond Empathy*: 'Psychotherapy, as we view it, is a relationship that can be utilised to heal the cumulative trauma of previous ruptures in relationship.'² I wrote about providing the core conditions and meeting the needs of relationship.

Eighteen years later, following a series of deaths of close family members, and with a

trauma brilliantly crystallised Bowlby's point: when the leader proposed that "the mind can be a scary place", she exclaimed, "Yes – and you wouldn't want to go in there alone!"³ As a psychotherapist, I think of myself as a co-explorer with the client as we journey together into their inner and outer worlds. So, has anything changed in how I understand the client/counsellor relationship? Yes. I no longer separate the client/counsellor relationship from other aspects of the work, and I understand it differently. Let me offer three ideas here.

The relationship is not a one-way street

I remember being slated vociferously at the beginning of my career in placement when I suggested that one of my clients was a 'good client'. Admittedly, the language was clumsy and perceived as judgmental, but it was a first attempt at vocalising what I now see more clearly – that successful therapy is not a one-way street with the therapist doing all the providing, intervening and relating. Some clients participate more actively than others and this affects the course and success of the relationship and the therapy. In a recent article, Ron Taffel writes about how 'millennials' are demanding real and resilient relationships with their therapists, which include 'close-to-the-bone self-revelation'⁴ from the therapist. In the same journal, Martha Straus writes about the client's close relationship with her smartphone, which she uses in their sessions together in many ways. Straus has struggled with this along the way but is coming to embrace this third-party presence, which is non-negotiable for many of her young clients.⁵ The relationship is co-created by both client and therapist.

This understanding is in line with an updated understanding of attachment theory, in that caregiver and infant co-regulate each other. As emphasised on my training course, an infant is born with a limited ability to self-regulate in any way (emotionally or physically). Thus, when the baby experiences something uncomfortable or unfamiliar, the signal is given (crying) to the caregiver that something needs attention. Ideally, the good-enough caregiver hears the cry and responds appropriately to enable the baby to calm, and hopefully feel safe and comfortable once more. This is co-regulation, and it is a primary responsibility of the parent or attendant caregiver. As David Belford⁶ indicates, responding to the infant is not one-sided but

involves a dance of back and forth exchanges between both caregiver and infant, as they provide present-moment feedback to each other.

The relationship includes interventions

Sometimes, those who write about and train others in the significance of the relationship in psychotherapy denigrate the place of interventions, as if somehow it is possible to create a relationship without the use of interventions. I can understand why this might be the case in basic trainings because, without a solid relational foundation, intervening (or not intervening) can be ineffective at least and harmful at worst. This is why training in EMDR, for example, is a post-qualifying training, so that the trainee EMDR practitioner is already (one hopes) able to create a therapeutic working alliance or healing relationship.

For me, the provision of the relationship is, in fact, an intervention in the sense of the general dictionary definition of stepping in to affect the outcome of a situation or interposing in an action to which one was not at first a party. Perhaps I would prefer to think in terms of a continuum of intervening from the more covert (tone of voice, use of prosody and proximity, facial gesture and so on⁷) to the more overt use of techniques and structured protocols. Similarly, I'm reminded of the foundational primary caregiver/infant relationship that gives rise to secure or insecure attachment. This relationship exists in, or is mediated by, the realm of interventions: holding, handling, gazing, feeding, baby talking and so on.

Taffel demonstrates that the relationship cannot easily be separated from the interventions used. He writes of 'this transformed vision of the therapeutic relationship' and the 'key techniques'⁴ he picked up along the way in his 35 years' specialist experience working with

young adults. He writes of working with Anna, with whom he 'orchestrated a text-intervention... Coexperiencing her texting brought Anna and me closer as well...'⁴ Similarly, one of my favourite pieces of writing by Irvin D. Yalom is his tale of Elva, who is grieving her late husband. One day, she is very affected by her handbag having been snatched. She is realising her mortality and that her husband is truly gone and cannot protect her. Together, she and Yalom go through the complete contents of her oversized replacement handbag: 'That was a transformative hour. Our time of intimacy – call it love, call it love making – was redemptive. In that one hour, Elva moved from a position of forsakenness to one of trust. She came alive and was persuaded, once more, of her capacity for intimacy. I think it was the best hour of therapy I ever gave.'⁸

The relationships on the inside also matter

In a recent blog post, Scott Miller⁹ praises the November/December edition of the *Psychotherapy Networker* because of its emphasis on the relationship in therapy. An American, he suggests the opposite of what I have been describing, that many psychological trainings place more value on techniques than they do on the relationship. He suggests that an emphasis on maintaining boundaries, not becoming over-involved and discouraging dependence, are detrimental to the creation of the relationship. As discussed above, I do not adhere to a neat distinction whereby one favours either the relationship or therapeutic interventions/technique.

I think that the increasing use of techniques in therapy may be partly because psychotherapies are becoming more overt about teaching and addressing another key aspect of the relationship, which is the client's relationship to him or herself: the intrapersonal. Admittedly, this is not new, but it is happening in a very different way from that of traditional psychoanalysis. As Janina Fisher¹⁰ writes: '...the first task of therapy is often to help clients recognise and "befriend" their triggered reactions, rather than react to them with alarm, avoidance, or negative interpretations.'

Some of the newer therapies emphasise changing one's relationship with oneself through

the use of particular techniques. For example, compassion-focused therapy, developed by Dr Paul Gilbert, offers specific exercises to enable one to become more compassionate to oneself and to others. Laurel Parnell's attachment-focused eye movement desensitisation and reprocessing works at a deeply relational level with the client while intervening to assist in developing new neural pathways in the brain. These pathways are created by, for example, calling to mind positive childhood experiences, noticing caring interactions in the here-and-now therapeutic relationship, and creating loving imaginary attachment figures and experiences (all while experiencing bilateral stimulation).

One of the therapies I've trained in takes this idea further. 'Although the therapist/client relationship is key in IFS, much of the healing happens when the Self rather than the therapist, becomes the primary, loving attachment figure for a client's injured young parts', the founder of internal family systems therapy (IFS), Richard C Schwartz,¹¹ writes. IFS therapy posits that it is natural and universal for the mind to be subdivided into parts or subpersonalities, and that we each have a Self. IFS therapy is designed to help the Self take more of a lead in the internal system, help parts release their burdens to find preferred and less extreme roles and be available to affect the client's external systems also.

Working on the inside, fostering Self-to-part relationships, has become an important way for me to work, although it is not the only way. Without being willing or able to help the client explore their inner system of relationships in some way, I see supervisees and their clients missing out on opportunities for deep and transformational healing. I can understand why some therapists might be unwilling to work like this, as it requires some willingness to:

- give up control (particularly of any need to fix the other) – I cannot predict the nature of the client's inner world and neither I, nor the client, can predict how it will respond to attention
- foster inner relationships in the client and in ourselves that are just as important as the client/therapist relationship
- equalise the relationship in that the therapist may be 'expert' in the protocol but the client is truly the expert in and indeed the gatekeeper to their inner world

• be humble and non-pathologising – IFS has a mantra, 'Ask the part', and requires that we welcome all parts (or family members, hence the name internal family systems therapy), trust their positive intentions for the system and that in time they will allow the Self to heal and to lead

• shift away from thinking of the therapist or the therapy as healer to the reality that clients have healing within themselves.

I wish to offer a couple of visual representations for what I have been suggesting. First, a capital H within a circle: the crossbar of the H is the horizontal client/therapist relationship; the up and down strokes either side of the crossbar represent the vertical relationships inside of both therapist and client; the circle represents the holding of the protocol or interventions that enable an interaction between the horizontal and the vertical. As Schwartz¹¹ writes, 'IFS is designed to develop the relational field within and between each participant in a parallel process.' Alternatively, instead of thinking in terms of the relationship' as a central pillar, I now think in terms of a three-legged stool: one leg for the client/therapist relationship; one leg to represent the inner system of each person; one leg to represent one's understanding of the interventions or protocols one uses.

Lastly, I would like to focus on the client. One of the areas of work I enjoy is short-term EAP work whereby I am employed to provide short-term face-to-face counselling to employees on behalf of their employer. Towards the end of last year, the significance of the client's relationship with himself or herself became apparent. I worked with a number of clients, each of whom had made a significant shift in their self-perception before we had even met or spoken for the first time. The clients I'm thinking of had reached out for help. Rather than being the one who held themselves together in order to hold it together for everyone else, they took the risk to acknowledge another part/aspect of themselves who needed help from another or others. I feel privileged that I was able to co-create a working relationship with each of them and assist them to explore their inner and external worlds of relationships while providing different levels of intervening, depending on their circumstances and preferences. ●

About the author



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Your thoughts please

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