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Perceptions of Therapeutic Bond and Treatment Credibility when Therapists Focus on the Therapy Relationship or Another Relationship

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FOCUSING ON THE THERAPY RELATIONSHIP

Abstract

Researchers have recommended that psychotherapists and their clients attend to the therapy relationship. This strategy—sometimes termed immediacy or working in the here and now—is proposed to benefit the therapeutic alliance and treatment outcome. The aim of the present study was to compare perceptions of the therapeutic relationship and the treatment when the therapy interaction involved discussing the client’s relationship with the therapist and when the discussion was of a client relationship with someone other than the therapist. In the study, participants were presented with an audio recording of a therapist and client discussing their relationship and another recording in which the discussion was of the client’s relationship with someone else. For approximately half the participants, the relationships discussed were both of a positive nature; for the other participants, both relationships were problematic. After listening to each audio recording, participants rated the therapeutic bond and treatment credibility. Results revealed that the effect of discussing the therapy relationship depended on the valence of the relationship discussed: When the valence was positive, participants rated the therapeutic bond and treatment credibility higher when the discussion was of the therapy relationship; when the valence was negative, the therapeutic bond and treatment credibility were rated higher when the discussion was of an outside relationship. Although these findings were from the perspective of individuals listening to a therapy interaction, they raise the possibility that focusing therapy discussion on the therapeutic relationship may be more helpful when the relationship is positive than when it is negative.

Keywords: Psychotherapy techniques, Psychotherapeutic processes, Therapeutic Alliance, Common Factors
Perceptions of Therapeutic Bond and Treatment Credibility when Therapists Focus on the Therapy Relationship or Another Relationship

Across a variety of domains, developing and maintaining effective relationships affords benefits. In education, professors and supervisors provide feedback to their students and supervisees (Telio et al., 2015). In industries characterized by innovation, creativity can be fostered by the organizational environment enacted in working relationships (Ekvall, 1996). In hierarchies of authority, communicating effectively across power differentials may prevent miscommunication, misconduct, and even tragedy (Patterson et al., 2002). Of course, the relationship in psychotherapy, called here the therapeutic relationship, is a fundamental part of psychotherapy research and practice (Wampold & Imel, 2015). Like other relationships (e.g., education, healing, productivity), the quality of the therapeutic relationship may impact the achievement of psychotherapy goals (Bordin, 1979).

The meaning of the therapeutic relationship has adapted throughout the evolution of psychotherapy. Transference, countertransference, and the interpretation thereof were fundamental in Freud’s psychoanalysis and continue to inform modern psychodynamic practices (Kuutmann & Hilsenroth, 2011). In the subsequent era of behaviorism, researchers acknowledged that the therapeutic relationship provided a necessary context for the implementation of behavioral principles (Wampold & Imel, 2015). Humanistic and client-centered therapists put the spotlight on a warm, accepting relationship as a treatment in itself (Csillik, 2013; Rogers, 2007). When therapeutic emphasis returned to cognitions, behaviors, and emotions, as well as their interactions (e.g., CBT, REBT, ACT), the therapeutic relationship remained as a field for exploring and changing maladaptive patterns (Gelo et al., 2016). Despite divergence in theory and technique, most popular approaches to psychotherapy rest upon a therapeutic relationship. Today,
because the therapeutic relationship occurs and is acknowledged in almost all mainstream approaches, it can be considered pan-theoretical or trans-theoretical (Bordin, 1979; Hill & Knox, 2009; Norcross & Lambert, 2019).

The trans-theoretical therapeutic relationship has become the topic of much study. Many researchers affirm that the quality or strength of the therapeutic relationship is a consistent predictor of psychotherapy outcomes, whether the relationship is conceptualized as the necessary conditions for treatment or as treatment itself (Levendosky & Hopwood, 2017; Norcross & Lambert, 2019; Shafran et al., 2017; Wampold & Imel, 2015). According to Norcross and Lambert (2019), the therapeutic relationship explains a unique portion of variance in treatment gains and outcomes, independent of or perhaps exceeding the contribution of treatment method. In a meta-analysis, Gelso et al. (2018) concluded that the relationship indeed correlated directly with psychotherapy outcomes ($r = .38$). The quality of therapeutic relationships correlates consistently and positively with outcomes. However, much remains to be elucidated about therapeutic relationships. In particular, researchers have called for more understanding of co-constructing and leveraging successful therapeutic relationships (Lingiardi et al., 2011; Norcross & Lambert, 2019; Wampold & Imel, 2015). Suggested here as a potential mechanism for co-constructing a useful therapeutic relationship is directly discussing the relationship.

A therapist and client may discuss their relationship for many reasons (Kuutmann & Hilsenroth, 2012). Therapists might use the relationship to facilitate change (Gabbard and Westen, 2003). Some discussions are intended to repair offenses or conduct uncomfortable therapeutic work (Hill & Knox, 2009) and might be described as having a negative valence. Other discussions may be intended to emphasize existing strengths or to empower members of the dyad and might be described as having a positive valence (Kuutmann & Hilsenroth, 2011). In either case, if clients perceive the practice positively,
it may be a technique worth recommending in psychotherapy training. The task, then, is to study discussing the therapy relationship as a discrete technique.

Researchers have given this technique overlapping names. Some call it *processing the relationship*, defined as “direct communication about the relationship” (Hill & Knox, 2009). Others call it *immediacy* or “inquiring about or disclosing immediate feelings about the client, herself or himself in relation to the client, or the therapeutic relationship” (Hill et al., 2014). Still other researchers have used the term *here and now*, which refers to a focus on present-moment thoughts and feelings occurring within the time, space, and interpersonal interaction of the therapy session (Kuutmann & Hilsenroth, 2011). Researchers frequently define one construct by referring to one or more of the others, such as defining immediacy as “any discussion within the therapy session about the relationship between therapist and patient that occurs in the *here-and-now*, as well as any *processing* of what occurs in the *here-and-now* patient-therapist interaction” (Kuutman & Hilsenroth, 2011) and “discussion of the therapeutic relationship by both the therapist and client in the *here-and-now*, involving more than social chitchat” (Hill et al., 2014). Hill et al. (2014) named six other terms for this technique. Therefore, for clarity, the technique tested here is the therapist focusing discussion on the client’s current thoughts/feelings about their relationship with their therapist. This excludes the related technique of therapist self-disclosure.

The guiding question of this project is whether therapists focusing discussion on the therapeutic relationship systematically impacts perceptions of the therapist, treatment, and in-session relationship. Specific evidence for this link comes from Lingiardi et al. (2011), who reported a moderate correlation between using or discussing the therapeutic relationship and observer ratings of relationship alliance. In their study, the item that reads “The therapy relationship is a focus of discussion” correlated with observer ratings of the working relationship ($r=.40$). Interestingly, an item related to the comparison
condition in this study (e.g., external focus; “Patient’s interpersonal relationships are a major theme”) correlated with the same measure of the relationship at about the same strength \((r=.38)\). This and other studies forming the conceptual foundation for this project have largely relied on correlation, leaving an important window for further study.

The goal of this study was to probe experimentally for a causal relationship between discussion of the therapeutic relationship and ratings of therapeutic bond (Bordin, 1979) and treatment credibility (Devilly & Borkovec, 2000). Unlike research in which discussion is focused on the therapy relationship for a specific purpose (e.g., to repair a rupture; Kuutmann & Hilsenroth, 2011), this project assessed the impact of focusing discussion on the therapeutic relationship broadly. This study assessed whether ratings of therapeutic bond and treatment credibility varied systematically with the focus of therapy discussion.

**Method**

**Participants**

Participants were recruited from the undergraduate student body of the University of Memphis. This project was listed on Sona Systems. Students enrolled in introductory psychology courses are required to participate in university research through the online Sona Systems platform and likely made up much of the participant pool. It was available to students who are at least 18 years old and could access the online platform. Participants were informed that the study should take 30 minutes or less and was intended to gather information about the quality of therapy sessions. Usable data were available for 149 participants, whose average age was 21.2 years (SD=6.1 years). Participants self-identified as American Indian/Alaska Native (0.7%), Asian (10.7%), Black/African American (36.9%), Hispanic/Latino (10.7%), or White (40.9%).
Measures

*Therapeutic bond*

Participants’ perceptions of the interpersonal bond between therapist and client were measured with 12 items from the Working Alliance Inventory—Observer Form (WAI-O; Horvath & Greenberg, 1989). The Working Alliance Inventory was developed according to a three-part pan-theoretical model of the therapeutic relationship (Bordin, 1979; Horvath & Greenberg, 1989) and therefore consists of three subscales: *goal*, *task*, and *bond*. For this project, because the research question did not relate to tasks or goals, participants responded to the 12 items of the *bond* subscale. Each item included a statement describing the therapy relationship (e.g., “There is mutual liking between the client and therapist”) and was rated by participants on a seven-point scale from “Never” to “Always.” Negatively worded items (e.g., “There is a sense of discomfort in the relationship”) were reverse coded. A previous examination of the psychometrics properties of the WAI-O found high internal consistency ($\alpha=.97$) and interrater reliability (ICC=.71-.81; Cecero et al., 2001).

*Credibility of therapy*

Participants’ perceptions of treatment credibility were measured with items from the Credibility and Expectancy Questionnaire (Devilly & Borkovec, 2000). This scale was developed to capture opinions about the credibility of a treatment, as well as the perceived likelihood and degree of success. For this project, participants responded to three items reflecting the credibility construct of the Credibility and Expectancy Questionnaire (e.g., “How successful do you think this treatment will be?”). Items were rated on a seven-point scale from “not at all [confident]” to “very [confident].” A previous examination of its psychometric properties reported high internal consistency (standardized $\alpha$ between .79 and .90) and test-retest reliability ($r=.75$) for the credibility factor (Devilly & Borkovec, 2000).
Demographics and other items

Participants self-reported their demographic identities, including age, race, and sex assigned at birth. Participants also reported whether they had previous therapy experience.

Therapy discussions

Stimuli consisted of recorded audio exchanges between actors (i.e., an unscripted role play between a graduate student therapist and another graduate student acting as a client). In the recordings, therapists focused the discussion on either the therapeutic relationship or another relationship (e.g., a friend, family member, or significant other). In addition, the client expressed either a positive or negative valence with their affect and responses. For example, in one internally focused recording, the client expressed frustration because she tried an interpersonal skill she learned in therapy and it failed. The therapist then explored the client’s frustration and, upon finding that the client was also frustrated with the therapist, explored the client’s perspective on having negative feelings toward her therapist. Aside from the primary manipulation (e.g., which relationship was the focus of discussion) and the secondary manipulation (e.g., the valence of the discussion), other characteristics of the recordings were as similar as possible across conditions. For example, recordings were comparable in length across all conditions (i.e., between three and five minutes), and the sex of the actors was unvaried (e.g., a female therapist with a female client).

Procedure

Stimuli and measures were imbedded in an online survey, to which participants were directed via a link in Sona Systems. Participants first read inclusion and exclusion criteria, a description of the study, and an informed consent text. After confirming that they met the inclusion criteria (e.g., age 18 or older) and consenting to the study, clients followed a link to a Qualtrics survey. At the beginning of the survey, participants were
requested to listen carefully to the discussion in the following audio recording and told that their feedback was important for improving therapy practices. Instructions included a request to complete the survey in a quiet setting without distractions. They then listened to the first recording, the focus of which was assigned by a Qualtrics randomizer feature.

After the recording, each participant completed two multiple choice items asking about content from both the beginning and end of the audio recording. These items were intended to confirm the participant’s assignment to the independent variable and test participants’ engagement. Participants who answered one or both items incorrectly were routed to listen to the same recording again and then answer the attention checks again. When a participant had answered both manipulation/attention checks correctly, they completed two measures (e.g., therapeutic bond and treatment credibility) presented as Likert-type ratings.

Next, participants listened to a second audio recording. Again, after hearing the second recording, each participant answered two manipulation/attention check items. If they answered either incorrectly, they listened to the same recording again and then answered the check again. When they had answered both questions correctly, they again completed both measures. Finally, they completed the *demographics and other items* described above. Upon completion, participants viewed a screen thanking them for their participation and were then returned to the SONA landing page to be granted course credit.

Within the experience of any one participant, the two presented recordings varied according to the primary manipulation (i.e., focus of discussion) but *not* the secondary manipulation (i.e., valence of discussion). That is, a participant who first heard a discussion focused on the therapy relationship would be presented second with a discussion focused on an out-of-session relationship, and vice versa. In contrast, each
participant heard two discussions in the same valence condition. In other words, the focus condition was nested within the valence condition.

**Analyses**

Data were analyzed in an analysis of variance. The independent variable “focus” (i.e., internal/external) was a repeated measures variable referring to the primary manipulation of the project: whether participants heard a discussion that focused on the therapeutic relationship or a relationship with an important other in the client’s life. The independent variable “valence” (e.g., positive/negative) was a between subjects variable referring to the emotional valence of the discussions a participant heard. The dependent variable, “perceptions,” was a repeated measures variable referring to the scores on the two measures.

An important consideration in a design featuring within-subjects variables is the potential effect of the order of stimuli. An analysis of variance showed that the order in which stimuli were presented did not change the direction of participants’ responses to either the focus manipulation or the combined focus and valence manipulations. Therefore, the main analysis did not include the variable representing the order in which stimuli were presented.

**Results**

Analyses revealed a dependent relationship between focus and valence such that the effect of focusing the therapy discussion on an internal or external relationship depended on the emotional valence of that relationship (see Table 1). When the valence was positive, ratings of bond and credibility were higher if the therapist and client discussed their own relationship. When the valence was negative, ratings of bond and credibility were higher if the therapist and client discussed an external relationship.

An additional exploratory question is how closely the measures of therapeutic bond and treatment credibility correlated. The correlations between the two measures after
viewing the same focus of stimulus were moderate (external: $r=.661$) and strong (internal: $r=.816$), suggesting that the constructs of the therapeutic bond and treatment credibility are somewhat similar, at least from the perspective of observers.

**Discussion**

The aim of this study was to evaluate the effect of a therapist focusing discussion on the therapy relationship. The effect of the discussion’s focus depended on the emotional valence of the relationship. Focusing therapy discussion internally, in the here-and-now of the therapy interaction, received higher ratings when the emotional valence was positive than when it was negative. The opposite was true for an external focus, which received higher ratings when the emotional valence of that relationship was negative.

One way to understand this finding is as a signal of some risk in discussing the therapy relationship when it is troubled. Previous qualitative research shows that both clients and therapists find relational problems (i.e., ruptures) unsettling, upsetting, and confusing; those feelings sometimes persist beyond the session or contribute to a client’s decision to give up on therapy (Coutinho et al., 2011). A recent comparison of two conceptualizations of disturbances in therapy supported the idea that unaddressed disturbances damage the relationship more strongly than resolved disturbances bolster it (Zlotnick et al., 2020). Thus, the responsibility of addressing disturbances—as well as some urgency—falls to the therapist (Schattner et al., 2017). However, complicating the picture is evidence that internal, here-and-now discussion, although intended to find the problem and fix it, might emphasize what is going poorly, feel intrusive or irrelevant, or exacerbate the problem (Safran & Kraus, 2014). The results here align with previous evidence that responding to difficulty in therapy might not be as simple as overtly discussing the troubled therapy relationship.

In contrast, focusing on the therapy relationship when it is favorable might emphasize what is going well and therefore benefit the relationship. For example,
positive emotion in a previous session has been found to predict ratings of the therapy alliance (i.e., relationship) in the subsequent session (Notsu et al., 2022). An approach to therapy that emphasizes clients’ spontaneous positive emotions following difficult therapeutic discussions (Iwakabe & Conceicao, 2016) was reported to be very effective ($d=0.74$ to $d=1.60$) for clinical problems, subjective distress, and positive psychological functioning with both clinical and non-clinical samples (Iwakabe et al., 2020).

However, it is unlikely that the emotional valence of a therapy relationship remains exclusively either positive or negative. Instead, clients’ sense of alliance with therapists systematically decreases between sessions and then increases within sessions (Zlotnick et al., 2020), a pattern which adds theoretical priority to techniques that create within-session alliance boosts. According to this study, one useful technique may be capitalizing on opportunities to discuss the therapy relationship positively. Of course, the impact of addressing the therapy relationship depends on context and may require more than one technique (Eubanks, 2022; Li et al., 2016; Shafran et al., 2017), but studies of discrete conditions and strategies (e.g., this study’s negative/positive valences and internal/external foci) may help elucidate “when to” and “how to” (Li et al., 2016) develop an ebbing and flowing therapy alliance (Zlotnick et al., 2020).

However, this interpretation is only one potential explanation. Another essential consideration in these results is that context matters. Observers have less context about the experience of a conversation than do the participants in the conversation. Studies have documented that participants tend to rate their interactions more positively than do observers of those same interactions (Burgoon, 1991; Burgoon, 1999) and that people meeting for the first time tolerate self-disclosure (an immediacy technique) to a higher degree than do observers of those meetings (Weisel & King, 2007). In other words, participants’ position outside of the therapy interaction likely impacted their responses to study stimuli.
Furthermore, returning to the psychotherapy context, clients may need a shared history to feel comfortable discussing the therapy relationship directly. Using immediacy early in treatment has been associated with lower Working Alliance Inventory scores (Shafran et al., 2017). In contrast, using immediacy later in treatment was associated with higher scores on the Working Alliance Inventory (Shafran et al., 2017) and, in another study, more client collaboration thereafter (Li et al., 2016). Researchers consistently acknowledge the importance—and fluidity—of moment-by-moment context when discussing the therapy relationship directly (Eubanks, 2022; Hill et al., 2014; Li et al., 2016), indicating that when it comes to the study and clinical use of immediacy techniques, context matters.

This study is strengthened by a randomized, controlled design, which clarified the causal connection between stimuli and participant’s perceptions. This study was limited by the participants’ separation from the therapy interaction. As observers, participants made generalizations about the therapy relationship and treatment based on only the short clip they heard. Clients would be able to make more holistic evaluations. A similar limitation is the use of the relationship measure. In two of the four study conditions, clients and therapists discussed their problematic or successful relationship. The subsequent relationship measure, which asked participants about the quality of the therapy relationship, might then have functioned as a confirmation of the manipulation. Thus, the interpretation of the therapist behavior (e.g., focusing therapy discussing on the internal relationship) as causing relationship ratings must be cautious. In contrast, the credibility measure may not have been subject to the same potential contamination. Ratings on both measures were similar. Finally, without a neutral valence condition, this study cannot determine whether the positive valence or negative valence exerted more influence over ratings. Future studies may explore if/how therapists and clients can discuss productively what is going poorly in their relationship; to what extent and why
observers experience emotionally charged conversations differently than do members of a conversation; and the role of previous therapy experience in perceptions of subsequent therapy experiences. Future studies might also include a neutral valence condition, which would allow inferences about the depressing or elevating effect of each valence.

The main findings of this study were that focusing therapy discussion on the therapy relationship itself boosted ratings when the therapy relationship was going well. Conversely, focusing on the therapy relationship when it was troubled suppressed ratings of the therapeutic bond and credibility of therapy. Participants perceived both bond and credibility to be better when the therapist and client discussed a troubled rather than positive non-therapy relationship.
References


https://doi.org/10.1080/10417940701667639

https://doi.org/10.1037/ccp0000598
Table 1  
*Ratings of Therapeutic Bond and Credibility of Therapy by Focus and Valence of Discussion*

<table>
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<th>Focus</th>
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<td></td>
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<td>External</td>
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<td>5.7</td>
<td>0.1</td>
<td>288.59</td>
</tr>
</tbody>
</table>

*Note. N=149 (df=1, 145). Ratings are low (1) to high (7).*
Institutional Review Board
Division of Research and Innovation
Office of Research Compliance
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July 12, 2022

PI Name: Erin Solomon
Co-Investigators
Advisor and/or Co-PI: Jeffrey Berman
Submission Type: Initial
Title: Observer Perceptions of Discussing the Therapeutic Relationship
IRB #: IRB-PRO-PEV022-517
Exempt Approval: July 12, 2022

The University of Memphis Institutional Review Board, PVA000056813, has reviewed your submission in accordance with all applicable statutes and regulations as well as ethical principles.

Approval of this project is given with the following obligations:

1. When the project is finished a completion submission is required
2. Any changes to the approved protocol requires board approval prior to implementation
3. When necessary submit an incident/adverse events for board review
4. Human subjects training is required every 2 years and is to be kept current at citiprogram.org.

For any additional questions or concerns please contact us at irb@memphis.edu or 901.678.2705