The Value of Difficult Moments in the Client-Therapist Relationship

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Among the many predictors of good outcome in therapy, none is more powerful than the relationship between client and therapist (Safran & Muran, 2000). Put simply, without a strong enough relationship, or therapeutic alliance, the client and therapist cannot do meaningful and effective work.

But what about times when the therapeutic relationship falters? What if the therapist fails to be empathic at a key moment? What if he or she cannot adequately reconcile a family's conflicting goals for therapy? Is therapy doomed? On the contrary: Research suggests that when the therapeutic alliance falters and is subsequently fixed, therapy can continue to flourish (Safran & Muran, 2000). The process of experiencing, discussing, and solving problems in the therapeutic relationship is important not simply because it rights the course of off-track therapy, but also because it provides unique opportunities for learning and behavior change. Evidence also suggests that clients and therapists who successfully navigate difficult moments in therapy are rewarded with better outcomes (Goldsmith, 2012; Stiles et al., 2004; Stevens et al., 2007).

The importance of a strong alliance

The notion that the relationship between client and therapist is crucial to the success of therapy dates back to Freud, or perhaps even earlier. In the late 1970s, psychologist and researcher Edward Bordin (1979) articulated a model of the therapeutic alliance that could be applied across different types of therapy. He described the therapy alliance as being comprised of agreement between client and therapist on the tasks and goals of therapy, as well as a strong interpersonal bond.

Evidence suggests that the therapeutic alliance is the strongest predictor of outcome in psychotherapy (Safran & Muran, 2000). Decades of research has supported the notion that therapy requires a strong alliance to work, and that the stronger the alliance, the better the therapy outcome (Martin, Garske, & Davis, 2000).

These results may be interpreted to suggest that the relationship between therapist and client must be very strong throughout therapy in every successful case. In practice, this is not always true. Some clients come to therapy in response to the urging of a parent or spouse, and may be nervous about the therapist and the therapy process. These clients may report a weaker alliance early in therapy. Other clients begin therapy in earnest, excited to have an empathic ear. They quickly form a strong alliance. However, these clients may balk as the therapist guides them into deeper and more personal content; this increased intimacy feels risky and, as a result, the alliance suffers. With the emergence of new data collection and analysis techniques, alliance researchers are mapping out these trajectories over the course of treatment. Results demonstrate that periods of low alliance may occur at any time throughout therapy (Safran & Muran, 2000). Moreover, clients who have poor early alliances that later improve (Hogue, Dauber, Stambaugh, Cecero, & Liddle, 2006), or who suffer a mid-

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treatment drop (Kivlighan & Shaughnessy, 2000), may go on to have very good outcomes.

Defining problems in the therapist–client relationship

From time to time during the course of therapy, a strong therapeutic relationship will suffer a precipitous weakening for a session or two. Pinsof (1995) described such therapeutic relationship crises not just common, but inevitable, "… regardless of therapist intent or expertise." (p. 65). This drop in the strength of alliance is called a rupture, and the process of fixing such alliance problems is called repair.

For example, a rupture might begin with a therapist failing to grasp the importance of a client's recent argument with her brother. The therapist changes topics, without probing into the fight or empathizing with the client's anger. As a result, the client withdraws, physically turning away from the therapist. The astute therapist quickly recognizes and takes responsibility for his or her mistake, and works with the client to understand how and why it was so problematic. This effort facilitates the repair of the alliance.

Safran and Muran (2000) have extensively studied these rupture-repair events. Although they may take many different forms, rupture-repair events are extremely common. Studies show that significant rupture-repair episodes (those lasting up to several sessions) occur in 20-50% of individual and couple therapy cases (Goldsmith, 2012; Safran & Muran, 2000).

Ruptures can happen for any number of reasons. In some cases, they are simply the result of therapist mistakes or failures of empathy. In other cases, the therapist makes a necessary intervention that the client is not open to (Pinsof, 1995). In most cases, though, ruptures occur between the client and therapist, with each contributing to the event. Similarly, repairs involve action by both client and therapist (Safran & Muran, 2000).

Ideally, therapists should respond to ruptures non-

defensively, by taking full responsibility for any missteps. The repair process continues as the therapist and client discuss thoughts, feelings, and behaviors that emerged during the rupture event. Resolution is reached when both participants achieve a new understanding of the tasks and goals of treatment, as well as of their respective contributions to the therapeutic relationship.

Why are rupture-repair events significant in treatment?

The puzzling and fascinating thing about rupture-repair events is that clients who experience them may actually do better in therapy than those who do not (Goldsmith, 2012; Stiles et al., 2004; Stevens et al., 2007). Studies have found that clients who experience rupture-repair have better outcomes than clients whose alliance was consistently strong throughout treatment (Goldsmith, 2012; Stiles et al. 2004). It appears that something about experiencing and resolving a conflict with the therapist has lasting positive effects. What are the mechanisms by which this occurs?

First and foremost, ruptures must be repaired because therapy cannot continue in the face of prolonged poor alliance. If a client and therapist disagree profoundly on the tasks and goals of therapy, or if they feel no bond with each other, there is little hope that the client's desired change will occur.

Second, rupture-repair events may serve to improve the therapy relationship (Pinsof, 1995), either by establishing clearer goals or by fostering a deeper bond. For example, a rupture marks a point in treatment during which the therapist receives critical feedback that things are "off", readjusts his or her aims, and perhaps tries new techniques. Furthermore, having gone through the process of addressing an interpersonal problem, the client and therapist may feel closer, thus promoting a stronger alliance.

Third, rupture-repair events provide a unique window into the manner in which clients feel, think and act in relationships (Safran & Muran, 2000). The way a client

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reacts during a rupture may speak volumes about his or her interpersonal style, areas of defensiveness, and how he or she handles conflict. This information is very relevant, because it allows the therapist and client to better tailor the treatment to the client's specific ways of interacting in the world.

Finally, and perhaps most importantly, rupture-repair events present an opportunity for clients to practice new behavior. They are moments when the therapist may teach or model alternative ways of handling conflict, and a chance for clients to practice implementing new conflict resolution skills in a safe and supportive environment. They also serve as evidence for the client that, even in the face of difficulty, relationships may continue and thrive, or that addressing difficult topics can lead to successful outcomes.

Rupture-repair events in couple and family therapy

Rupture-repair events have been shown to occur frequently in couple therapy (Goldsmith, 2012). Pinsof (1995) suggests that some sort of alliance crisis will occur in almost any couple and family treatment. In couple and family therapy, rupture-repair events may be of particular importance. After all, such treatments are designed to address problems in relationships, and goals for therapy include finding more effective ways of navigating interpersonal difficulties. Clients often come to couple and family therapy after years of fighting, with the recognition that their current ways of handling conflict are not working. The lessons learned from rupture-repair events may be particularly relevant in such cases.

The same reasons that make rupture-repair events so important in couple and family therapy also make it difficult for some clients to address ruptures with their therapists. Clients who have experienced prolonged conflict without resolution may be hesitant to tell their therapist that something is wrong. In many cases, therapists must interpret the presence of a rupture by noticing that a client has "shut down" or "pulled

back". Clients can powerfully contribute to their own growth by telling their therapists when they feel hurt or misunderstood, or when they feel that the therapist does not understand their own goals for therapy.

Future directions in understanding the impact of the therapeutic alliance

A team of researchers at The Family Institute at Northwestern University study therapeutic alliance in individuals, couples and families, and investigate the trajectories of change in alliance over the course of therapy, including during rupture-repair events. Additionally, The Family Institute utilizes the STIC® (Systemic Therapy Inventory of Change; Pinsof et al., 2009), an online treatment assessment system that measures several facets of client progress in therapy, including therapy alliance, and feeds that information back to therapists. By conducting session-by-session measurement, data from the STIC can be used to identify ruptures and repairs at any time during the course of therapy. This can be of immediate clinical use to therapists, who are notified of alliance problems within minutes after data are collected. This information will also be used to further our understanding of the cause, nature, and impact of rupture-repair events in individual, couple, and family psychotherapy.

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