

# Helpful Aspects of the Therapeutic Relationship in Integrative Psychotherapy

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## **Abstract:**

This article describes a qualitative study of helpful aspects of the therapeutic relationship in Integrative Psychotherapy. Participants of the study were sixteen clients who were in the process of Integrative Psychotherapy for at least a year. Participants were interviewed with the adapted version of the Change Interview (Elliott, 1999), which involves a semi-structured empathic exploration of the client's experience in therapy. The analysis of the clients' experience of Integrative Psychotherapy revealed six categories of helpful aspects of therapeutic relationship: the therapist's empathic attunement, the therapist's acceptance, the match between the client and the therapist, feelings of trust and safety, feeling of connection, and experience of a new relational experience. Based on results of the research, we developed a model of the healing relationship in integrative psychotherapy. This model describes the interrelatedness of these six helpful aspects of the therapeutic relationship. The categories of empathic attunement and acceptance proved to be the most important categories relating to the therapist's contribution to the healing therapeutic relationship. Clients described that the therapist's empathic attunement and acceptance influenced the development of safety and trust, feelings of connection and promotion of new relational experiences. The results of this study are discussed in relation to the theories of Integrative Psychotherapy and research regarding the therapeutic relationship in psychotherapy.

**Key words:** Integrative Psychotherapy, therapeutic relationship, helpful aspects of psychotherapy, significant events in psychotherapy, qualitative research in psychotherapy

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## **Introduction**

Psychotherapy integration has become a significant paradigm in psychotherapy and is increasingly used among mental health practitioners

across the world. There are many different forms of psychotherapy integration. In this article we will focus on a particular approach – the theory and methodology of Integrative Psychotherapy - developed by Richard G. Erskine and his colleagues (Erskine & Trautmann, 1997; Erskine, Moursund & Trautmann, 1999; Erskine & Moursund, 2011; Erskine, 2015). This approach integrates theories and methods from psychoanalytic, humanistic and behavioural traditions in psychotherapy, forming a coherent theoretical background that serves as the basis of psychotherapeutic interventions (Erskine & Moursund, 2011). The term "integrative" also relates to the process of integration of the personality or rather, integration of the split and unconscious parts of self into a cohesive unit. The therapist's role is to help the clients towards the integration of cognitive, behavioural, emotional and physiological dimensions of their personality by considering social and transpersonal aspects. Integrative psychotherapy is based on three related theories: theory of personality, theory of motivation and theory of methods (Erskine, 1997).

The relationship between the therapist and the client is of central importance in Integrative Psychotherapy. It is not just the basis for therapeutic interventions but a healing factor on its own. The main aim of Integrative Psychotherapy is establishing a therapeutic relationship that enables the clients to establish contact with themselves and others. Integrative Psychotherapy describes three main methods of work within the therapeutic relationship: inquiry, attunement, and involvement (Erskine et al., 1999).

Through *inquiry* (Erskine et al., 1999), the therapist helps the clients on their path of self-discovery and healing. Inquiry involves a respectful exploration of the client's phenomenological experience. It is based on the assumption that the therapist does not know anything about the client's subjective experience and behaviour. The aim is to help the clients see previous and current ways they interrupt both internal (intrapersonal) and external (interpersonal) contact. By recognising and changing such patterns, clients can strive to develop genuine contact with themselves and others, and access more spontaneity, flexibility and satisfaction. The emphasis is on the process whereby the therapist invites the client to look for answers, think differently and explore new levels of awareness. With inquiry, the main aim is not necessarily the answers per se, but rather the process of the inquiry. The inquiry is healing on its own if it takes place in an authentic relationship between the therapist and the client, whereby the clients can safely explore themselves in a new light and gain new ways of functioning in contact with another human being.

*Attunement* (Erskine et al., 1999) is the kinesthetic and emotional sensing of the other, knowing his or her rhythm, affect and experience accompanied by a resonating response and/or reciprocal emotion. The therapist's ability to resonate with the client's experience makes it possible for the client to bring back to

awareness the experiences and components of the self that have been split off and suppressed, thus validating the past and present needs and emotions. Erskine et al. (1999) describe the following aspects of attunement: cognitive, affective, rhythmic, developmental as well as attunement to relational needs. In the case of *cognitive attunement*, the therapist attunes to the client's cognitive processes and their way of thinking. *Affective* attunement involves responding to both the clients' internal affects and emotional expressions with a reciprocal emotional response from the therapist. *Rhythmic* attunement is the pacing of therapeutic inquiry and involvement at the natural and preferred tempo of the client, whereby s/he is able to best process external and internal information. With *developmental attunement*, the therapist attunes to the client's developmental level of psychological functioning, which may fluctuate during treatment and even within a session, and not necessarily correlate to the client's chronological age. An important part of attunement is the recognition of the *relational needs* of the client and an adequate reciprocal response from the therapist to the need for security, respect and validation, affirmation, confirmation of personal experience, self-definition, the need to have an impact on the other person, the need to have the other initiate and the need to express love. Attunement directs therapeutic inquiry and shapes the nature of therapeutic involvement (Erskine et al., 1999).

*Involvement* (Erskine et al., 1999) means that the therapist is willing to be affected by what happens in the relationship with the client. Integrative Psychotherapy authors describe four main aspects of involvement: acknowledgement, validation, normalisation and presence. With *acknowledgment*, the therapist demonstrates that he or she is aware of what the client is saying and experiencing. *Validation* is the acknowledgment of the significance of the client's experience. *Normalisation* de-pathologises the clients' definition of their internal experiences or their coping mechanisms. In this manner, therapists communicate to clients that their experiences are normal, and not a pathological or defensive reaction. *Presence* means that the therapist 'is there' for and with the client and that the therapist is committed to the client's welfare.

Inquiry, attunement and involvement, the central methods of relational psychotherapy, enable clients to gain a new relational experience that invites them out of their old repetitive patterns. The three methods described here are strongly intertwined and represent the main elements of a healing therapeutic relationship in Integrative Psychotherapy.

Methods and theories of Integrative Psychotherapy are congruent with the research of common factors in psychotherapy and the knowledge that the therapeutic relationship is one of the main factors of successful therapy (Lambert and Barley, 2001; Norcross and Lambert, 2011; Norcross and Wampold, 2011;

Orlinsky, Ronnestad and Willutzki, 2004). However, the main characteristics of the therapeutic relationship in Integrative Psychotherapy, as developed by Erskine and colleagues, have not yet been studied systematically. Therefore, these authors decided to conduct a study that would examine the clients' experience of the therapeutic relationship. The aim of the study was to examine the clients' experience of helpful aspects of the therapeutic relationship in the process of Integrative Psychotherapy. We thus formulated the research question: "How do clients experience helpful aspects of the therapeutic relationship in the process of Integrative Psychotherapy?"

"*Significant Events*" research (Elliott, 1985) is a unique approach to studying specific events in psychotherapy - the events that the *client* experiences as significant. This kind of research usually analyses transcripts of sessions as well as the client's and the therapist's reflections on specific events (Elliott, 1989). Elliott and Shapiro (1992) define "significant event" as the part in the therapeutic session experienced by the client as most helpful or important. The Comprehensive Process Analysis method (Elliott, 1989; Elliott and Shapiro, 1992) focuses on understanding the context in which a significant event occurs, significant aspects of the event itself and the impacts of the event. Our study examines the client's retrospective recall of significant events in therapy from a perspective with some time distance (Rhodes, Hill, Thompson & Elliott, 1994). Significant events research has been used in qualitative research for more than twenty-five years and this paradigm was used to study various therapeutic modalities and client problems (Cahill, Paley & Hardy, 2013; Elliott & Shapiro, 1992; Glass & Arnkoff, 2000; Levitt, Butler & Hill, 2006; Lietaer, 1992; Manthei, 2007; McVea, Gow & Lowe, 2011; Moertl & Wietersheim, 2008; Oliveira, Sousa & Pires, 2012; Rennie, 1992; Svanborg, Baarnhielm, Wistedt & Lutzen, 2008; Timulak, 2007, 2010).

Our study is based on the assumption that moments which clients identify as helpful may be the most fruitful instances of the psychotherapeutic process (Timulak, 2007). Studying such events can shed some additional light on understanding elements of psychotherapy that facilitate change, how they facilitate it (Bergin & Lambert, 1978) and how therapists can contribute to the healing effect of therapy. We resorted to qualitative methodology due to the descriptive nature of our research question. Our study is a part of a broader research project dealing with the efficiency of Integrative Psychotherapy, currently being conducted as part of the Doctoral Study of Applied Psychology within the Faculty of Arts at the University of Ljubljana, Slovenia, Department of Psychology. This study was approved by the ethical commission of the Faculty of Arts, University of Ljubljana.

## Method

### Participants

We invited clients who had either concluded or were still in the process of Integrative Psychotherapy with psychotherapists who were educated at the Institute for Integrative Psychotherapy and Counselling, Ljubljana, Slovenia, and were members of the Slovenian Association of Integrative Psychotherapy and Transactional Analysis. The size of the sample was not decided upon beforehand, but instead via the method of data saturation (Glaser & Strauss, 1967), participants were no longer added when gathering new data failed to produce new categories. The sample was comprised of 16 participants, 11 female and 5 male, who had been in therapy with 11 different therapists. The age range of the participants was 25-52 years;  $M=33.4$  years.

Thirteen participants were employed, two were unemployed, and one was a student. The participants presented a variety of educational backgrounds; 9 completed secondary education, 5 completed a university degree, and 2 completed a postgraduate degree. Presenting psychotherapy issues included anxiety, stress, cognitive/learning disorders, personality disorders, eating disorders, physical symptoms, trauma/abuse, grieving/loss, poor self-esteem, interpersonal/relational problems and work/study problems.

All of the participants had been included in the process of Integrative Psychotherapy for at least a year (14 clients had completed 1-3 years of therapy, 2 clients had completed more than 3 years of therapy).

### Instruments

For the purpose of this study, we created a *Demographic Questionnaire for Participants*. Our demographic questionnaire was used to obtain data regarding: (1) the style of therapy; (2) length of time in the process of therapy; (3) gender; (4) age; (5) level of education; (6) status of employment; (7) their problems/problem areas; (8) history of seeking help; (9) psychiatric diagnosis; (10) whether they were prescribed any medication relating to mental health issues.

We adapted the *Change Interview* (Elliot, 1999; Elliott, Slatick & Urman, 2001) for the purpose of this study. This "interview" is comprised of a semi-structured empathic exploration of the client's experience in therapy. The researchers posed open questions that helped the clients elaborate on their experience and asked the clients to provide as much detailed information about the events in therapy as they could. While interviewing the clients, they explored key research areas and adjusted questions in line with individual characteristics of participants, following their narration. In accordance with the main assumptions of the interview method

(Fassinger, 2005), the interview protocol allowed the participants' narration to develop freely and the participants to explain their experience in their own way. Examples of questions are: *What change did you notice since starting therapy? What was the cause of change? What helped you in the process of change?* The study analysis focused exclusively on the description of helpful aspects of the therapeutic relationship.

## **Procedure**

The study was conducted by a PhD student of Applied Psychological Sciences (researcher A) and a Clinical Psychologist with fifteen years experience as a psychotherapist (researcher B). The invitation to participate was sent through e-mail to members of the Slovenian Association for Integrative Psychotherapy and Transactional Analysis. Therapists asked their clients whether they wanted to participate and we were then contacted by the clients. We informed the participants about the purpose of our study and they signed a statement stating that their participation was voluntary. Individual interviews were recorded in a safe environment that allowed privacy and then transcribed word-by-word. We further employed the method of theoretical sampling (Glaser and Strauss, 1967), or rather triangulation of data (Flick, 2014), to include different participants and different problem areas.

We began the analysis after completing the first four interviews. Interviews were analysed according to Corbin and Strauss (1998, 2008) using the strategies of asking questions and constant comparisons. The interview process and the analysis were run simultaneously. We used a software programme for qualitative analysis ATLAS.ti to do this (Friese, 2014). In the first phase of *open coding* (Corbin and Strauss, 1998), we thoughtfully read line by line, studied the transcription, analysed it and identified concepts or units of meaning. We then compared concepts and formed broader categories with those that described similar phenomena. After we completed the open coding, we continued with *axial coding* to establish relations within specific categories as well as the relation between a category and subcategories. We then selected those concepts and categories that were relevant with regards to the problem and purpose of our study. We formed definitions to capture the essence of concepts and categories. *Selective coding* (Strauss and Corbin, 1998) was used to unify data around a core category. Following the completion and analysis of the last three interviews, we found that some topics repeated themselves. Saturation of data occurs when newly acquired data no longer contribute to the existing characteristics of the already established categories (Glaser and Strauss, 1967). After we concluded the sixteenth interview, we found that categories were saturated and we concluded the study.

While obtaining and analysing data, we met weekly to compare codes and categories that we formed separately in each phase of the analysis. Triangulation of researchers (Flick, 2014) was used to reduce the bias likely to be present due to subjectivity of researchers. Based on our theoretical starting points, bias would likely be linked to the perspective represented by Integrative Psychotherapy. Within the context of the described study, our view of the underlying events in the process of psychotherapy served as the “sensitising concept” (Charmaz, 2006), meaning that we were aware of our theoretical background and at the same time maintained an open conceptual framework and let the material speak for itself. Our study entailed a process that could be described as *iterative* (Mesec, 1998), since every step was followed by reviewing and analysing previous findings. The main strategies used to maximise the validity and reliability of our qualitative study were: writing memos to complete the categories and relations between the categories, finding missing data, discussing results with a colleague, comprehensive selection of participants, as well as multiple and continuous verification of data and conclusions.

## Results

The analysis of 16 interviews (approximately 113 transcribed pages in A4 format) revealed *130 coded citations* (CC) relating to the main question of our research. Table 1 shows the taxonomy of helpful factors in the process of Integrative Psychotherapy and the total number of coded citations. A *significant event* was defined as an event or experience that helped the client change or alleviate a problem situation (Elliott and Shapiro, 1992). Every time a client referred to something as helpful or the statement made it obvious an event was helpful, we marked the text with a code that was appropriate to the content. Statements were grouped into categories based on their meaning and we finally arrived at six main categories.

Table 1 contains descriptions of the categories in question as well as the number of coded transcripts (CT), i.e. the number of participants that mentioned a specific category. When interpreting the cited numbers, one should bear in mind that the interviews conducted were semi-structured. We thus did not ask the participants about specific areas; rather, the participants described parts of their experience within the process of therapy that they found especially memorable. The cited number is thus an estimate of the number of participants that mentioned a specific experience constituting a significant part of their therapy.

Table 1  
*Taxonomy of helpful aspects of the therapeutic relationship in integrative psychotherapy*

HELPFUL ASPECTS OF THE THERAPEUTIC RELATIONSHIP	CC <sup>a</sup>	CT <sup>b</sup>
1. Empathic attunement	44	14
1.1. The therapist's emotional attunement		
1.2. Understanding the client's experience		
1.3. Attuning to the client's process		
1.4. Experience of contact		
2. Acceptance	24	9
3. Safety and trust	19	10
4. Connection	19	8
5. A new relational experience	12	8
6. Match	12	4

Note. <sup>a</sup> Number of coded citations. <sup>b</sup> Number of coded transcripts.

Helpful aspects of the therapeutic relationship were cited by every one of the participants of our study; we collected 130 coded citations relating to the therapists' empathic attunement, unconditional acceptance, safety and trust, connection, a new relational experience and the therapist being a good match for the client.

The following descriptions provide concise definitions of categories and their essence, followed by a broader description and examples of citations. Statements are accompanied by their ID, i.e. the code assigned to the interview and code of the citation (e.g. 5:39 – 39<sup>th</sup> citation of the 5<sup>th</sup> interview). The section on results is comprised of two parts. The first one relates to categories and statements associated to the problem of our research and the second one is the sum of results represented as a model.

### **1. Empathic attunement**

Empathic attunement consists of several subcategories linked to the therapist's empathic attunement: a) emotional attunement, b) understanding the client's

experience, c) attunement to the client's process and d) the client's experience of contact.

### **1.1. Therapist's emotional attunement**

The citations suggest that the clients found it very important for the therapist to be emotionally attuned to them, have empathy and feel their distress. The clients stressed the sensitivity and emotional responsiveness of the therapist transmitted by the therapist's body language. The citations below, taken from our client sample, illustrate this.

*"And empathy as well, it meant a lot to me, I did not expect someone to cry with me, especially because it was not even a friend, but a psychotherapist. I did notice that, when things were really hard for me, she could feel my distress. I could tell by her mimics, her face, as if she were suffering, it was a very empathic relationship. That helped me a lot."* 5:39

*"Yesterday as well, just before we finished, we touched on a difficult issue. I could tell, I saw that she was a bit concerned and she told me to look after myself the next day because it might be a bit hard. It means a lot to me that I mean something to her."* 10:59

Another aspect that seems to be very important to clients is the therapist's genuine interest in their feelings and physical responses.

*"After anything like that, before we say goodbye, she always asks me how I feel and takes the time and I also see that when I start to breathe faster... like, she does."* 10:82

Moreover, statements relating to the significance of therapist's genuine emotional response to the clients' feelings are also very interesting. The clients find it important for the therapist to be genuinely emotionally engaged in the relationship.

*"And also that she, the therapist, is happy every time you succeed."* 13:36

### **1.2. Understanding the client's experience**

Clients further stressed as truly significant the therapist attempts to understand their inner world and investing some time and effort into it.

*“Yes, precisely for those things that I thought he could not understand, he actually made an effort to understand. We talked about delicate issues and I somehow needed a lot of effort and will to even go into it - it meant a lot to me that he also invested some effort into understanding it.” 11:12*

*“Herself, just the way she is, the way she talks, the things she says and her actions, I feel like she gets it. She does not make me feel like I’m a junkie, a number, but that I am her equal.” 10:57*

### **1.3. Attuning to the client’s process**

Clients find the therapist’s attunement to their process important, which can be seen from the citations relating to the therapists being sensitive to the clients’ experience and valuing their opinion. The therapist follows the client’s willingness to work on specific topics and reacts from one moment to another.

*“But it is true that there are so many other topics. I come there and need to talk about something and then the next time I might have to talk about something else. She makes sure that we talk about the things that bother me the most.” 10:67*

Additionally, some clients find it important for the therapist to adapt to their own tempo and inner experience.

*“I liked the fact that I could be the one setting the tempo. I could always choose the topic. It was not like me getting there and her saying, right, let’s talk about whatever was left from previous session.” 8:48*

*“I think she sets the tempo just right, because if it was too much, I would probably say that I cannot go forward and would go to therapy even more nervous, thinking about what is going to happen at the session. So I feel like she does something like that only when it is appropriate – I guess she must assess when it is okay.” 12:58*

Clients find it very important for the therapist not to pressure them into something they do not want, put words in their mouths or suggest what they should do.

*“She never forced me to do anything, put words in my mouth or forced her own opinion. She somehow always let me reach my own conclusion. Sometimes I could have something in front of my nose for the whole month and I could not see it. It’s good that I could see it on my own, that she did not just say it, because it’s just different if you figure it out by yourself.” 8:39*

*“Thirdly, not imposing her opinion. I very much dislike that, someone telling you what’s right and what’s wrong. Because it was me who built my own personality, it was not her, she just helped a little. Because then I would again believe that she was the one who built it. It would not have been me. That’s why it was so important that she did not do that.” 16:46*

The clients further find it important for the therapist to ask about the way therapeutic interventions and reactions affected them and how the client felt about the relationship.

*“If she does something, like when we communicated through e-mails and she asked how I felt about her reaction. Just that, the fact that nothing goes unnoticed, it’s always important. If I find something important, she finds it important. The feeling that she is taking you seriously.” 12:53*

*“What she is really doing well, which gives you the feeling that this relationship is important, is that she asks for feedback. That as a therapist she asks if she is doing well and you can say yes or no. And she can use that in the future.” 12:73*

#### **1.4. The experience of contact**

The experience of contact is described by some clients as a qualitative change in the relationship that occurred based on the therapist’s warmth and emotional participation. The experience is described as an experience of deep contact with the therapist and some clients find it to be a key moment in therapy.

*“And that unconditional acceptance, the warmth that can be felt. I remember when that happened, it was after a few sessions that we got to this positive warm contact that changed the quality of what was going on in therapy before and after. I am not sure I can describe it in words. It was just this subconscious, non-verbal click, yeah, a click. I was really surprised by it, it happened in about one or two sessions. It was about a year ago, after two or three years. It was not like that before, it was different, on a more conscious level.” 6:38*

## **2. Acceptance**

The category of acceptance includes factors of the therapist’s complete, unconditional, absolutely positive acceptance of the client devoid of judgement. The clients reported that therapist’s acceptance and lack of judgement enabled them to talk about things they would otherwise find unpleasant to talk about.

*“Without judgement, I felt safe and was not afraid to talk about things. I was not afraid to say anything. When we established the relationship, I was sure that no matter what state I might be in, she would be able to get me out of it.” 5:40*

In relation to the above, the clients further reported a beneficial effect of the therapist’s acceptance of feelings they struggled to accept themselves, such as shame and sadness. The therapist’s acceptance helped them accept their feelings and get some relief. A positive accepting relationship with the therapist was further associated with normalisation. The clients felt that their experience was normal and human.

*“Whenever I talked about anything that triggered shame, when I shared that and she was very accepting of me and made it easier for me to accept myself. I felt like it was something that would be good to discuss, but it was not easy.” 6:19*

*“But in the background I did and I learnt about grief for the first time. That it’s allowed, that it’s just a process, that it is quite normal. It went much faster, it hurt at first, but it was a lot easier because I worked through it on my own before.” 8:47*

Some of the participants highlighted that the therapist’s absolute positive acceptance helped normalise their inner experience, helped them become aware of their own value and develop self-respect.

*“For me, it was important that somebody said: it is normal, it is normal that you feel that way and what you are saying is perfectly normal. The fact that somebody accepted me without judgement, no matter what I did and her understanding.” 16:39*

*“A specific event is mainly her understanding, that she listens and lets you know that nothing is wrong with you.” 15:37*

Some clients found it important for the therapist to accept them even if he/she did not agree with the client or if they had a conflict.

*“The therapist’s all-encompassing acceptance. That he gives me the space to process things, but still accepts me. That he is able to stay in the relationship despite the occasional conflict.” 6:31*

In the following paragraphs, we list some interesting quotes with clients recalling how they felt free to experience anything and it would be accepted; they felt that the therapist provided them with unconditional acceptance, even with things that

seemed irrelevant or silly on the surface.

*“Because with him, it didn’t matter what came out, it was always okay. I did not feel like it was crazy. That freedom in the sense of letting something seemingly irrelevant come and then seeing that it is not even really irrelevant, because it might trigger a feeling and then you see there is something more to it.” 7:82*

*“I really like it that we get along so well, that you can say a lot of things, you can make a joke and she is not really formal, that she is a warm person. You can say something funny sometimes when you are struggling to lift the spirit a bit and she understands.” 9:38*

### **3. Safety and trust**

This category consists of aspects of safety and trust established by the therapist in the key moments of the therapeutic process, sometimes purposely and other times intuitively. The feeling of safety minimises the client’s distance and offers a safe space serving as the basis of therapeutic work.

Some clients reported that trust was built slowly and gradually;

*“Just like you read, when the fox in the Little Prince tells the prince ‘Come at the same hour every day and we will sit closer every time’. That is how trust is built, slowly, slowly, bit by bit.” 4:37*

*“And a trusting relationship. If that wasn’t there, I surely would not be able to work. Absolutely a relation of trust. Our relationship was built like that as well. I remember some key moments, this was very early on, when our relationship was established. So, definitely, the relationship.” 7:80*

With other clients, the trust was established intuitively.

*“The feeling of trust – you either have it or you don’t. I went to her because it felt like I could trust her. I trusted her from the very beginning.” 15:50*

In relation to trust, participants talked about the feeling of safety they experienced with therapist. It seemed important for them to feel that the therapist was able to help, that they are safe and can open up.

*“He did not tell me that we would reach the end at a certain point. But just the fact that he was there the way he was, so that I could open up to him and knew that it was my space and it was safe. That he was there, that he knows that no*

*matter what happens, he is there and he would know how to react. I am only beginning to realise that I had that feeling of safety the whole time. It is very important, if I thought that he did not know what he was doing, I would not have entered it in the same way.” 7:95*

Furthermore, other quotes indicated that clients’ feelings of safety are often connected to the structure and order that therapy provides and in terms of a regular time scheduled for therapy.

*“A relationship built on trust, support, understanding, a certain order. Order is important as well as meeting at a specific hour and keeping the timing. It is important, so you know what to expect. It brings about certain safety.” 14:28*

#### **4. Connection**

This category includes factors of connection with a therapist who is perceived as a stable, constant and reliable person.

Half of the clients thought it to be important to feel a sense of connection with their therapists, and know that the therapist thinks of them outside of their sessions. They appreciated the feeling that they were in someone else’s thoughts; a person who was willing to be there for them.

*“Yes, we have a connection. When I am in distress, I think of her sometimes and the things we talked about. But I don’t really have the wish to call her or let her know.” 2:27*

*“And also, when she went on vacation, she gave me her co-worker’s number and was available through e-mail. She let me know that she is there for me whenever I need her.” 10:31*

A number of clients found it to be important to know that they had someone who could be reached, was reliable, constant and who they could go back to after concluding the process of therapy.

*“And knowing that you have someone who is just there.” 5:41*

*“I was a bit like, it did not feel like it was final, even on our last session. I still don’t feel like it is final. I feel like I have a backup, that even if anything happened to me and I felt like I could not cope, I would have a backup.” 8:63*

## 5. A new relational experience

This category includes aspects of a new relational experience that occurred in the process of therapy and contributed to the desired change.

Eight of the clients found it important to be able to experience a new, different quality in the relation with the therapist. Quotes also relate to the feelings of mutual affection that the clients can then look for outside of therapy, thus seeing mutual affection is possible.

*“The feeling that you care for someone and they care for you. I don’t know if that would happen without therapy, or maybe it would. Sometimes some intense experience gives us a sense of possibility. Feeling that it is possible and then you look for something like that.” 4:7*

Some participants reported feeling for the first time they were equal and taken into account in the relationship. Similarly, they had the experience for the first time that somebody was aware of important events in their lives.

*“My therapist helps me and encourages me to go on. She is happy with my way of thinking and functioning and supports me. If she disagrees with me, she tells me and then I think about it. She helps me maintain it and it means a lot that someone knows what I am doing. My mom doesn’t know it, no one knows it.” 10:70*

Despite the fact that clients mention new relational experiences as a significant beneficial aspect, the new experience can at first be unpleasant and hard.

*“Perhaps it helped in a way that the sharing was not mutual and I was more exposed. It made me feel uncomfortable at first, but probably helped because it pushed me. It was out of my comfort zone, it crossed that boundary. It was stressful for me to come there and talk and confide in her. Because she was always focusing on me and my feelings.” 1:6*

A similar description can be found in the words of a client who mentioned that the feeling of connection had been very intense for her and described it as ‘collapse of the system’.

*“The first time she talked to my Child, I felt like I was going... it was like a total collapse of the system. I can’t even describe how I felt. I don’t know if anyone else ever went that deep. It is such a primary experience.” 13:43*

## **6. Match**

This category includes aspects of the match between the personalities of the therapist and the client, as well as agreement on the tasks or contract of the therapy work.

Four of the clients mentioned the importance of a good personality match with the therapist and feeling of compatibility with the therapist's way of working with them.

*"I liked her as a person as well. If I didn't like her as a person, we couldn't do much and her way of working would not matter. But we had a very nice relationship from the very beginning, so I didn't fear coming there, I was rather open, I was looking forward to it."* 8:42

*"In time, we became a really good match. And that is really important to me."* 6:55

### **The model of a healing therapeutic relationship**

Results reveal a mutual relationship between all of the factors of the therapeutic relationship. The model below serves to illustrate this type of a healing therapeutic relationship (Figure 1).

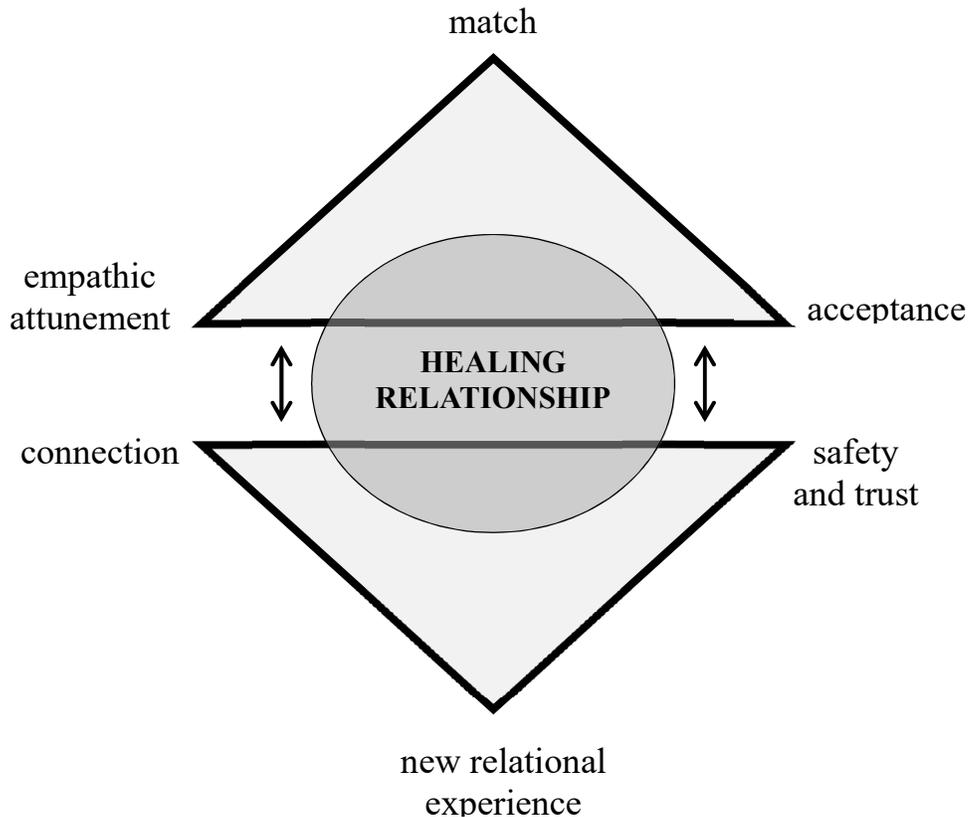


Figure 1. The model of a healing therapeutic relationship in Integrative Psychotherapy.

In this model we identified the core category “*Healing Therapeutic Relationship.*” Based on the client’s description of categories, it was evident that helpful aspects of the therapeutic relationship represent aspects of healing in psychotherapy. The six categories describe different aspects of the healing therapeutic relationship, which are strongly interrelated, as illustrated by the circle in the model. The upper triangle describes the core aspects contributing to the development of a healing relationship. Empathic attunement and acceptance represent aspects of the therapist’s contribution to the healing relationship, while the category of match relates both to the therapist and the client. The lower triangle, however, relates to the client’s experience of the healing relationship, characterised by the connection, safety and a new relational experience. Arrows in the diagram illustrate the fact that the aspects are strongly interrelated and influence one-another.

The categories of empathic attunement and acceptance proved to be the most important categories and relate to the therapist’s contribution to the healing

therapeutic relationship. Clients related that the therapist's empathic attunement and acceptance influence the development of safety and trust, feeling of connection and new relational experiences. Some of the citations describing the above-mentioned influence are included below.

The therapist's empathic attunement helped create a new relational experience and connection.

*"And then there was a real sense of connection. I was surprised when it happened. It happened very fast. As if someone turned on a switch. After that, therapy became a real pillar, a strong source of support that was internalised as well."* 6:39

It was unconditional acceptance that was at the core of the new relational experience.

*"A brand new experience, on a purely relational level. That I can talk about things and get a different reaction from a new person, a more accepting one. Love heals on all levels."* 6:49

Unconditional acceptance, safety and trust are interrelated.

*"That I didn't feel any judgement. Whatever I told her I always had a feeling of safety. She always made me feel safe, unusually safe. The same thing I am looking for in relation with my best friends, my partner, a certain feeling of safety. I had to establish that with her, she gave me this feeling of safety, of complete acceptance, that she does not judge me."*

The interrelation of categories is associated to feelings of connection, safety and trust.

*"That I mean something to her, that means a lot to me. That she is there for me. And I trust her even more because of that."* 10:76

## **Discussion**

The qualitative analysis of the clients' experience of Integrative Psychotherapy revealed six aspects of a healing therapeutic relationship the clients found to be crucial: empathic attunement of the therapist, the therapist's acceptance, the match between the client and the therapist, feelings of trust and safety, feeling of connection and a new relational experiences. The clients' answers showed that it was the empathically attuned and accepting therapist and the match between the

therapist and the client that lead to the clients' feeling of trust and safety, as well as the connection with the therapist and a new relational experience. At the same time, the six aspects of the therapeutic relationship are strongly related and bear a strong influence on one-another.

Obtained aspects of the healing therapeutic relationship are comparable to the model of "the keyhole" in Integrative Psychotherapy, which illustrates the methods of *inquiry, attunement and involvement* (Erskine et al., 1999). The category of **empathic attunement** is linked to the concept of attunement in Integrative Psychotherapy and includes the therapist's affective attunement and responsiveness, sensitivity to the client's experience from one moment to another, and ability to adjust to the clients' tempo (Erskine et al., 1999; Erskine, 2015). Erskine et al. (1999) talks about the affective, cognitive, rhythmic and developmental attunement of the therapist and the attunement to the client's relational needs. These aspects of attunement are demonstrated in the comments made by participants in our study, and their mention of their experience of contact in the therapeutic relationship.

Our category of **acceptance** contains factors of the therapist's complete, unconditional and all-encompassing acceptance, devoid of any judgement. The clients felt that the therapist's understanding and absolute positive acceptance provided them with a sense that what they were feeling is normal, as well as providing a feeling of one's worth and self-respect. In Integrative Psychotherapy, factors of acceptance can be related to the concept of *involvement* which includes acknowledgement, validation, normalisation and the presence of the therapist (Erskine et al., 1999; Erskine, 2015). In relation to acceptance, clients reported that the therapist's acceptance of their feelings of shame and sadness, which they struggled to accept themselves, was also helpful and enabled them to start to accept and value themselves.

Closely related to acceptance is the category of **new relational experience**. Some participants described that they experienced something new in the relationship with the therapist that they had not experienced before in their life. For some, this was an experience of affection and genuine concern as well as being taken into account, and seen as an equal. Some participants said the new relational experience at first made them feel uncomfortable and ill at ease, while at the same time helped them on their path to change. Erskine et al. (1999) has named this a *juxtaposition* response that occurs as a reaction to the discrepancy between the involved and responsive therapeutic relationship and the emotional memories of previous miss-attunements. The new relational experience can be painful since it triggers an awareness of what the clients yearned for but did not receive in the past relationships.

Our category **connection** relates to factors of connection and the deep bond with the therapist who is experienced as a stable, constant and reliable person. The

category encompasses the emotional and psychological sense of connection that provides the client with a feeling of safety and acceptance. The factors of **safety and trust** minimise the client's distance and form the basis of therapeutic work. In Integrative Psychotherapy Erskine et al. (1999) stress the importance of responding to basic relational needs in the therapeutic relationship, including the need for safety, and the need to be accepted by a stable, reliable and protective person.

Our obtained descriptions of helpful factors in therapeutic relationship are comparable to the findings of other authors who explored significant events, factors of effective psychotherapy and the healing therapeutic relationship (Cahill et al., 2013; Elliott & Shapiro, 1992; Glass & Arnkoff, 2000; Levitt et al., 2006; Lietaer, 1992; Manthei, 2007; McVea et al., 2011; Moertl & Wietersheim, 2008; Oliveira et al. (2012); Rennie, 1992; Svanborg et al., 2008; Timulak, 2007, 2010). The above-mentioned studies utilized qualitative and/or quantitative methodology and focused on helpful aspects of various modes of psychotherapy and different problem areas approached by clients. In our study, we decided to analyse the clients' retrospective view of at least one year of therapy, while the studies cited above analysed the process of psychotherapy and its outcome on different levels, which means the timeframe of observation could be anything ranging from a fraction of a second to an entire concluded process of therapy (Orlinsky et al., 2004).

Norcross and Lambert (2011) found that the therapeutic relationship significantly contributed to the results of psychotherapy regardless of the therapeutic modality and the client's problems. They explain the similar effect of different therapeutic modalities with factors that are common to all therapeutic approaches (Norcross and Lambert, 2011). Based on a meta-analysis of research in psychotherapy, Norcross and Lambert (2011) talk about aspects of the therapeutic relationship that were proven to be effective, such as therapeutic alliance, empathy and getting feedback from the clients. Results of our qualitative study similarly show that empathic attunement is of high importance in Integrative Psychotherapy and is comprised of the therapist's empathic response and inquiring about the feedback from the client. Categories of connection, safety, trust and match between the client and the therapist, on the other hand, relate to the concept of therapeutic alliance.

Norcross and Wampold (2011) mention goal congruence, collaborative relationship and positive acceptance as the aspects of therapeutic relationship most likely to be effective. This is reflected also in our research, in which participants stressed the importance of the therapist's unconditional acceptance. Rogers (1967) already reached similar conclusions, emphasizing the importance of the therapist's congruence, empathic understanding and unconditional

acceptance; elements which our participants also cited as beneficial.

## **Conclusion**

Our study is the first qualitative study examining helpful factors of the relationship in Integrative Psychotherapy, as developed by Erskine and colleagues (Erskine et al., 1999; Erskine, 2015). When interpreting the results of our study, it needs to be taken into account that our participants were most likely those who had a positive experience in therapy and were willing to discuss it. We cannot be sure about the number of clients who had a negative experience and therefore ended the process of psychotherapy. A further limitation of our study lies in the limited source of data, since we only analysed transcribed interviews. An alternative to our approach would be using questionnaires in order to obtain data. Additionally, gathering and analysing results could include more independent researchers from other modalities as well, minimising researcher bias and adding to the credibility of our study.

An advantage of using the chosen method of research is that we gathered data that is rich in content and would be otherwise difficult to obtain by using classic questionnaires. In addition to this, our conclusions are based on participants' own descriptions and illustrate a variety of client experiences. Our study contributes to a deeper understanding of the client's experience in psychotherapy and thoroughly examines the client's experience of the therapeutic relationship. This research is part of a larger study aimed to develop a comprehensive theory relating to important factors and change in the long-term process of Integrative Psychotherapy. We expect to gain insight into the complexity of the therapeutic encounter, as created by various contributing factors from the client and the therapist, and the relationship, techniques used in therapy and therapeutic processes which interact and lead to the client's change.

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