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The Therapeutic Relationship in Clinical Psychology: Concepts and Theoretical Foundations

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Abstract:

The present study aims to shed light on one of the fundamental components of the therapeutic process in the field of clinical psychology, namely the therapeutic relationship (therapist–client).

This relationship, which oscillates between human empathy and professional obligation, has long been a central focus of interest for researchers in the fields of psychological assessment and psychotherapy, views have differed regarding the prioritization of the therapeutic relationship according to the various psychological schools in the field of psychotherapy, ranging from the neglect of its human dimension to emphasizing the necessity of building a strong therapeutic alliance.

Similarly, the methods and applications adopted by therapists for establishing and maintaining this relationship have been diverse. However, there is general agreement that a large part of the success of therapy and the patient's adherence to it is, fundamentally, linked to the effectiveness of this relationship.

Keywords: Therapeutic Relationship, Psychotherapy, Patient, Therapist.

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1. INTRODUCTION

The notion of the detached or neutral examiner has been largely abandoned by clinicians, as it is now recognized that a distant and indifferent examiner induces feelings of coldness and an emotional gap in the client(khaled khiat,2016,p15), often leading to aversion. Numerous therapeutic literatures have indicated that relational factors can exert a greater impact on psychological assessment and therapeutic intervention than the assessment and treatment techniques themselves. In a theoretical statistical study by Norcross and Lambert (2011), which examined the impact of the therapeutic relationship on the course of the treatment process, it was confirmed that this relationship constitutes the cornerstone of all psychological interventions, regardless of the therapist's theoretical orientation. In the same context, the study by Norcross and Lambert (2011), which was based on the analysis of hundreds of experimental studies, indicated that the therapeutic relationship contributes to treatment outcomes with an effect comparable to that of therapeutic techniques, and sometimes even greater, particularly through empathy and collaboration. This therapeutic alliance is based on humanistic and ethical principles, the most important of which are trust, empathy, collaboration, and mutual respect, with the aim of creating a safe environment for clients in a way that ensures the development of mutual trust between both parties. A positive and supportive therapeutic relationship provides the client with a sense of safety and empathy, allowing them to express their feelings and thoughts freely, without hesitation or fear of rejection. When properly maintained, this relationship also contributes to enhancing treatment adherence while preserving professional and ethical boundaries for the therapist. This was confirmed by the findings of Miciak, Gross, & Joyce (2018), which indicated that the therapeutic relationship is primarily built on the therapist's human presence, emotional safety, and genuine communication; these are fundamental conditions that ensure the patient's adherence to treatment.

In general, this paper aims to examine the concept of the therapeutic relationship and its key components, highlighting common pitfalls into which therapists may fall and which can compromise the quality of this relationship. Finally, it seeks to underscore the essential professional ethics that contribute to building the therapeutic relationship in a way that transforms it into a structural and effective element in the success of the treatment process, intersecting human, ethical, and professional dimensions, thus making it a rich field for continuous scientific analysis and discussion.

2.Study Objective:

The primary aim of this study is to gain a comprehensive understanding of the therapeutic relationship within its professional and human context, independent of any theoretical orientation, and to analyze its key elements or components as well as its ethical boundaries.

3. The Concept of the Therapeutic Relationship in Psychological Literature

Abu Bakr al-Razi states in his treatise to his students:

"Know, my son, that the physician must be compassionate toward people, safeguarding their privacy and keeping their secrets; especially those of his patients. For some individuals conceal aspects of their illness even from their closest relatives: mother, father, or child; and only reveal them to the physician out of necessity. If one treats women, servants, or children, he must preserve discretion and not go beyond the affected area."

(al-Razi, al-Abd, 1977, pp. 27–28)

Abu Bakr al-Razi, in his treatise to his students, articulated a profound ethical vision for the medical profession and the therapeutic relationship. He emphasized that the physician must maintain boundaries within this relationship by prioritizing the patient's humanity over the illness and valuing honesty in practice over technical skill. The physician's role is defined by alleviating the patient's suffering, rather than focusing solely on technical interventions. In doing so, Al-Razi effectively establishes what can be considered an ethical charter for a safe

and trustworthy therapeutic relationship, a principle that directly aligns with numerous contemporary psychological theories on the therapeutic alliance.

Sigmund Freud, as a pioneer of the psychoanalytic school, described this relationship as a "professional alliance." However, in his 1913 article *The Beginning of Treatment*, he emphasized that no interpretation can be effectively offered before a confirmed transference and an appropriate, encouraging relationship have been established with the patient. The primary goal lies in linking the analysand (*l'analysé*) both to the treatment and to the person of the therapist (Driouch, n.d., p. 4)

Likewise, the psychologist **Bordin (1979)** described the therapeutic relationship as the **therapeutic alliance**, a concept that comprises three core components. First, there is an agreement between the therapist and the client on the goals of psychotherapy. Second, there is an agreement on the tasks required to achieve these therapeutic goals. Third, there is the therapeutic bond, which is built on mutual respect and appreciation between the therapist and the client; this bond provides the foundation that enables the client to make tangible progress toward achieving the therapeutic goals (Al-Khalaf, 2011).

Although Freud emphasized the importance of the unconscious relationship between the therapist and the client, and highlighted the therapist's role as a figure that activates transference processes within the therapeutic context. The concept evolved and gained greater depth during the 1950s and 1960s through the work of **John Bowlby** and **Carl Rogers**. These scholars viewed **empathy, emotional containment, and the therapist's emotional presence** as essential conditions for psychological change.

Carl Rogers, one of the most prominent therapists to accord central importance to the therapeutic relationship—conceptualized it as a **deeply human relationship** characterized by **unconditional positive regard, genuineness (congruence), and profound empathy**. Within such a relationship, the client is enabled to express their feelings freely and experiences a

sufficient sense of psychological safety to initiate processes of change and personal growth (Rogers, C. R., 1957, pp. 95–103).

Norcross and Lambert emphasized that the **therapeutic relationship** refers to all the **emotional, collaborative, and professional aspects** between the patient and the therapist that **actively contribute to treatment outcomes** (Norcross, J. C., & Lambert, M. J., 2011, pp.

"The American Psychological Association (APA) defines the therapeutic relationship as the professional relationship that develops between the psychologist and the recipient of psychological services. It is built on trust, collaboration, and mutual respect, and is considered a decisive factor in the success of the therapeutic process."

"Miciak et al. (2018), in the context of physical and psychological therapy, define the therapeutic relationship as a shared framework based on genuine human communication, full presence, and understanding, and consider it a fundamental condition for achieving change and improvement in the patient."

The definitions presented above indicate that the therapeutic relationship clearly reflects the level and nature of professional–human interaction established between the psychologist and the client. This interaction is manifested through unconditional acceptance, therapeutic genuineness achieved by the therapist's authenticity, transparency, and clarity from the outset, as well as deep empathy and the creation of a climate of trust and psychological safety. Such a climate enables the client to freely express thoughts and emotions and to engage in active, collaborative participation in the therapeutic process. Moreover, this interaction directly contributes to achieving the desired change—whether at the behavioral or psychological level—facilitating the client's personal growth and, ultimately, the attainment of therapeutic goals.

4. The main components of the therapeutic relationship

In an analytical–statistical study examining the importance of the therapeutic relationship as a fundamental factor in the success of psychotherapy, findings were

presented regarding the components of the relationship that effectively contribute to patient improvement on the one hand, and ensure the success of the therapeutic relationship on the other. These components were assessed through clients' reports and session recordings. The results identified the following elements as the core components essential to the success of the therapeutic relationship: (Norcross, J. C., 2011, pp. 22–23)

4.1. Therapeutic Alliance

It refers to the mutual cooperative relationship established between the patient and the therapist, agreed upon prior to the start of therapy, either verbally or in writing, and primarily built on trust and respect. This cooperative relationship is based on:

- Agreement on therapeutic goals
- Agreement on therapeutic tasks
- Presence of a positive emotional bond

According to the study results, its impact on therapeutic outcomes ranges from moderate to large. ($r \approx 0.28$).

4.2. Repairing Ruptures in the Therapeutic Relationship

It is expected that some of the rules imposed by the therapeutic contract may be breached, leading to ruptures (violations) in the therapeutic alliance. Nevertheless, there must always be a way to repair the relationship in the event of misunderstandings or tension, as this contributes to strengthening the therapeutic alliance and ensuring the continuity of sessions.

4.3. Empathy

According to Carl Rogers (Rogers, 1957), empathy is "the therapist's ability to experience the client's inner world as if it were their own." It refers to the therapist's capacity to understand the client's subjective experience from within, to listen attentively to their emotions and the meanings behind their expressions without judgment, and to communicate this understanding back to the client in a clear and supportive manner.

Research findings have demonstrated that empathy is strongly associated with improvement in the client's condition ($r \approx 0.30$). Achieving empathy ensures that the client feels genuinely attended to, receiving careful listening and deep understanding from the therapist. Consequently, this fosters trust and openness in sessions, thereby accelerating the attainment of therapeutic goals.

4.4. Positive Regard:

As Rogers described it, positive regard involves the client feeling "loved and accepted without conditions." This means that the therapist's respect for the client must be unconditional, regardless of race, gender, religion, behaviors, emotions, or the nature of the issues presented. Such unconditional acceptance creates a safe therapeutic environment for both parties, which in turn positively impacts the success of the treatment process.

4.5. Goal Consensus & Collaboration:

The therapeutic contract includes an agreement between the patient and the therapist on key points such as the rationale for treatment, its objectives, and the methods to achieve them. The greater the clarity and agreement on these conditions, the more effective the therapy. Research findings indicate a strong positive impact of goal consensus and collaboration on treatment outcomes ($r \approx 0.33–0.34$).

4.6. Congruence/Genuineness:

This refers to the therapist being honest, authentic, and consistent with themselves, without artificiality in interactions with the patient. Such genuineness enhances trust and credibility within the therapeutic relationship. When the therapist communicates sincerely and straightforwardly, it fosters a deep, primarily human-centered therapeutic bond.

4.7. Transference and Countertransference Management:

Understanding their own emotions, experiences, and memories provides the therapist with sufficient awareness of their feelings toward the patient. This awareness allows the therapist to manage these responses professionally, preventing interference in the therapeutic process and ensuring clear, effective treatment.

4.8. Client Feedback:

Monitoring the patient's progress using quantitative tools is a key element in strengthening trust between therapist and client and serves as a primary method for evaluating treatment progress. Involving the client in this feedback process also allows for early treatment adjustments and helps prevent potential failures.

Overall, the findings from these studies highlight that the therapeutic relationship is a central factor in treatment success, and its effectiveness depends on a set of interactive and human-centered components. The therapeutic alliance constitutes the overarching framework that organizes the relationship between therapist and patient. This alliance, or therapeutic contract, is primarily based on trust, respect, and mutual collaboration aimed at achieving treatment goals. Research findings indicate that the alliance has a moderate to strong effect on treatment outcomes. However, this alliance may sometimes experience ruptures or tensions resulting from misunderstandings, patient resistance, or lapses in adherence to the agreed-upon rules and conditions. The therapist's flexibility and ability to repair these ruptures, while maintaining personal and ethical boundaries, contribute significantly to strengthening the therapeutic relationship and ensuring the continuity of the treatment process.

Empathy may serve as a fundamental skill that enables the therapist to repair these ruptures and maintain continuity in the therapeutic process. It occupies a central role in the therapeutic relationship, allowing the therapist to understand the patient's internal world while fostering a sense of safety and containment, which in turn positively impacts openness and therapeutic progress. Complementing empathy is unconditional positive regard, which provides a judgment-free therapeutic environment. Together, these elements allow the therapist to persist despite ruptures and give the patient full opportunity to freely express their emotions and behaviors, regardless of their nature, thereby serving as a foundational support for building mutual trust.

A successful therapeutic relationship is also founded on collaboration and goal consensus. Educating the patient about the rationale, objectives, and methods of treatment enhances their commitment and engagement, thereby improving therapeutic outcomes. Additionally, therapeutic genuineness, or the therapist's clarity and transparency in communication, is essential for humanizing the interaction and fostering trust between both parties, reinforcing the patient's perception of the therapist's authenticity and emotional accessibility.

On the other hand, awareness of transference and countertransference—and managing them professionally—prevents disruption of the therapeutic process. The therapist must understand their own dynamics, personal issues, and internal conflicts. Failure to manage these adequately may result in inappropriate interventions that reflect the therapist's unresolved conflicts rather than the client's experience. Proper understanding and management of these phenomena, however, allows the therapist to use their emotional responses as a source of insight rather than as an obstacle. Finally, involving the patient in feedback regarding their therapeutic progress serves as an effective tool to strengthen the therapeutic alliance, reinforce transparency and realistic goal-setting, adjust the treatment plan early, and reduce the likelihood of failure.

The therapist's skill and competence in implementing these elements, and ensuring their integration into a dynamic therapeutic relationship, constitute an essential condition for achieving psychological change and therapeutic improvement.

5. Common Mistakes in Building the Therapeutic Relationship

The importance of the therapeutic relationship and the precision of its boundaries, balancing the human and professional aspects, make it fertile ground for numerous professional errors that a mental health specialist may commit during clinical practice, especially if they have limited experience or lack awareness of the ethical and professional

limits of the therapeutic relationship. The following section outlines the most common of these errors:

5.1. Encouragement versus a Sense of Superiority:

Especially early in their practice, a clinician may be tempted to feel that they possess superior knowledge and control over the client, which can escalate into feelings of contempt or arrogance toward those they treat. This stance constitutes a professional risk because the primary goal of therapy is not to demonstrate the therapist's superiority, but rather to engage with the client's emotions and experiences in a way that allows them to regain psychological freedom. Instead of focusing on displaying superiority, the therapist should foster a supportive and encouraging therapeutic environment. Alfred Adler, the founder of Individual Psychology, emphasized that the therapist must "set aside all personal ambition and any impulses or sensitivities regarding their influence." Adler further stated: "The first rule in therapy is to earn the trust of the client. The second rule for the psychologist is not to be concerned with their own success at all". (Khaled Khayat, 2016, p.16).

5.2. Dedication to Service versus the Pleasure of Control:

A clinician may unintentionally slip into establishing a controlling relationship that regresses the client to a childlike dependency. This can occur through excessive guidance, judgment, criticism, or overbearing advice. Such an approach fosters a dependent relationship that fundamentally contradicts the goals of psychotherapy. However, this does not negate the fact that the therapist must play a central role in initially guiding and supporting the client. Alfred Adler (1982/1929, p. 168) emphasized that the therapist should function like a mother, serving with dedication similar to maternal care to meet the client's needs, while promoting autonomy rather than submission.

5.3. Understanding and Empathy versus Pedagogical Positions:

It is highly problematic for a clinician to adopt the role of a "good teacher" or "benevolent parent," justifying it by the client's supposed benefit, the therapist's extensive

experience, or heightened awareness. This approach assumes the client needs guidance or judgment, whereas what the client truly requires is attentive listening, understanding, and acknowledgment of their difficulties without being judged. Furthermore, this must be balanced with respect for the client's own pace of learning and psychological change.

5.4. Intellectual Neutrality versus Advocacy or Ideological Guidance:

The mental health professional must be careful not to impose their political, religious, or ideological beliefs on the client. The professional role requires respecting the individual's freedom of choice and maintaining intellectual neutrality, which allows the clinician to distinguish between universal human values (such as respect and tolerance) and the client's personal decisions.

5.5. Assuming Responsibility versus Giving Direct Advice:

The human-centered nature of the therapeutic relationship may lead the mental health professional to provide direct advice, for which they would later bear full responsibility if it fails. Such advice can also create resistance in the client, which conflicts with the principle of the individual assuming responsibility for their own change (Murad Yacoub, 2017, pp. 52–54).

6. Fixed Ethical Boundaries in the Therapeutic Relationship

The therapeutic contract is considered a fundamental document that ensures both parties in the therapeutic process adhere to ethical principles before, during, and after establishing the therapeutic relationship. Typically, this contract is agreed upon either in writing or verbally during the first session. The therapist addresses several key points, most importantly explaining the rationale behind the therapy and emphasizing the necessity of establishing clear boundaries to maintain professional conduct and prevent emotional or personal overreach. From the outset, a distinction must be made between the professional and personal relationship, taking into account the natural asymmetry between therapist and client due to the therapist's role and authority within the relationship. Any boundary

violation may constitute professional misconduct. Examples of transgressions that can breach ethical boundaries in the therapeutic relationship include:

- Personal meetings with the client outside of professional sessions.
- Exchanging gifts or any items of monetary value beyond what was agreed upon.
- Using social media in an unprofessional manner.
- Sharing personal details excessively.

College of Physiotherapists of Alberta. (2024, p. 12).

When establishing a therapeutic relationship with a child, it is essential to consider the following:

• Avoid evaluative language such as "good" or "bad," as this may lead the child to seek approval rather than understanding their behavior.

• The child should not perceive the quality of the therapeutic relationship as contingent on their behavior.

• It is unethical to use threats or false incentives to modify behavior.

• The relationship must be built on unconditional acceptance and respect for the child's person, regardless of their gender, race, or color (Axline, 1947, pp. 33–39).

The therapeutic relationship with a child, especially a troubled child, must adhere to ethical and humanistic standards. It should not rely solely on direction or threat, but rather on unconditional acceptance, empathy, and a safe emotional experience. The therapist must regulate their own reactions and emotions, avoiding any bias based on race, color, or religion. This approach fosters a robust relationship that transcends superficial, measurable behavior, reaching the child's psychological core. Repeated errors in the therapeutic relationship may lead the child to lose trust in the therapist, ultimately hindering the therapeutic process.

7. CONCLUSION

The discussion presented above indicates that the therapeutic relationship is not merely a human interaction within the treatment process; rather, it constitutes the cornerstone of successful psychotherapy across various schools and orientations, serving as a true test of the skills and capacities of care providers. Both classical and contemporary psychological literature confirm that the effectiveness of therapeutic interventions is inseparable from the quality of this relationship, which encompasses essential components such as the therapeutic alliance, empathy, unconditional positive regard, professional genuineness, and, finally, collaboration and effectiveness in defining and implementing therapeutic goals and strategies. Furthermore, findings from a study on the *therapeutic alliance during trauma-focused therapy for adolescents and young adults with post-traumatic stress disorder* demonstrated that the therapeutic alliance is a significant predictor of the client's active participation in therapy. Accordingly, a weak therapeutic relationship may be a primary factor contributing to premature dropout and suboptimal treatment outcomes.

In general, the therapeutic relationship does not follow a fixed form or predetermined rules; rather, it is a dynamic process that requires continuous professional vigilance and the ability to repair any ruptures that may occur during therapy. It also demands the therapist's self-awareness, particularly regarding emotional responses that could affect the therapeutic process. In this context, an analytical study by Ackerman and Hilsenroth (2003) indicated that the therapist's personal skills—such as flexibility, warmth, and genuineness—have a direct impact on the quality of the therapeutic relationship. Additionally, the therapist's commitment to involving the client in evaluating the relationship and receiving feedback contributes to strengthening trust and improving therapeutic outcomes.

In this context, professional ethics emerge as the guiding framework for the

therapeutic relationship, imposing on the therapist professional and human boundaries that ensure the client's privacy, maintain confidentiality, and prevent any form of material or psychological exploitation or the misuse of therapeutic authority to exert control. Conversely, these ethical boundaries also guarantee that the care provider maintains a clear and structured relationship, committed to respecting their own rights while prioritizing the client's welfare as the ultimate goal of any psychological intervention.

Finally, it can be concluded that the therapeutic relationship constitutes a fundamental cornerstone in various psychological interventions, transcending theoretical orientations and surpassing therapeutic techniques and skills. It integrates both the human dimension and the professional-scientific dimension in psychological practice. This underscores that psychological intervention is not merely a set of techniques or procedures executed according to a predefined plan, but rather a structured human encounter, grounded in a professional-human alliance built on trust, ethical responsibility, and a shared commitment to psychological change and growth .

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