1

The Therapeutic Alliance as an Integrating Framework

Windy Dryden

In this chapter I will briefly consider a perspective on the therapeutic alliance in counselling which, I hope, will serve as a framework in which the material presented in the rest of this book can be placed. The following chapters all focus on a key issue of counselling practice which deals with a different point in the counselling process. The view that asserts that counselling is a process which unfolds over time is, in my opinion, a crucial one. Counsellors are faced with different challenges at the beginning of counselling from those they face during the middle and ending stages of this helping endeavour. Effective counsellors, then, in my view, are those who are flexible and skilful enough to modify their interventions according to the particular stage in which they and their clients are working (see Chapter 9). Effective counsellors also can vary their style of intervention according to the different needs of different clients (see Chapter 9).

The Four Components of the Therapeutic Alliance

It is important to place the chapters that follow into a framework which views counselling from a broad perspective. I have chosen to outline briefly one such perspective which considers the work of counsellors to

involve the initiation, maintenance and ending of the alliance that exists between them and their clients. Bordin (1979) has written an important paper showing how the old psychoanalytic concept of the working alliance between counsellor and client (here referred to as the therapeutic alliance) can be broadened and divided into interrelated components. He argued that the therapeutic alliance can be broken down into three such components: bonds, goals and tasks. I have argued elsewhere (Dryden, 2006) that a fourth component – 'views' – should be incorporated into an expanded version of Bordin's model and it is this expanded model that I will present here.

Bonds

When the bond between counsellor and client, i.e. their interpersonal connectedness, becomes a focus for consideration, certain counselling concepts become salient. The first, and perhaps the one that has received most attention in the literature, concerns the interpersonal attitudes of the counsellor and their impact on the client. Such work has its roots in the person–centred tradition, e.g. Mearns & Thorne (2007), but has a wider relevance. This work has shown that when the counsellor (a) demonstrates an empathic understanding of the client's concerns; (b) is genuine in the therapeutic encounter; and (c) shows unconditional acceptance of the client as a person, and when the client experiences the presence of these counsellor-offered conditions, then the client tends to move to a position of greater psychological growth. Early arguments that such communicated (and perceived) counsellor attitudes were necessary and sufficient for client development have subsequently given way to the view that these attitudes are therapeutic under most but not all conditions. Indeed, it is interesting to compare the views of Mearns & Thorne (2007) with those of Trower et al. (1988) on this point. For Mearns & Thorne, such counsellor attitudes form the backbone of their book on person-centred counselling and the skilful communication of these attitudes constitutes the basic work of person-centred counsellors. For Trower et al., who write on cognitive-behavioural counselling, these attitudes are important in that they set the stage for the strategic and technical work that is to follow.

From a therapeutic alliance perspective, a more complex picture emerges that is in keeping with the present research position (Beutler

et al., 2004). This position states that these counsellor attitudes are often important for most but not all clients. Here the task of the counsellor is to emphasise certain attitudes with some clients and to de-emphasise other attitudes with other clients in order to establish the most productive and idiosyncratic therapeutic bond with each individual client.

The second area that is relevant to our discussion of the therapeutic bond places more attention on the client's feelings and attitudes towards the counsellor. Here such concepts as the client's trust in the counsellor (see Chapter 6), feelings of safety in the relationship (see Chapter 4), and degree of faith in the counsellor as a persuasive change agent become salient. While the focus of understanding how to best promote such client feelings and attitudes has been on constructive counsellor qualities and interventions, it is now recognised that clients bring with them to the counselling endeavour pre-formed tendencies in these areas which have a powerful impact on the counselling process (Moras & Strupp, 1982). Thus it may be that when a client has little trust in other people, finds them threatening to be with and has little or no faith in counselling as a vehicle for personal change, then the phenomenon of 'client reluctance' is encountered (see Chapter 10). This is particularly so when, in addition, the client has, in some way, been coerced into seeking counselling 'help'.

The third area relevant to the therapeutic bond concerns work that has been done on the interpersonal styles of both client and counsellor. Here the focus is more interactive than in the previous two areas. The line of reasoning that has emerged from such work is that the counselling bond can be enhanced when the 'fit' between the interpersonal styles of counsellor and client is good and threatened when such a fit is poor. An example of a productive fit between counsellor and client, at least in the early stages of the relationship, would be when the counsellor's style is 'dominant-friendly' and the client's style is 'submissive-friendly'. An example of an unproductive fit would be when the counsellor's style is 'passive-neutral' and the client's is 'submissive-hostile'. The implications from such work are that the counsellor's initial task is to modify his or her interpersonal style to complement the client's style in order to initiate the therapeutic alliance. Once such an alliance has been firmly established, the counsellor can begin to consider ways of slowly changing his or her style in the service of initiating client change. The important point here is that initial bonds which may be counter-therapeutic in the longer term for client development may have to be established to get the relationship off the ground. This theme is explored in Chapters 9 and 13.

Another implication of this work is that clients who have a critical/hostile style of interaction are more difficult to engage in counselling at the outset than clients who are appreciative/friendly. While the danger here is that clients who are critical and hostile get blamed for prematurely dropping out of counselling, the real implications of such a viewpoint concern alerting counsellors to very early signs of threat to the development of a productive alliance and encouraging them to focus on this in as constructive a way as possible. Indeed, it has been shown that ignoring such threats does little to promote a constructive counselling relationship (Foreman & Marmar, 1985).

Another slightly different way of looking at the counsellor–client interactive bond has emerged from social psychology, e.g. Dorn (1984). Here the focus has been on clients' expectations for counsellor participation and counsellors' use of a power base, particularly in the early stage of counselling.

When clients show a preference for counsellor formality and demonstrations of expertise, then counsellors who seek to meet such expectations at least initially are more successful at initiating a productive therapeutic alliance than counsellors who try to encourage the clients to work in a relationship characterised by counsellor informality and friendliness. Clients who have such expectations seem to benefit more at the outset when counsellors use a power base consonant with these expectations. In this case, this means emphasising one's credibility as an expert and using a formal style of interaction. However, using such a power base may well have an impeding effect on clients who expect their counsellor to be more informal in style and to emphasise personal rather than professional qualities. With such clients, counsellors need to emphasise a power base characterised by informality, attractiveness and trustworthiness.

The point here is that counsellors who can appropriately vary their style of interaction, and the power base in which such styles are rooted, are more likely to be more successful at initiating a therapeutic alliance than counsellors who use only one style of interaction and a single power base and expect their clients to adjust accordingly. The theme of counsellor variation is taken up in a slightly different way in Chapter 9.

The final area which is relevant to the bond between counsellor and client relates to the concepts of transference and countertransference. Although these concepts have been derived from psychoanalytic approaches to counselling and psychotherapy (see Jacobs, 2004) and their very mention has a negative effect on many non-analytically-oriented counsellors, my position is that it is the phenomena to which the terms

point that are more crucial than the use of terms themselves. The terms point to the fact that both clients and counsellors bring to the counselling relationship tendencies to perceive, feel and act towards another person which are influenced by their prior interaction with significant others. These tendencies can and often do have a profound influence on the development and maintenance of the therapeutic alliance. Working with transference in counselling is explored in Chapter 11 and the issue of countertransference is discussed in Chapter 18

It should not be forgotten that the development, maintenance and ending of the therapeutic bond (as with the other components of the therapeutic alliance to be considered) are influenced by the gender and racial composition of the counsellor–client pairing (see Chapter 20) and I refer the reader to other books in this series for a full discussion of these issues (Chaplin, 1999; d'Ardenne and Mahtani, 1999).

Bordin's (1979) point about the importance of bonds in the therapeutic alliance is that the effectiveness of counselling and psychotherapy depends, to a large extent, on the development and maintenance of a productive bond between counsellor and client. I would like to stress here, as I have done earlier, that while the distinguishing feature of the bond in its early stages is one where there is a comfortable fit between counsellor and client, productive change is more often predicated upon the resolution of manageable conflict in the bond than it is on the perpetuation of early feelings of comfort in that relationship (see Chapters 2–5). Although it has to be said that some clients do benefit considerably from counselling relationships which are characterised by an enduring sense of comfort. Yet in most counselling relationships counsellors need to introduce dissonant elements (challenges) into the relationship so that clients can be encouraged to make changes in their style or acting, feeling and thinking.

Such dissonant elements or challenges, when constructive, need to be introduced in the context of a relationship based on solid foundations, that is, solid enough to survive the challenges thus introduced. The challenge may indeed be introduced by the client, and Bordin makes the important point that from wherever the challenge originates the therapeutic alliance may indeed be strengthened by the successful resolution of a threat to its existence. It is where such a solid foundation in the relationship is absent that challenge has the greatest potential for therapeutic harm for the client (and in some instances, the counsellor). This issue of challenge and the resolution of conflict that it engenders is prevalent in Chapters 6–9 in Part 2 of the book.

Views

The second component of the expanded model of the therapeutic alliance is called 'views' (Dryden, 2006). These concern the views held by you and your client on such relevant issues as:

- **The nature of clients' psychological problems**. For example, are clients' problems determined largely by their childhood, their underlying beliefs, poor housing conditions or discrepancies between their ideal self and actual self, to name but a few?
- **How can clients' problems best be addressed**. For example, are clients' problems best tackled by challenging their underlying beliefs, offering them a safe space to talk with an empathic counsellor or encouraging them to live in the present?
- **The practical aspects of counselling**. For example, how long should counselling last, how often should sessions occur, what are the fees to be paid and what is the cancellation policy?
- **Counsellors' views are influenced by their counselling approach**. Counsellors' attempts to understand their clients are likely to be influenced, at least in part, by the constructs put forward by the approach in which they have been or are being trained. This is also the case when we consider counsellors' attempts to help their clients. Different approaches to counselling emphasise different constructs and may use different language to describe similar constructs. Most books on counselling approaches make clear which constructs are used by the approach when understanding and helping clients.
- **Clients have views about counselling too**. As noted above, clients are also likely to come to counselling with some idea of what determines their problems and the nature of the help that their counsellor will be providing them. If we consider the latter issue, for example, these ideas may be well informed and accurate, as in the case of a person who has read about a particular counselling approach, has sought a practitioner of that approach because she (in this case) has resonated with it and has a clear idea of what to expect. On the other hand, this idea may be inaccurate, as in the case of a person who expects advice from a practitioner who is very unlikely to give it, e.g. a person-centred counsellor.
- **Effective counselling occurs when the client's views are similar to the counsellor's**. Therapeutic alliance theory holds that when clients' views are similar to their counsellor's on the above issues, then counselling is more likely to be effective than when such views are different. When they are different, these differences need to be acknowledged and openly discussed.

The outcome of such discussion may be for the relationship to pro-
ceed because (a) the client has adjusted to or is prepared, for a while, to
work on the basis of the counsellor's view; (b) the counsellor has adjusted
to the client's view (it is interesting here to speculate how often counsel-
lors do this); or (c) the client and counsellor have negotiated a new
shared conceptualisation of the client's problem which is different from
their previous initial attempts at understanding (this is an important but
poorly understood topic awaiting future empirical enquiry). If the coun-
sellor and client cannot come to some sort of shared understanding on
this issue, the counsellor may, at this point, refer the client to a counsellor
who will offer a conceptualisation of the client's problem more accept-
able to the client.

Goals

The third component of the therapeutic alliance – goals – pertains to the
objectives both client and counsellor have for coming together in the
alliance. Goals are therefore the *raison d'être* of the counselling process. At
first the issue of goals in the therapeutic alliance may seem deceptively
simple; the clients are in some kind of psychological distress, want relief
from this distress and wish to live a more fulfilling life. The counsellor's
goal is to help the clients achieve their goals. However, the situation is
often more complex than this and there are a number of issues that need
to be borne in mind when goals become centre-stage for consideration in
the therapeutic alliance. I have discussed these more fully elsewhere
(Dryden, 2006) so I will only list them here as issues to be kept in mind.
Also, the issue of goal-setting in counselling is explored fully in Chapter 8.

Issues with respect to goals

Before leaving the topic of goals I would like to briefly list several points
that need to be borne in mind when exploring goals with clients.

1   Clients may express goals in vague terms. Here it is important to help
    them specify them in a form that makes the goals achievable.
2   Clients may express goals that involve changes in other people or life
    events, e.g. 'I want my mother to change'; 'My goal is to have the local
    council find me better accommodation'. In counselling it is important to

renegotiate goals so that their achievement falls within the client's power, e.g. what is the client going to do differently to encourage her mother to change? What is the client going to do to persuade the council to find her better accommodation?

3   Clients may express goals that are based on their disturbed feelings, attitudes or behaviour, e.g. an anorexic client who wishes to lose more weight. Here it is important to deal with the level of disturbance first before setting concrete goals. It is for this reason that some counsellors prefer not to set goals too early in the counselling process.

4   Clients' goals change during the counselling process and thus counsellors need to update themselves on the current status of their clients' goals during the reflection process. (Some counsellors do this formally in specific review sessions.)

Goals and the therapeutic alliance

Before outlining these issues, let us consider Bordin's (1979) major point about goals and use this as a starting point for considering the complexity of the subject. Bordin has argued that a good therapeutic outcome is facilitated when the counsellor and client agree what the client's goals are, and agree to work towards the fulfilment of these goals. Thus, Bordin is concerned basically with outcome goals – i.e. goals which are set as a criterion for the success, potential success, or failure of the counselling encounter at its end.

Bordin's point alerts us to potential sources of failure and/or obstacles to the development of the counselling process. Thus, the therapeutic alliance is threatened when either explicitly, or perhaps more commonly implicitly, the counsellor and client have different outcome goals in mind for the client. This can occur for a number of reasons which I have explored elsewhere (see Dryden, 2006). I will consider one common occurrence here.

One common discrepancy between counsellor and client with respect to the latter's goals is that counsellors are often more ambitious concerning the kinds of changes they want their clients to achieve than are the clients themselves (Maluccio, 1979). Maluccio found that when clients in his study terminated counselling they were happier with what they had achieved from counselling than were their counsellors. The latter were dissatisfied that their clients had not achieved a fair measure of personality change, whereas the former were pleased with the changes in symptoms that they had achieved through counselling.

Extrapolating from this research it may be that while many clients seek goals which are relatively short-term in nature, counsellors may see the transient quality of such changes and thus prefer to take a longer-term goals perspective and set goals which help to prevent future client relapse. In any event, this is an issue that needs to be discussed openly between counsellor and client.

Other goals

While the emphasis so far has been on client outcome goals, other goals exist during counselling that require discussion. One set of goals are client goals that mediate the achievement of outcome goals (mediating goals). These may refer to changes that the client may exhibit outside the counselling process (external) or inside the process (internal). An example of a mediating external client goal might be for the client to successfully execute certain social skills in real-life encounters, the achievement of which may help the client initiate friendships (outcome goal). An example of a mediating internal client goal might be for the client to successfully express feelings of annoyance towards the counsellor which may help the client confront his spouse (outcome goal). In addition to what has been said concerning shared agreement between counsellor and client concerning the latter's outcome goals (a point which also applies to the client's mediating goals), it is important that the client understands the therapeutic relevance of the relationship between the achievement of mediating goals and her outcome goals and commits herself to the achievement of these mediating goals. Without such understanding and commitment, the client may begin to feel that she is being asked to pursue goals that are meaningless to her. In which case referring the matter to the reflection process is once again advocated.

Another set of goals that needs to be considered here concerns goals that the counsellor sets for him or herself during the counselling process. This is very frequently related to the goals the counsellor sets for the client. For example, if the counsellor believes it is important for the client to trust her, she may set for herself the goal of being especially accepting of the client's ambivalent feelings. Whereas at a later stage and given sufficient trust, she may endeavour to confront the attitudes that underpin such ambivalence. Thus, the goals that counsellors set for themselves are (or should be) heavily dependent upon their view of the client's position in the change process and effective counsellors are highly responsive to

such considerations. This issue is explored in Chapter 8, in which counsellors are encouraged to set goals for their own style of intervention while being mindful of the client's predominant style of dealing with the world.

While I am aware that some readers may object that this represents an overly mechanistic view of counselling and that effective counselling is often a highly intuitive activity, I would like to make the point in reply that intuition refers to sensitive judgements that have become internalised and appear, in highly skilled and experienced hands, effortless. However, at some point, these judgements were made at a conscious level and may even with experienced counsellors become conscious again when threats to the alliance appear.

Tasks

The final component in this tripartite view of the therapeutic alliance pertains to tasks – activities carried out by both counsellor and client which are goal-directed in nature. Several books in this series have presented specific approaches to counselling in action where a predominant feature of each approach is its specification of the tasks that both counsellor and client are required to carry out in the service of meeting clients' goals (psychodynamic – Jacobs, 2004; person-centred – Mearns & Thorne, 2007; cognitive-behavioural – Trower et al., 1988; Gestalt – Clarkson, 2004; and transactional analysis – Stewart, 2004). Such tasks may be broad in nature, e.g. engage in the broad task of self-exploration in person-centred counselling, or more specific, such as engaging in a two-chair dialogue in Gestalt counselling. However, when an alliance perspective on tasks is taken, the slant is different from one which emphasises the content of such tasks and several questions become salient.

1   Does, the client understand the nature of the therapeutic tasks that she is being called upon to execute? If the client does not either explicitly or implicitly understand (a) that she has tasks to perform in the counselling process and (b) what these tasks are, then a potential obstacle to the client's progress through the counselling process appears. As with other potential obstacles, this may be dealt with by referring the matter for discussion to that part of the counselling dialogue that I call 'the reflection process', where counsellor and client step back and discuss what has gone on between them during counselling sessions. Aware of how important it is for

clients to understand their role in the counselling process and more specifi-
cally what their tasks are in that process, some counsellors formally
attempt to initiate clients into their role at the outset.

2   If the client understands the nature of the tasks that she is called upon to
execute, does she see the instrumental value of carrying out these tasks?
As noted earlier, tasks are best conceptualised as ways of achieving thera-
peutic goals. Thus a client may understand what her tasks are but may be
uncertain how carrying these out may help her to achieve her outcome
goals. For example, a client may wish to handle interpersonal conflict in a
more constructive way, perhaps by being assertive with his spouse rather
than aggressive. However, he may not see the link between being able to
do this and being asked to free associate in the relatively unstructured set-
ting of psychodynamic counselling. Alternatively, another client may not
see how disputing her irrational beliefs about competence (as required in
cognitive-behavioural counselling) will necessarily help her to overcome her
examination anxiety. Thus, from an alliance perspective it is very important
that clients be helped to understand the link between carrying out their
counselling tasks and achieving their outcome goals. This holds true
whether the clients' tasks are to be performed within the counselling ses-
sion or between counselling sessions in their everyday lives.

3   Does the client have the ability to carry out the therapeutic tasks required
of her? The question of ability is important since although the execution of
particular tasks may facilitate client change, if the client is unable to carry
out these then this poses a threat to the therapeutic alliance.

4   It may be productive, therefore, for clients to receive specific training in
executing their tasks if they are unable to do so at a given point. For exam-
ple, the client task of disputing irrational beliefs in cognitive-behavioural
counselling involves the following client sub-tasks: (a) becoming aware of
feeling emotionally distressed; (b) identifying one or more irrational beliefs
that underpin such distress; (c) questioning the irrationality implicit in such
beliefs; (d) answering one's questions in a persuasive way; and (e) replac-
ing one's irrational beliefs with more rational alternatives. It is hopefully
clear from such a detailed analysis of client task behaviour that the client's
ability to successfully execute such a task depends upon (a) how effective
the counsellor has been in training the client to do this within the coun-
selling sessions and (b) how much successful practice the client has
undertaken both within and between sessions.

5   It may be the case, however, that a client's lack of personal resources,
whether intellectual in nature or attributable to current levels of emo-
tional disturbance, may impede the client's ability to perform a given
task. In such cases it is the counsellor's responsibility to modify the task
accordingly or to ensure that the client is able to carry out a different
task more suited to the client's present level of ability.

6   Does the client have the confidence to execute the task? A similar point can be made here as has been made above. Certain client tasks (and in particular those that clients are asked to execute between sessions – the so-called 'homework assignments') require a certain degree of task confidence on the part of the client if she is to execute it successfully. So the client may understand the nature of the task, see its therapeutic relevance, have the ability to carry it out but may not do so because she predicts that she doesn't have the confidence to do it. Here the counsellor is called upon to help prepare the client in one of two ways. First, the counsellor may need to help the client practise the task in controlled conditions (usually within the counselling session) to the extent that she feels confident to do it on her own. Secondly, the counsellor may encourage the client to carry out the task unconfidently, pointing out that confidence comes from the result of undertaking an activity (i.e. from practice) and is rarely experienced before the activity is first attempted. Counsellors who use analogies within the experience of the client, e.g. learning to drive a car, often succeed at helping the client understand this important point.

7   Does the task have sufficient therapeutic potency to facilitate goal achievement? If all the aforementioned conditions (i.e. the client understands the nature and therapeutic relevance of task execution, and she has sufficient ability and confidence to perform the task) are met, the client may still not gain therapeutic benefit from undertaking a task because the task does not have sufficient therapeutic potency to help the client achieve her goals. For example, certain client tasks, if sufficiently well carried out, will probably lend to client change. Thus, exposing oneself, *in vivo* or through imagination, to a phobic object will likely yield some therapeutic benefit (Emmelkamp, 2004). However, certain tasks may have much less therapeutic potency to achieve a similar result. Thus it has yet to be demonstrated that free association or disputing one's irrational beliefs (in the counselling session rather than in the feared situation) has much therapeutic effect in overcoming phobias. Here then, the counsellor's task is to become *au fait* with the current research literature on the subject at hand and not discourage the client by encouraging her to carry out a task which is unlikely, even under the most favourable conditions, to produce much therapeutic benefit.

8   In this respect there are certain client problems which do seem to call for the execution of specific client tasks. Apart from phobic problems mentioned above, obsessive-compulsive problems seem to call for clients to employ some variant of response prevention in their everyday lives (Emmelkamp, 2004) and problems of depression seem to call for clients to modify distorted thought patterns (Beck et al., 1979) and troublesome elements of their significant interpersonal relationships (Klerman et al., 1984) in order to gain therapeutic benefit. It must be stressed, however, that our

current knowledge does not yield detailed therapeutic task-related menus for a wide range of specific client problems, and for the most part perform-ing a wide variety of tasks may yield a comparable therapeutic result (Stiles et al., 1986), in which case the issues detailed above (points 1–4) become particularly salient.

9   Does the client understand the nature of the counsellor's tasks and how these relate to her own? So far I have focused on issues which deal with clients' tasks. However, in addition to the foregoing, it is important that the client understands (either at an explicit or implicit level) the counsel-lor's interventions and their rationale. In particular, the more the client can understand how her tasks relate to the tasks of her counsellor, the more each can concentrate on effective task execution, the purpose of which, as has been stressed above, is to facilitate the attainment of the client's goals. Should the client be puzzled concerning the counsellor's tasks and how these relate to her own, she will be sidetracked from per-forming her own tasks and begin to question what the counsellor is doing and perhaps even the counsellor's competence. These doubts, if not explored and dealt with in the reflection process, constitute a threat at all levels of the therapeutic alliance. An additional strategy that may pre-vent the development of a client's doubts is for the counsellor to explain at an appropriate stage in the counselling process his tasks and why he is intervening in the way he has chosen to do. This is akin to the use of structuring discussed in Chapter 3 and can be usefully linked to a dis-cussion of the client's complementary tasks.

Counsellor Skill

Until quite recently the issue of counsellors' skill in executing their tasks in the therapeutic process has received little attention in the counselling literature. However, recent investigations (e.g. Luborsky et al., 1985) have brought to light an important and quite obvious point that the skill in which counsellors perform their own tasks in therapy has a positive influence on client outcome. From an alliance perspective, the degree to which clients make progress may be due in some measure to the skill with which counsellors perform their tasks. This means that we must not assume that even well-trained counsellors demonstrate equal skill in per-forming their tasks. A further implication is that skill factors need more prominent attention in counsellor training and supervision than has hitherto been the case. Trainers and supervisors require concrete and detailed evi-dence concerning how skilfully counsellors have executed their tasks and need to rely less upon counsellors' descriptions of what they did in coun-selling sessions and more on specific ways of appraising skill (e.g. through

audio-taped cassette recordings of counselling sessions or at the very least through very detailed process notes).

Varying the Use of Counsellors' Tasks

A theme that has run through this chapter so far, albeit implicitly, is that since clients vary (along several key dimensions), counsellors need to vary accordingly their own contribution to the counselling process. I discuss this issue in Chapter 9.

I have now discussed each component of the alliance separately. Before briefly considering how these components affect one another, let me stress one important point. It is that the alliance model can be very useful in helping counsellors to understand the source of stuckness in coun-selling, an issue which has attracted the attention of many authors, but is here discussed in Chapter 12.

The Four Components of the Therapeutic Alliance are Interrelated

So far I have dealt with the four components of the therapeutic alliance – bonds, views, goals and tasks – as if they were separate. In reality, however, they are interrelated, and I will bring this introductory chapter to a close by focusing on a few ways in which they do interrelate. In exemplifying this point, I will draw upon the material to be presented in the following chapters.

1   Successful structuring of the counsellor and client task behaviour in the counselling process (see Chapter 3) can help to strengthen the initial bond between counsellor and client and serve to clarify the client's goals (see Chapter 8).
2   Skilful responding to a client's early test of trust in the counselling rela-tionship (see Chapter 6) can free the client to engage more deeply in the counselling process, i.e. it will deepen the bond between counsellor and client (see Chapter 7) and enable the client to concentrate on his or her own task behaviour.
3   Sensitive and effective handling of client reluctance (see Chapter 10) will increase the likelihood that the 'reluctant' client will commit himself to the counselling process and set goals that are relevant to himself rather than to any coercive third party (see Chapter 8).

4   Specifying and agreeing a client's goals helps to ensure that both coun-
    sellor and client are working to the same end (see Chapter 8), facilitates
    a working bond and enables client and counsellor to choose more appro-
    priate tasks to achieve the agreed and specified goals (see Chapter 9).
5   Selecting tasks that meet a client's predominant pattern of dealing with
    the world (see Chapter 9) encourages the counsellor to speak the client's
    'language' and serves to strengthen the therapeutic bond by helping the
    client feel understood in the task domain of the alliance.
6   Meeting a client's expectations for counselling early in the relationship
    helps to establish a solid relationship (bond) into which appropriate chal-
    lenges (tasks) can be introduced in the middle stages of the work to facil-
    itate client change (see Chapters 7, 9 and 11).
7   Becoming aware and handling sensitively so-called transference phe-
    nomena (see Chapters 11 and 18) militates against the development of
    self- and relationship-defeating patterns in the counselling process and
    helps clients achieve their goals more effectively.
8   Skilful handling of the termination process and the client's attempts to ter-
    minate a counselling relationship prematurely consolidates the client's
    progress towards goal attainment and helps to bring the bond to a mutu-
    ally satisfying end (see Chapters 14 and 15).
9   Now that I have presented the therapeutic alliance as an integrating framework
    for the rest of the book, we are in a position to move on to Chapters 2–22,
    each of which deals with a key issue for counselling in action.

The Counsellor as Person: Effect on the Therapeutic Alliance

The biggest difference between this edition and the first edition is that in this
edition we have included seven chapters on issues for the counsellor, whereas
in the first edition this area is neglected – a glaring oversight in retrospect.

I argue here that if counsellors feel professionally and personally sup-
ported in the arduous, ongoing business of being a counsellor, then the
counsellor input to the alliance is more likely to foster a good outcome than
if counsellors feel unsupported in these professional domains (Beutler et al.,
2004). Chapters 17, 18, 19 and 21 are particularly concerned with issues that
touch on the counsellor as a person, while Chapters 16, 20 and 22 are more
professional in nature. While devoting almost one-third of this book to
issues for the counsellor may seem excessive, we would dispute this. Rather,
we want to emphasise the fact that counsellors of whatever therapeutic

persuasion are human beings, first and foremost, and if we as counsellors cannot look after ourselves, personally and professionally, what good are we ultimately to our clients?

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