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The Therapeutic and Working Alliances Revisited

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Introduction

The purpose of this paper is to discuss the concepts of the "therapeutic alliance" (Zetzel, 1956) and the "working alliance" (Greenson, 1965) from several different vantage points. I begin by briefly defining the terms and then examining certain aspects of psychoanalytic history which contextualize their appearance within the orthodox psychoanalytic tradition (1). I then consider the concepts from the theoretical perspectives of Klein and Bion and discuss some issues concerning the non-transference dimension of the analytic relationship. Finally, I will raise some questions and speculations of a socio-cultural nature concerning what might be termed (to paraphrase Loewald, 1979) "the waning of the working alliance" within the contemporary framework of pre-Oedipal clinical theories.

Although the terms "therapeutic alliance" and "working alliance" are often used interchangeably, they designate distinctly different dimensions of the analytic relationship. Zetzel's (1956) concept of the therapeutic alliance refers to a relationship between analyst and patient which provides an atmosphere of basic acceptance, understanding, and safety. Zetzel had in mind the early mother-infant object relationship and, in particular, she emphasized that developing the therapeutic alliance was a mutual and reciprocal process. Not only did it require that the patient identify with the analyst,

but also that the analyst be able to identify with the patient. By contrast, Greenson's (1965) concept of the working alliance refers to the more circumscribed and rational phenomenon in which the patient comes to identify with the "work ego" of the analyst and gradually becomes an analytic collaborator. Developmentally, the working alliance is sequential to, and made possible by, the therapeutic alliance.

Within the orthodox and ego psychology literature, both concepts have been extensively discussed and debated over the last 40 years. The theoretical issues involve whether there are dimensions of the analytic relationship not encompassed by the concept of transference, whether the concepts of therapeutic and working alliance are useful for thinking about these other dimensions, and whether there are significant implications for psychoanalytic technique. Readers interested in a comprehensive exploration of these issues within the orthodox and ego psychology tradition are referred to Robert Hausner's recently published paper "Therapeutic Alliance, Working Alliance, and No Alliance" (Hausner, 2000) (2).

Gold or Copper ? - The Historical Context

By 1919, Freud recognized that psychoanalysis would be available to relatively few people, but he envisioned a future in which analytic principles could nonetheless be incorporated into forms of therapy which could reach larger numbers.

> It is very probable, too, that the application of our therapy to numbers will compel us to alloy the pure gold of analysis plentifully with the copper of direct suggestion.....But whatever form this therapy for the people may take, whatever the elements out of which it must be compounded, its most effective and most important ingredients will assuredly remain those borrowed from strict psycho-analysis which serves no ulterior purpose. (p. 168)

The attempt to differentiate the psychoanalytic “gold” of abstinence and interpretation from the “copper” of gratification and suggestion (i.e., education, reassurance, supportive measures) forms a leitmotif running through much of psychoanalytic discourse. At its best, it has led to theoretical and technical progress, and at its worst to contentious disagreement and institutional factionalism.

During this 1940’s, 50’s and 60’s, mainstream psychoanalysts in the United States were particularly concerned with maintaining psychoanalytic “purity” in the face of a continuum of challenges presented by “revisionists” (Jacoby, 1983) such as Eric Fromm, Karen Horney, Harry Stack Sullivan, Thomas French, Franz Alexander, and others. From the perspective of technique, the continuum extended from the discredited non-interpretive manipulations of the “corrective emotional experience” advocated by Alexander and French (1946), to the accepted model of abstinence and interpretation crystallized by Kurt Eissler (1953). In Eissler’s extremely influential contribution, he articulated the position that while certain forms of support and suggestion may indeed be necessary for fragile patients, such interventions were to be considered “parameters”, i.e., intentional but regrettable deviations from abstinence and interpretation. Only if the need for such parameters could eventually be interpreted and relinquished would the treatment earn the right to be called psychoanalysis. Among other things, this model had as its ideal an analyst, who if properly analyzed, could interpret the dynamics of the patient’s psyche from a vantage point of objectivity and non-participation. At least in published accounts of clinical process, this paradigm tended to dismiss the analyst’s actual contribution to the patient’s psychic activity within the analysis.

Zetzel's 1956 paper on the therapeutic alliance arrived at the height of the hegemony of orthodox analysis. Retrospectively, it both heralded and set in motion a salutary trend toward legitimizing the existence of non-interpretive modes of interaction between patient and analyst. The term "alliance" itself called attention to the fact that both participants create the analytic relationship. In a subtle way, it also increased the possibility of considering the influence of the analyst's countertransference on the patient's capacity to work analytically. To put this into perspective, we must remember that while attention to the impact of the analyst's personality and countertransference had been appearing in England (e.g., Heimann, 1950; Little, 1951) and Argentina (e.g., Racker, 1953, 1957), the American analysts who were later to investigate countertransference had not yet appeared on the psychoanalytic map (e.g., Boyer, Giovaccini, Kernberg, Searles). Thus, the papers by Zetzel and Greenson are historically significant for countering the orthodox model's tendency to elevate the ideals of abstinence, objectivity, and interpretation, while downplaying the realities of countertransference and non-interpretive modes of interaction.

The Implications for Technique

The concepts of Zetzel and Greenson set off much debate. The issues had less to do with whether their concepts were valid for classifying dimensions of analytic relationship, and more to do with the technical implications of how a collaborative alliance is to be built. This discussion has as its background coordinates, conflict vs. deficit theory, and interpretation vs. corrective experience and/or suggestion. Should an alliance be built through support, education, suggestion, corrective experience, and

nurturing, or through interpretation within the frame and ground rules of the analytic setting? In this sense the discussion of the therapeutic alliance and working alliance forms an American analog to the "Controversial Discussions" (King and Steiner, 1992) which fractured the British Psychoanalytic Institute in the 1940's.

The Controversial Discussions centered on differences concerning how one develops an alliance that moves the analytic process forward. Those who sided with Anna Freud argued that an alliance was to be cultivated by using suggestion and supportive interventions while waiting for the "unobjectionable positive transference" (Freud, 1912) to attach the patient to the therapist. Only then would it be possible to offer challenging interpretations (moving from surface to depth) which could be worked with by the mature ego of the patient. The Kleinians, by contrast, dismissed the need for such preparatory methods, and argued that the analyst should interpret the maximum unconscious anxiety at the earliest moment it was apparent. The resulting relief, they asserted, would free up new material and deepen the analytic process. Thus, the Anna Freudians argued that an alliance must form before deep interpretation is possible, whereas the Kleinians argued that it was precisely the relief achieved through deep interpretation which builds the alliance. As is usually the case, each side had an abundance of clinical material to demonstrate their point, but this is a subject for a different discussion.

It is interesting to note today that with regard to this one issue, the Kleinians and the orthodox Freudians occupy common ground when contrasted with the British Independents, Anna Freudians, developmentally oriented ego psychologists, or the American relationalists and intersubjectivists. While the latter call attention to the

importance of non-interpretative factors, the "holding environment" for example, the Kleinians and the orthodox Freudians hold steady in their allegiance to interpretation in the context of abstinence.

A Perspective from the Kleinian and Bionian Models

Regardless of theoretical orientation, we recognize that the patient is not a passive recipient of the analyst's actions, and we cannot escape the fact that the patient's collaboration, whatever we might call it, is an essential element of the analytic process. I would like now to consider the relationship of the therapeutic and working alliances to the conceptual framework of Klein and Bion. While neo-Kleinians do not explicitly use either concept, they attend carefully to the presence or absence of genuine emotional contact, and follow meticulously both the fate of interpretations and the patient's shifting capacity for collaboration with the analyst. Indeed this is one of the strengths of contemporary Kleinian writing.

What metapsychological constructs exist within contemporary Kleinian thought for considering the patient's capacity to collaborate? Herbert Rosenfeld (1971, 1975) speaks of being able to reach the "sane parts" of the patient's personality, and Donald Meltzer (1967) speaks of being able to reach and form an alliance with what he calls the "adult part".

> And so, to a greater or lesser degree, there is always in existence, if not always available for contact, a most-mature-level of the mind, which because of its introjective identification with adult internal objects, may reasonably be termed the 'adult part'. It is this part of the personality with which an alliance is sought and fostered during analytic work. One aspect of analytical work which fosters this alliance involves the indication and explanation of the cooperation required.

> The hope of the analyst is that this 'adult part' will gain increasing control over the 'organ of consciousness', and thus of behaviour, not only for the purpose of increasing cooperation but eventually for the development of a capacity for self-psychoanalysis". (p. xiii)

To approach the subject synthetically and intertwine contemporary Kleinian and ego-psychology ideas, I would suggest that the emotional territory traversed in establishing and maintaining a therapeutic alliance has its roots in the persecutory anxieties encountered in the paranoid-schizoid position. Here the emotional issue is whether the patient experiences the therapist as an idealized, benevolent object or a dangerous, persecutory one with whom collaboration would be perilous. Bringing in Bion's (1962) classification of emotional linking into the three categories of L (Love), H (Hate), and K (Knowledge), I would further suggest that the L and H links are of primary importance in the realm of the therapeutic alliance. By contrast, the emotional territory traversed in establishing and maintaining a working alliance has more to do with anxieties relating to depressive position functioning and the vicissitudes of the K link. What I have particularly in mind is the battle between the sane adult parts of the personality seeking help through psychoanalytic knowledge, and those more infantile parts which avoid healthy dependency upon the analyst/breast/mother/teacher because it is experienced as a humiliating defeat of the omnipotent self.

The fact that I have just been suggesting that these alliances need not only be established but also maintained, brings me to some misgivings about the concepts of therapeutic and working alliance. The terms imply far more stability than I believe exists in day-to-day clinical work. While Kleinian metapsychology is criticized for populating

the psyche with anthropomorphized internal objects, the terminology does capture something of the rapid, extremely subtle shifts in the patient's relationship to the therapist. Furthermore, it allows for a consideration of the problem of internal collaboration within the analysand (Rather, 2001). The Kleinian does not think of him or herself as operating within stable structures such as the working alliance or therapeutic alliance, but rather as dealing with a shifting cast of internal characters who jockey for power and influence within the patient's personality. Just as paranoid-schizoid and depressive dynamics are conceptualized in terms of positions rather than stages, there is a recognition of the constant oscillation between these positions and the shifting internal object relations which characterize them. This, of course, plays out in constant fluctuations in the relationship with the analyst. Thus, the Kleinian analyst would expect within each session to be on the receiving end of rapid, subtle movements from therapeutic alliance, to working alliance, to no alliance, and back again. No stable alliance would be expected or presumed to exist.

Another problematic issue has to do with the complex conscious and unconscious layering of the analytic relationship. Take, for example, a patient who throughout the first years of analysis listens carefully to the analyst's interpretations and works with the analyst to make connections and reach what seem to be genuine insights. Will we say a working alliance exists? Probably. If so, what will we say if, in the years that follow, analyst and patient gradually discover that a "reversible perspective" (Bion, 1963) exists? Bion describes this as a situation in which patient operates from very different premises than the analyst, with neither recognizing it for a long time. Let us say that our hypothetical patient has undertaken analysis not to know himself, to be cured, to grow, or

to resolve problems, but with a different unconscious motivation, for example, to show that he doesn't need analysis, or that all the insight in the world won't change him. The facts of the analyst's interpretations have not been argued, but the premises have been changed all along by the unconscious will to misunderstand. Does this mean that we were correct or incorrect in first assuming a working alliance existed? Does it mean that we must distinguish between conscious and unconscious working alliances? The broader question I mean to raise is whether the working alliance as a concept is subtle enough to include such complex phenomena.

The Non-Transference Dimension

Despite major theoretical differences across psychoanalytic schools, agreement exists that helping the patient recognize, understand, and work-through transference results in increased psychic freedom from the painful and self-defeating repetitions which characterize psychopathology. Working within the transference has become the *sine qua non* of criteria delimiting analytic technique. This implies a distinction between transference and non-transference, and as Etchegoyan (1991) reminds us, transference can only be understood if it is compared to something that is not transference.

> It can be asked what we mean by transference and what we mean by reality. But once we have ceased to discuss this, we will have to recognize that our task consists in contrasting two orders of phenomena, two areas of mental functioning. We can call them, according to our theoretical predilections, material truth and historical truth, fantasy and reality, topic of the imaginary and the symbolic, area of conflict and autonomous ego; but they will always be there. (p.245)

Transference *is* ubiquitous. But while there is transference in everything, not everything is transference. What is the nature of the boundary between domains? Freud

(1915) addressed this question when he asked whether a difference exists between "transference love" and "real love". His answer, a complex "yes and no", emphasizes the fuzzy nature of such a boundary, and yet a fundamental conceptual problem remains. How do our interpretations work? If transference is ubiquitous, then how will interpretation of it help? After all, of necessity, each interpretation will be perceived, organized, and experienced according to the transference. If we are to interpret transference and the patient is to truly take it in, both of us must find a place to stand outside the transference being interpreted, at least for a moment, in order to look back upon it. Upon what do we stand? This is the problem which Stephen Mitchell (1998, p. 47) aptly refers to as the "bootstrapping" problem, as in "pulling oneself up by one's own bootstraps". Ego psychologists, following Sterba (1934), account for this in terms of a splitting of the ego, in which one part of the ego can focus on "reality", while the other experiences the transference as reality. Within a theory providing for "conflict-free" and "autonomous" spheres of ego functioning, one may conceptualize several relational dimensions in the analytic dyad: 1) the transference; 2) the therapeutic and/or working alliance, and 3) the non-transference relationship.

It is important to note that therapeutic and working alliances are not simply classifiable as non-transference phenomena. Zetzel considered the transference as a whole to be an amalgamation of the therapeutic alliance and the transference neurosis; therefore, the therapeutic alliance is by definition part of the transference. Greenson suggests that the working alliance may contain neurotic elements that will eventually need to be analyzed, so it too blends with transference. Neither alliance is the same as the "real" relationship (Greenson 1971), if the latter is conceived of in contrast to

transference. Conceptually speaking, the non-transference relationship stands in contrast to the transference, while the concepts of therapeutic alliance and working alliance occupy an intermediate ground in which elements of transference and non-transference commingle. This raises some interesting conceptual questions. If we return to Freud's idea that the "unobjectionable positive transference" (Freud, 1912) forms the platform from which we interpret "objectionable" forms of transference, can we really say that psychoanalysis is not a "transference cure"? What happens when, as Brenner (1979) suggests must happen in a thorough analysis, the unobjectionable positive transference is interpreted? What remains?

The Waning of the Working Alliance

I would like to conclude by returning to the socio-historical context to raise some questions and speculations about what I call "the waning of the working alliance" within the framework of pre-Oedipal clinical theories. It would appear from Freud's own accounts, and from the available accounts of his patients, that Freud's assumptions concerning the analytic relationship as a form of work undertaken by two adults differ when compared to many analysts of today (Lipton, 1971; Losher & Newton, 1996). First, Freud did not seem to operate as if transference were ubiquitous, but rather seems to have accepted the existence of a domain of ordinary human relationship in which transference either didn't exist or was so negligible as to require no special attention. This enabled him to be quite comfortably sociable and "non-analytic" with his patients outside the analytic hour. He also seems to have presumed that the analytic task involved a "division of labor" (Losher & Newton, 1996) in which the patient's "job" is to free associate. He seems further to have assumed that the patient was an adult capable of getting get down

to this analytic work, and he did not hesitate in directing his analysands to do so. Even with respect to resistances, it is clear from the original German that he believed the patient could "overcome" resistances by conscious efforts at candor, courage, and perseverance, as opposed to the gradual analyzing and working-through of resistances which we envision today. In short, Freud seems to have expected his analysands to work hard and to conduct themselves as thoughtful, disciplined adults. This attitude continues to be exemplified by analysts such as Charles Brenner (1982) and Paul Gray (1994) but contrasts starkly with object-relational perspectives. Overall, under the influence of theories which emphasize primitive states and pre-Oedipal dynamics, there appears to have been a gradual shift away from the model of adult-adult or father-child, toward a mother-infant model. Steve Mitchell (1988) has described this as a "developmental tilt" in our theories and practices, characterized by an increasing acceptance of the mother-infant relationship as the basic model of the analytic situation. Given the theoretical emphasis on the first year of life, perhaps it is not surprising that the relatively paternal concept of the "working alliance" might lose traction, and that maternal metaphors of "containing", "holding", "mirroring" and "digesting" might prove more appealing.

If the mother-infant paradigm has become increasingly prominent, there are a number of possible explanations. The first is that, standing on the shoulders of the early psychoanalytic pioneers, we have increased our collective awareness of primitive mental states, pre-Oedipal dynamics, and their legacy in adulthood. The second is that the so-called "widening scope" of analysis is delivering to our consulting rooms patients who would not previously have found their way there or would not have been accepted, and therefore our theories reflect a more diverse panorama of pathology. Still another

possibility is that western industrialized cultures, in the throes of a post-modern era which has increasingly de-centered us since the collapse of modernity in the wake of WW I, tend to produce a more primitively organized character type. In this character type, problems of basic identity, self, and individuation predominate over the forms of neurotic conflict which Freud considered inevitable in Civilization and Its Discontents (Freud, 1930). I think there is truth to all of these possibilities but would like to raise yet another one for thought. Is it possible that we are currently in the grip of "unconscious" cultural and group processes which support the infant-mother paradigm better than they support an adult-adult paradigm? Alan Krohn, in his book Hysteria: The Elusive Neurosis (1978), defines hysteria as a form of pathology the essential hallmark of which is a unconscious abdication of personal agency and responsibility. Krohn's hysteric uses whatever culturally sanctioned means are available for such disavowal. Historically, these have included demonic possession, somatic conversion, abduction by UFOs, and perhaps many cases of multiple personality disorder. Many cultural critics have noted that American society has increasingly become a culture of victimization. This is particularly visible in our unusually litigious legal system, but is it possible that it is also creeping into theories and practices which focus on deficit rather than conflict? To what extent are hysterical factors at work which lean toward infantilization of the patient by both therapists and patients themselves? Do we now experience ourselves and our patients as victims of unconscious "primitive mental states"? As we have moved from Oedipal to pre-Oedipal in theory, practice, and culture, might these forces contribute to the waning of the working alliance as a viable psychoanalytic concept?

In my view, these questions and speculations call attention to the dialectic between *doing* and *being* as contrasting dimensions of the analytic process. When we discuss clinical work in terms of acquiring insight, working-through, renouncing infantile strivings, and so on, we are acknowledging the need for *doing something.* On the other hand, when we consider the clinical process in terms of containing, holding, reverie, empathy, and the like, we are recognizing the importance of allowing *states of being* to flourish without undue pressure to *do* anything about them. What I would like to suggest is that the tension between *being* and *doing* is reflected in the distinction between the therapeutic and working alliances. The concept of the therapeutic alliance addresses the vicissitudes of *being together* in the analytic couple, and in this sense, may be considered as an aspect of the maternal function. By contrast, the working alliance refers to a mode of *doing together* and may be considered more as an aspect of paternal function.

While adherents of the major psychoanalytic schools tend to privilege one domain over the other (3), a contemporary analyst striving for a more ecumenical position faces a challenging task. Both the primitive and mature dimensions of the analysand's functioning must be honored, and the analyst must ascertain which needs expansion from session to session. The analyst must create an ambiance which fosters both the analysand's progressive capacity for *doing*, and the capacity for states of *being* (often regressive in nature). In this sense, the conceptual distinction between Zetzel's therapeutic alliance and Greenson's working alliance reflects the need for each analyst to sustain both the maternal and paternal function in conducting an analysis.

Final Remarks

Bion (1962) emphasized that all psychoanalytic concepts are inadequate, and yet, at the same time essential, as symbolic representatives of ultimately unknowable emotional phenomena. From this perspective, the concepts of therapeutic alliance and working alliance represent attempts to name and consider characteristics of our emotional experience in the analytic encounter, particularly regarding the sense of collaboration, whether present or absent. I do think, with the caveats discussed, they are useful because, like all psychoanalytic concepts, they serve as containers which enable us to process our experience and recover our bearings when we are swept up in the emotional maelstrom of the analytic process.

Endnotes

1. Following Couch (1995), I am using the term 'orthodox' to refer to the practice of psychoanalysis which developed in America and England after WW I, and which was characterized by a strict interpretation of Freud's formal papers on technique. Later in the paper I contrast this with the personal technique of Freud and his close colleagues in Vienna.

2. Portions of this paper were presented in February, 1999 as part of an NCSPP Scientific Meeting for which I was the discussant of Dr. Rob Hausner's paper "Therapeutic Alliance, Working Alliance, and No Alliance".

3. The reader is referred to Bollas (1999) for an interesting (and amusing) discussion of the tendency for psychoanalytic theoretical schools to favor one Oedipal parent over the other.

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