The Therapeutic Alliance and its Relevance in Psychedelic-Assisted Psychotherapy

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Abstract

In all forms of psychotherapy, the quality of the therapeutic alliance, which is the quality of the human connection, plays a crucial role in facilitating the effectiveness of the process. In psychedelic therapy, this is especially true as patients are in a highly open, vulnerable, and suggestible state. In psychedelic-assisted therapy, the therapeutic container is built upon alliance, trust, safety, and support. The history of the therapeutic alliance is reviewed and applied to the work of psychedelic psychotherapy.

The psychedelic therapist's intention is to structure the environment to complement the unique identity and needs of the participant. The therapist and participant work together to utilize the established support system that will assist the participant in moving through the healing process. It is necessary for the therapist to be properly attuned to the needs of the participant's physical and psychological safety, with focused attention continuously placed on establishing a therapeutic alliance and building trust in the therapeutic relationship. Roseman [1] identified the following:

The importance of the therapeutic alliance in psychedelic therapy is dual:

> 1. The trust the patient has in the therapist will increase the trust in letting go and enhance the therapeutic process; and
> 2. The therapeutic alliance can reignite a sense of human connection and belonging, especially to those who have suffered from some sort of alienation and/ or trauma. (p. 279)

Sigmund Freud originally discussed the importance of the therapeutic alliance in his early writings on transference. He first discussed the significance of making a "collaborator" of the patient in the therapeutic process [2]. He distinguished between positive and negative transferences and the role of friendliness and affection. The transference relationship and manifestations originated by Freud were later refocused by ego analysts on the real aspects of the therapeutic relationship, developing the notion of the working therapeutic alliance [3]. The concept of the alliance was an attempt to bring the interaction between therapist and patient to the forefront. It advocated modifications in what was previously the traditional analytic posture and the use of non-interpretive measures. It encouraged greater flexibility and laid the groundwork for techniques applicable to a wider range of patients.

To serve the development of the collaboration or alliance, Freud [2] introduced an approach in which he phrased "evenly suspended attention;" the therapist's attitude of "not directing one's notice to anything in particular." While listening to the patient, such "free floating attention" assures that the therapist avoids prematurely selecting this or that bit of material, which would limit the possibility of surprise and discovery. It also allows his/her unconscious memory to capture important links from the seemingly less relevant aspects of the patient's associations or verbal material. Freud's dictate that the therapist maintain "evenly suspended" or "evenly hovering attention" has become a cornerstone of psychoanalytic technique.

It was Edward Bibring [4] who first referred to the "therapeutic alliance" between the analyst and the "healthy" part of the patient's ego.

In this, he was faithful to Freud [5], who wrote that same year in *Analysis Terminable and Interminable*:

> The analytic situation consists, as we know, in our alliance with the ego of the person-object to conquer the unconquered parts of his id and therefore to integrate them in the synthesis of the ego. The fact that such a collaboration often fails in the psychotic provides, in our judgment, an initial point of support. The ego with which we are able to conclude such a pact must be a normal ego. (p. 221)

Elizabeth Zetzel [6] was the first to establish that the therapeutic alliance is essential to the effectiveness of any therapeutic intervention, which she credited to Bibring. She maintained that therapeutic alliance depends on the patient's basic capacity to form a stable relationship. She maintained that when this capacity is lacking at the outset, it is essential that the therapist provide a supportive relationship that facilitates the growth and development of an alliance.

Ralph Greenson [3] took the psychoanalytic approach to the therapeutic alliance a step further in formulating the therapeutic relationship. He coined the phrase "real relationship" which he referred to as a "mutual human response of the patient and therapist to each other, including undistorted perceptions and authentic liking, trust, and respect for each other." Greenson [3,7] conceptualized this working alliance as the ability of the therapist and patient to work constructively and purposefully together and the treatment they have undertaken.

Ernest Schachtel [8] introduced the concept of "allocentricity" an approach that strengthens the alliance between therapist and patient, which invites and includes curiosity, openness, and receptivity. It also requires a tolerance of ambiguity, uncertainty, and sometimes pain. Martin Buber [9] discussed the importance of being able to treat every moment as a new moment and to be open to whatever is revealed with all of its richness and uniqueness:

> In spite of all similarities every living situation has, like a newborn child, a new face that has never been before and will never come again. It demands of you a reaction which cannot be prepared beforehand. It demands nothing of what is passed. It demands presence, responsibility; It demands you. I call a great character one who by his actions and attitudes satisfies the claim of situations out of deep readiness to respond with his whole life, and in such a way that the sum of his actions and attitudes expresses at the same time. It is the unity of his being and its willingness to accept responsibility (p. 114).

Psychologists and psychoanalysts have long considered approaches and conditions that can be employed to facilitate a therapeutic alliance to reduce human suffering and promote self-actualization. The foundation for creating this necessary dynamic begins with providing a safe 'holding environment.' Holding environment was coined by Donald Winnicott [10] in connection with the ordinary function of a mother holding her infant. Holding in this context meant the actual physical holding of the infant and the total supportive environment. Winnicott [10] believed the psychotherapy situation represents a similar holding environment. Such an environment is reliable and meets the psychological, emotional, and physiological needs of the participant. It provides safety and comfort and does not abandon nor impinge. It facilitates growth.

The holding environment concept, which is particularly relevant and essential in the psychedelic psychotherapy setting, has an impact on two aspects of therapeutic technique. Physical aspects: a therapist who is mindful of the holding environment would make his/her office comfortable and authentic without undue self-revelation. Psychological atmosphere:

s/he would provide an ambience of emotional trust, acceptance, and safety while helping the patient's growth potential to be activated. Winnicott [10] describes the holding environment as a developmental stage in which the child and mother are one entity yet undifferentiated in the infant's consciousness. His writings emphasized empathy, imagination, and love between the caregiver and the infant. The core purpose of "holding" is to allow the child to be completely unconscious of his/her requirement for a separate individual. This is particularly relevant in psychedelic therapy, where the connection between the therapist and participant takes place beyond the limits of the self-identity, the separate self of each. "It is axiomatic in these matters of maternal care of the holding variety that when things go well, the infant has no means of knowing what is being properly provided and what is being prevented [11]."

Holding refers to the process where a mother is able to tolerate primitive states of affect that are unbearable to the infant. Containment describes how the mother can metabolize the baby's raw emotions and pass them back to the infant in digestible form, and this is how the infant learns to manage the range of emotions. A similar process of transformation occurs in the psychedelic therapeutic relationship, where the therapists are able to contain primitive and terrified states of affect adequately. If required, the ability to provide physical support, probably amplifies this effect, as it does in early life [12]. Otto Kernberg [13] regards clarification as the first cognitive step in which what the patient says is discussed in a non-questioning way to bring out all its implications and discover the extent of his understanding or confusion regarding what remains unclear. Unlike interpretation, clarification does not refer to unconscious material.

Subtle therapeutic interventions that increase and improve attunement, support, and strengthen the alliance between patient and therapist include the practice of "clarification" introduced by Carl Rogers. Rogers [14] offers a therapeutic intervention that helps the patient "see more clearly" and achieve a finer-grained differentiation of meaning as it relates to what has been said by the patient (p. 41). The process of clarification involves the restating of feelings that accompany a thought or stream of thoughts, or of rearranging seemingly unrelated clusters of thought in a meaningful manner. Such restating does not transcend the phenomenological level and is based entirely upon explicit statements made by the patient.

Paul Gray [15] introduced the technical approach, which he coined "close process monitoring," as a form of therapeutic listening that fosters the therapeutic alliance and bond. Such listening hones in on the moment-to-moment shifts of emphasis and nuance in the stream of the patient's associations. Paying attention to a pause, an abrupt change of topic, the emergence of the incongruent affect, and unexplained avoidance of the logically expectable allows for the possibility of revealing or unmasking hidden resistance. Moreover, helping the patient see that their thoughts follow each other and are causally connected strengthens the alliance of the patient and therapist.

"Free swinging attention" is a term coined by David Carlson [16], which describes the kind of attention required for therapeutic work and attention that is characterized by 1. Swinging between focused and free-floating attention, 2. Activity and not passivity, 3. Being in rhythm with the patient, 4. Accommodating shifting perspectives, 5. Combining loving and aggressive undercurrents, 6. Preparedness for surprise and for being surprised, and 7. Pleasure mixed with mild apprehension, the concept underscores the therapist as a child, listening with a beginner's mind. Although this was introduced as a psychoanalytic concept, it has been mostly overlooked in psychoanalytic literature.

The therapeutic alliance serves to facilitate a "corrective emotional experience." This phrase was originated by Franz Alexander [17],

in a psychoanalytic context, for a patient's refreshing discovery that his/her therapist's attitudes and posture differ remarkably from that of his/her parents. This relaxes the patient and permits him to express himself more freely. Alexander stressed that the corrective emotional experience is a consciously planned regulation of the therapist's own emotional response to the patient's material in such a way as to counter the harmful effects of parental attitude.

Corrective empathic experience was a phrase coined by Robert Emde [18] to denote the essential thrust of Heinz Kohut's [19,20] technical stance. This stance regards the provision of empathic listening and affirmation as the central ameliorative factor for those psychologically damaged by the lack of empathy by primary caregivers during childhood.

Preconceptions of therapists can limit one's ability to see what is taking place and negatively impact the therapeutic alliance, so it is critical for therapists to learn and become aware of and then let go of their preconceptions as they emerge. Winfred Bion [21] often advised therapists to approach every session "without memory or desire" as a mental discipline.

The Zen master, Shunru Suzuki [22], refers to this discipline as a way of cultivating a beginner's mind. In his words, "if your mind is empty, it is always ready for anything; It is open to everything. In the beginner's mind, there are many possibilities; in the expert's mind, there are few". In the Buddhist tradition of mindfulness meditation, this has otherwise been referred to as "disciplined not knowing" and "bare attention [23]."

It is critically important to appreciate that new information and possibilities are continually emerging in every moment of patient interaction. It is essential to recognize that one is going to always have preconceptions that shape one's perception of the current situation, which are closely facilitated and limited by theories that shape one's understanding of the patient. It is not realistic to suggest that a therapist can abandon such theories and preconceptions completely. However, it is essential as effectively as possible for the therapist to become aware of his/her preconceptions to become more open to seeing things more fully and accurately.

Wolfe and Goldfried [24] consider the therapeutic alliance the "quintessential integrated variable." The growing recognition by diverse therapeutic traditions of the significance and importance of the therapeutic alliance can be attributed, at least in part, to the psychotherapy research community, where there was an increase in the number of measures and evidence demonstrating the predictability of the concept [25]. Edward Bordin [26] gained considerable attention from the psychotherapy research community when he presented a transtheoretical reformulation of the alliance concept. Bordin [26] maintained that having a good alliance is a prerequisite in all forms of psychotherapy. He conceptualized the therapeutic alliance as consisting of three interdependent components: tasks, goals, and the bond. According to Bordin [26], the strength and effectiveness of the alliance is dependent on the depth of the degree of agreement between patient and therapist about the tasks and goals of therapy and the quality of the relational bond between them. The development of a richer and more authentic sense of self constitutes an important therapeutic goal.

The therapeutic alliance in psychedelic-assisted therapy represents a collaboration based on mutual trust between the therapist and participant. The material of the therapeutic alliance can be divided into the conscious and unconscious and a shared collective unconscious, which is illuminated by the interaction. The conscious part of the therapeutic alliance relates to a reasoned agreement between the therapist and the participant regarding the intentions and objectives of the therapy. It is a voluntary choice, assuming free will, in which both people fully commit to approaching an

intended achievement. The will of both is also oriented toward carrying out the tasks necessary for this to happen. The therapist's focus is on clear methods, objectives, and tasks to address the needs of the participant in the moment.

The unconscious therapeutic alliance includes the irrational and emotional aspects and all the unconscious verbal, nonverbal, and paraverbal communications between therapist and participant. When the unconscious therapeutic alliance reaches a certain level of activation, buried emotions emerge and can increase the resistance in the participant. The greatest risk is that the therapist may not interpret the emergence of resistance as a sign of an increase in the unconscious therapeutic alliance and, therefore, become discouraged, blocked, or react by directing his/her countertransference toward the participant.

On the contrary, if the therapist knows how to grasp the emergence of resistance and the anxiety associated with it as an indicator of the increase in the unconscious therapeutic alliance, s/he will be able to identify precisely when s/he must concentrate his/her efforts and address it. By being aware of, listening to, and managing his/her countertransference, the therapist can attune to the participant's emotional state, creating a shared awareness in the therapeutic couple, which, in turn, generates additional growth in the therapeutic alliance. This means that the therapist must be free from judgments and preconceptions, mentally flexible, emotionally attuned, aware, and pay close attention to the participant's nonverbal communication.

Carl Jung [27] argued that as the third area, there is the collective unconscious which transcends personal experience. Similarly, Bion, applying the concept of O, the ultimate truth, to psychoanalysis, expanded the unconscious to the domain of infinity [28]. According to Bion [21], the goal of psychoanalysis is not you and me, but rather arriving at the ultimate truth, that is, to O, which is possible by being O. Bion's argument that a healthy spirit pursues the truth introduces a broader concept of therapy that psychoanalysis is not only a cooperative relationship between the therapist and the participant and pursues a common good that transcends the two [28]. The idea that a third area exists beyond the healer and the participant has been a topic raised since Freud. According to Jung [27], the therapist and the participant unconsciously communicate with each other beyond the conscious side of the individual.

In MDMA-assisted psychotherapy, the therapist collaborates with the participant to create specific support systems that aid the participant through the healing process of the trauma. The therapists encourage and support the participant to engage internal resources, reinforcing that the participant possesses the internal capacity for growth. The therapists are available throughout the process to offer strength through connection, commonly represented as alliance. According to Carlin [29]:

> There are infinite resources available, internal and external, such as connection with the breath, spiritual beliefs, ancestors, a role model, asking for and receiving help, visualization, imagining a healed and whole self, music, art, attentiveness from the therapists, asking to hold the therapist's hand during the session, the facilitative effects of MDMA. The inner healing intelligence is at the forefront of the impetus for change, and the therapist encourages the participant to consider in ways and words that make sense to him that he has within him the wisdom and ability to heal. A large part of the work is connecting to the place of inner knowing and the therapist is there to help navigate the process.

The therapists and the participant summon this third area, a third entity designated as a

shared collective unconscious that transcends the parties' subjective experiences. From the perspective of Jung, the third area is an archetype and inevitably emerges where two people form a relationship [30]. The form of the third stimulates an archetype in which the two can be brought together due to the relationship between them and the environment in which they coexist and share purpose. Through this unconscious process, a deeper and more meaningful connection supports the process of inner healing intelligence and establishes a supportive therapeutic alliance. This support lends to the supportive strength of the holding environment, within which the participant can safely find more spaciousness from the habitual control of the self-styled ego or separate self. According to Jung [32], the therapeutic third is a kind of archetypal existence or space that tends to dominate two people in a place where the relationship is formed. Sometimes, they act positively and sometimes negatively and move to a new dimension through the dynamic interaction of the two. From this point of view, the essence of the therapeutic third can be defined as the deep shared alliance. The therapeutic third is revealed by the relationship of the two, intervening in the emotional relationship of the two, but it remains a powerful and fertile space for growth and transformation.

A common issue that stands in the way of approaching the therapeutic situation with a beginner’s mind is that it can be anxiety-provoking to do psychotherapy without the solid ground provided by concepts. These concepts are designed to impose order on what is happening in the therapeutic situation. The failure to separate one’s constructs and the underlying phenomena that these constructs represent is termed reification. Therapists must constantly struggle with the temptation to cling to fixed concepts of what is taking place in the therapeutic situation. We must avoid the tendency to deal with our anxiety and discomfort of the ambiguous situation by employing reification. While this is particularly true for newer therapists, who are struggling to create a sense of competency, effectiveness, and self-worth, the same temptation is present for more experienced therapists. It is easier for the more experienced therapist, to rely on old habitual and routinized ways of looking at things. It is always tempting for therapists to grasp at a premature explanation of what is taking place to avoid looking at potentially threatening possibilities revealed by examining one's own contribution to the interaction with a patient. According to Murphy et al. [33]:

> Across psychotherapeutic frameworks, the strength of the therapeutic alliance has been found to correlate with treatment outcomes; however, its role has never been formally assessed in a trial of psychedelic-assisted therapy. We aimed to investigate the relationships between therapeutic alliance and rapport, the quality of the acute psychedelic experience and treatment outcomes. [The results revealed the] strength of therapeutic alliance predicted pre-session rapport, greater emotional-breakthrough and mystical-type experience.

The work of the psychedelic therapist takes place constantly in the here and now, that is, moment by moment within the setting. The therapeutic relationship is a universe in which the participant who experiences intense suffering brings and expresses his/her emotional, relational, and psychic world. In a relationship of care, the psychedelic therapist’s task is to allow the participant to follow the path of his/her inner healing experience. The therapist’s objective is to foster the conscious alliance; to do so, she/he must be able to embrace the deep emotional content that the participant brings. The therapeutic alliance is entirely collaborative, yet the alliance is greatly affected by the therapist's skill. Attention to the alliance

itself is at the top of the list of a therapist's desirable behaviors that help to form the alliance.

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