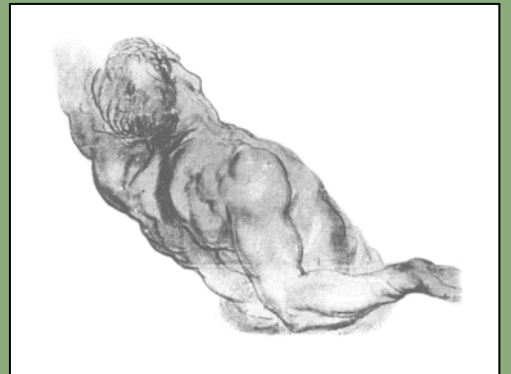


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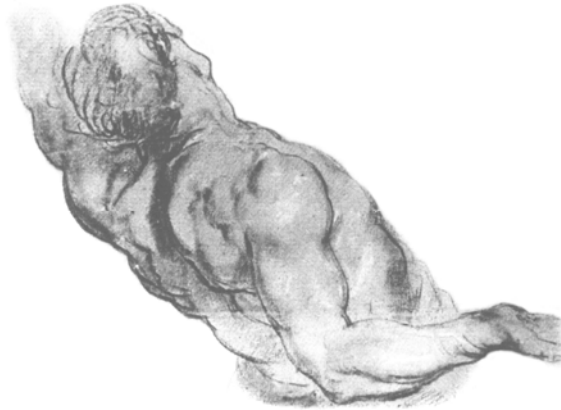


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## Table of Contents

Letter from the Editor	2
Efficacy of Bioenergetic Therapies and Stability of the Therapeutic Result: A Retrospective Investigation by Christa D. Ventling DPhil	5
Dance/Movement Therapy in a Psychiatric Rehabilitative Day Treatment Setting By Patrizia Pallaro, LCMFT, ADTR and Angela Fischlein-Rupp, ADTR, BTM	18
Therapist's Body Awareness and Strength of the Therapeutic Alliance By Douglas Radandt, MA	30
Somatic Tracking and the Ethical Use of Touch By Jaffy Phillips	36
Exploring Healing with the Experience of Breath: My Story By Margot S. Biestman	44



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# Therapist's Body Awareness and Strength of the Therapeutic Alliance

Douglas Radandt, MA

## Abstract

This study examines a possible relationship between a therapist's body awareness and strength of the therapeutic alliance. The hypothesis is that there will be a positive correlation between a therapist's body awareness and the strength of the alliance. The Body Awareness Questionnaire (BAQ) and the Working Alliance Inventory (WAI) were the instruments used in this study. Other data were also collected, including time spent in physical activity and time spent in awareness practice. Data indicate a relationship between physical activity and strength of the therapeutic alliance, but not necessarily body awareness. Further examination of the relationship between body awareness and the strength of the alliance is discussed.

## Keywords

Awareness – Body awareness – Strength – Therapeutic alliance – Therapist's body awareness and strength

## Introduction

This study sets out to determine whether somatic awareness on the part of the therapist supports strength in the therapeutic alliance. It is a basic survey correlating body awareness and strength of the therapeutic relationship. The hypothesis to be tested: *There is a positive and significant correlation between body awareness on the part of the therapist and the strength of the therapeutic alliance.*

Research shows that, regardless of therapeutic modality or technique, the strength of the therapeutic alliance is the best predictor of therapeutic outcome (Marmar et al, 1989 and Gaston and Marmar, 1994). Positive alliances lead to the strongest outcomes. What makes for a positive alliance? Edward Bordin identified three elements that, regardless of what therapeutic modality is used, make an alliance. They are goals, tasks, and bond. *Goals* are the outcomes the client and psychotherapist want to work toward, *tasks* are the means to the goals, and *bond* is the relationship between client and psychotherapist. The elegance of Bordin's model is that the alliance functions independently of therapeutic technique. Bordin weighs the alliance more toward goals and task because he feels that working on these elements helps to build the client-psychotherapist bond; therefore, a focus on goals and task, rather than bond, strengthens the alliance (Bordin, 1994).

Other research weighs bond as more important. In Luborsky's object-relations model of the working alliance, bond is central to outcome (Luborsky 1994). His research shows that a strong alliance correlates highly with the quality of the interpersonal relationship formed by client and psychotherapist. Henry and Strupp (1994) organized their inquiry around the importance of what they termed the "person" of the psychotherapist in the client-psychotherapist relationship. The person of the psychotherapist includes disposition, like and dislikes, etc., in short, who the therapist is as a human being beyond his role as a therapist, beyond their training and expertise. Henry and Strupp also equate the alliance with the interaction between client and psychotherapist. Their previous research had suggested that the psychotherapist was effective if he or she could relate to the client in a warm, empathetic manner (Henry and Strupp, 1994). They concluded that the *therapeutic relationship, or alliance, is the interpersonal process in the patient-psychotherapist dyad.*

Henry and Strupp reached this conclusion after formalizing a brief dynamic psychotherapy (Henry et al, (1993 a, b) they called Time Limited Dynamic Psychotherapy (TLDP), which emphasizes the relational aspects of brief therapy. Psychotherapists focused on relational transactions and used predetermined interventions. The TLDP training did succeed in aligning the psychotherapist's behavior with the desired protocol. Unexpectedly, the more psychotherapists behaved in the prescribed way, the

more the interactions with the clients became hostile (Henry et al 1993a). The training, it turns out, was counter-therapeutic to strengthening the alliance. The authors concluded that some kind of fundamental training in moment-by-moment interpersonal process should be a foundation for any later training in psychotherapy (Henry and Strupp, 1994; Henry et al, 1993a,b).

In a recent survey of literature on the therapeutic alliance, Adam Horvath notes that most research emphasizes the client and not the psychotherapist (Horvath 1994), by centering on the client's response to treatment and to the psychotherapist. The client's sense of the alliance is usually measured by verbal cues that indicate the congruence of understanding between client and psychotherapist (Watson and Greenberg, 1994; Benjamin 1974). Rarely is it measured by body responses.

In light of these findings on the psychotherapist's role in therapeutic alliance, it seems crucial for a psychotherapist to be able to cultivate genuine human warmth with the client, an ability to track moment-to-moment fluctuations in process, and a presence and spontaneity that transcend formulaic interventions. Training in somatic psychology at Naropa University emphasizes awareness of body sensations and movements, both obvious and intrinsic, in both the psychotherapist and client (Aposhyan, 1999; Caldwell 1995,1996). How these skills are best developed may be determined by an understanding of how the body responses of the psychotherapist play a role in therapeutic interaction.

## Method

Two instruments were mailed to practicing therapists along with a brief survey collecting biographical data. This survey included how many hours per week the therapist engages in physical activity, how many hours per week the therapist engages in an awareness practice (martial arts, yoga, meditation, etc.), and how many years the therapist has been practicing.

The definitions of time engaged in physical activity and time engaged in awareness practice were not strict. A menu of suggestions was given for each, though the respondents were allowed to include other activities that they felt constituted awareness practice and physical activity. For example, some respondents included raising their children and prayer in their definitions of physical activity and awareness practice respectively.

The *Working Alliance Inventory* (WAI) (Horvath and Greenberg, 1986) was the metric used for measuring the strength of the alliance. It is a 7 point, 36 item Likert scale instrument, which can administered to both client and therapist. For this study, only the therapist's portion of the instrument is used. Each respondent is asked to answer the questions of the WAI with a particular client in mind that they have selected for the purposes of the survey. The client is not involved in the survey, and identity is not divulged.

The *Body Awareness Questionnaire* (BAQ) (Shields, et al, 1989) was the metric used for measuring awareness of non-emotional body processes. The BAQ provides an easy way to administer a pen and paper instrument for body awareness. It is a 7 point, 18 item Likert scale instrument.

A Pearson product correlation determined the correlation between scores of the BAQ and total scores and sub-scale scores of the WAI. BAQ and WAI scores are also correlated with years of practice, time engaged in physical activity, and time engaged in awareness practice. A positive correlation between WAI and BAQ scores supports the hypothesis.

## Sample

From a listing of 1400 psychotherapists advertising in a national yellow pages, 311 names were randomly selected. Surveys were mailed in October of 1999. A total of 314 surveys were mailed. Of these, 57 were returned. Of the 57 returned, 11 had incomplete data and were not used. This leaves a sample size of 46 from a survey of 314 from a potential pool 1400 psychotherapists.

## Limits

This study is a pilot study of the correlation between therapeutic alliance and body awareness on the part of the therapist. There is no attempt to determine causality. This study does not address how

body awareness relates to the personhood of the therapist, only that there might be a relationship between body awareness and strength of the alliance. It does not investigate if or how congruence between body awareness, cognition and behavior is a factor. The study does not look at how awareness informs moment-to-moment interaction, or how awareness might be a component of training for therapists. It is, however, an attempt to investigate whether body awareness and by extension, the body in moment-to-moment interaction, might be an element in the research of the therapeutic alliance.

### Survey Limits.

The instrument used in this study is limited in its scope. The study only examines the strength of the alliance from the point of the view of the therapist. This is the weakest view of the alliance, since the client's perception of the alliance is the strongest measure of therapeutic outcome.

### Instrument limitation.

The BAQ is a limited instrument in regards to the kinds of awareness discussed in both the review of literature and the theoretical development of this study. It is a reliable instrument for the reporting of normal, non-emotional body processes and is awareness of a general kind (Shields, et al, 1989). The kinds of awareness discussed elsewhere in the literature may be too subtle to be captured by the BAQ. Changes in heart rate, distal pulse and blood pressure-the kinds of bodily responses measured in studies of physiological response under conditions of empathy-are the subtle physiological responses of moment-to-moment interaction (Levenson and Ruef 1992, 1997). Such fine measurements are not captured by the BAQ directly.

The WAI seems a good choice for measuring and differentiating elements of the alliance. It is a reliable measure of the alliance from the perspective of both the client and the therapist (Horvath and Greenberg, 1986). Both the WAI and BAQ, however, are self-reporting instruments and are subject to the limitations of any kind of self-report instrument. There is no objective standard for responding to the instruments.

There is another source of potential error in correlating these two instruments. Not only are the ratings of a client subjective, respondents chose which client they rate when completing the WAI. It is reasonable to assume that a respondent would choose a favorable client, or one with whom they have a stronger alliance. There is no way to factor against this bias because the study did not randomly select the client.

### Results

A Pearson product coefficient analyzes the relationship between data elements collected. For sample size of  $N = 46$ , the correlation coefficient is significant at the 0.05 level when  $r \geq 0.286$ . A correlation coefficient is calculated for combinations of the BAQ, WAI and its sub-scales, hours of awareness practice per week (HrA), hours of physical activity per week (HrP) and years of practice (YrPr). The  $r$  values for the correlations are listed in Table 1 below. The bold type indicates significant positive correlation at the 0.05 level.

Table 1: Correlation coefficients between survey scores.

	BAQ	WAI	Goal Sub Scale	Task Sub Scale	Bond Sub Scale
BAQ		.205	<b>.309</b>	.206	-.060
Hr P	<b>.322</b>	<b>.371</b>	<b>.354</b>	<b>.317</b>	<b>.295</b>
Hr A	<b>.353</b>	.018	.066	.092	.103
YrP	-.264	-.177	-.161	-.081	-.210

Bold type indicates significance at the 0.05 level.

In this particular sample, there is significant correlation between BAQ scores and the goal sub-scale, hours of physical activity and hours of awareness practice. The hours of physical activity also correlates to all sub-scales of the WAI and the strongest correlation to the goal sub-scale. Put another way, those therapists with a stronger sense of the alliance spend more time in physical activity. Time spent in awareness practice has weak correlation with all of the WAI sub-scales.

The BAQ shows the strongest correlation with both hours of physical activity and hours of awareness practice. This makes sense since the BAQ is a measure of awareness of body function and changes. Other studies show an increase in BAQ score with an increase in physical activity (Skrinar, et al, 1992; Rani and Rao, 1994). In effect, these correlations merely corroborate that the BAQ is a valid instrument for body function awareness.

## Discussion

In the strictest sense, the correlation between the BAQ score and the *total* WAI score is not statistically significant. The trend of the *r* values, however, is positive, which supports the hypothesis that strength of the therapeutic alliance correlates with body awareness. When looking at the sub-scales of the WAI and other data collected in the study, other observations not predicted by the hypothesis emerge. The data supports some relationship between physical activity and therapeutic relationship.

The theoretical considerations discussed in the Introduction suggest a strong and significant correlation on the bond sub-scale. This is not the case. Body awareness did significantly correlate with the goal sub-scale of the WAI, but, in fact, trended negatively with the bond sub-scale. This is a surprising finding, suggesting that bond weakens with body awareness.

Several possible explanations can be suggested. One is that, though physiological responses on the part of the therapist happen, one need not be aware of them in order to respond while in relationship. This means that the body supports the alliance, while awareness may detract from that support. This makes awareness not a necessary ingredient in the strength of the alliance.

This explanation suggests that congruence may be a more critical element. If a therapist's words are not in alignment with what is happening in their body, there will be a dissonance that is detectable by the client through their body. This study does not address congruence. A design incorporating physiological response matched by verbal exchange would address the role congruence plays in the therapeutic alliance.

It also may be that Bordin is correct in his assessment that goals and task are more important than bond. A possible interpretation of the negative correlation of the bond sub-scale and the BAQ supports this view.

The correlation between the goal sub-scale of the WAI and the BAQ was surprising and not predicted by the considerations given in the Introduction. The inference here is that those who are more aware of their bodies tend to be more attuned to the goals of therapy. Put another way, people who are more aware of their body functioning tend to be more goal-oriented in their therapeutic relationships. It is not clear how body awareness as measured by the BAQ relates to goal orientation as measured by the WAI. One hypothesis is that therapists who are more physically active are more goal-oriented in

general, which carries over to the therapeutic relationship.

Only hours of physical activity correlates with any or all of the WAI sub-scales. The data suggest there is something supportive in the therapeutic alliance by having the therapist engage in physical activity. Physical activity is not defined in the survey, though a menu of suggestions is given. Besides the activities on the menu, respondents also include in physical activity such things as rearing three boys. As -seen by the respondents, physical activity has a wide range of meaning. Because of the lack of definition, there is no identifiable element in physical activity which accounts for the significant correlation in this study.

This opens a new line of inquiry about the nature of physical activity and it's relationship to the therapeutic alliance. The question to be asked: *what is it about physical activity that correlates with strength of the alliance?* One possible hypothesis is that physical activity could provide a measure of rejuvenation and energy to the therapist, which carries over to the therapeutic relationship across all sub-scales of the alliance.

The data indicate that body awareness training may play some role in the strength of the therapeutic alliance. Future research must sharpen the question of how physical activity supports the therapeutic alliance. In order to understand how the body supports the alliance, finer tools are needed, and hypotheses, which test a theory directly, must be established. This means clear definitions of what counts as physical activity need to be established. Future research needs a more refined instrument for understanding the subtlety of moment to moment interaction, and this research should include the development of such an instrument.

### Summary

We can conclude the following:

- More body awareness on the part of therapist tends to supports a stronger therapeutic alliance.
- Physical activity contributes to the therapeutic relationship in ways not accounted for in the theoretical considerations of this study.
- A more subtle measure of body awareness is needed in order to measure the kinds of bodily shifts that happen in moment-to-moment interaction.
- More specific hypotheses need to be formulated for both testing the subtle bodily communication that happens in moment-to-moment interaction and the role physical activity on the part of the therapist plays in supporting the therapeutic alliance.

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#### Biography

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