CREATIVE USE OF INTERPERSONAL SKILLS IN BUILDING A THERAPEUTIC ALLIANCE

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The therapeutic alliance has emerged as one of the more important and lasting constructs in psychotherapy research. However, the basic interpersonal skills used by therapists to help shape a positive therapeutic alliance are not well understood. We have turned to construct theory to enrich our ongoing empirical and clinical observations of therapists who widely vary in their abilities to form a successful positive alliance. We suggest that creativity in building positive therapeutic alliances includes a vast array of therapist skills, including interpersonal perception, anticipation, experimentation, and revision of interpersonal hypotheses. Two illustrative cases are presented of how the therapist's creativity encourages, or alternatively discourages, the client's openness to interpersonal transactions in therapy and the development of a positive working alliance.

Virtually no therapist or therapy researcher denies the importance of the therapeutic alliance within effective psychotherapy. Numerous studies (see Orlinsky, Grave, & Parks, 1994) demonstrate that the alliance affects psychotherapy outcome. For teacher and student, physician and patient, preacher and penitent, and a variety of other helping relationships, the alliance is critical for facilitating change. General agreement about the importance of the alliance, however, does not resolve the many issues surrounding a clear understanding of the therapeutic alliance. In the present article, we will consider the therapist's creativity in construing and using the therapeutic relationship to enhance client improvement. As psychotherapy researchers, we have come to rely on the therapeutic alliance as a major organizing construct in our work. Studies of therapy process and outcome continue to emphasize the importance of the nontechnical aspects of therapy, which include the therapeutic alliance (Horvath & Greenberg, 1994).

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The concept of the alliance arose from psychoanalytic theory (e.g., Zetzel, 1956; Greenson, 1965) and originally referred to the client's identification with the therapist. However, within the past 20 years, the alliance has been more broadly defined as those aspects of the therapeutic environment that promote a collaboration between therapist and client. The view of the alliance as a nonspecific component of how change takes place has allowed those from several theoretical approaches to embrace this more general definition of the alliance. Often the alliance is represented in the therapy literature as a foundation of therapeutic success, but only in the sense that without the alliance techniques would fail. For example, the alliance has been shown to have a moderate to high relationship with therapeutic outcomes of all major treatment modalities (Horvath & Symonds, 1991). These findings fuel optimism as well as frustration, for the exceedingly broad definition of the alliance makes it difficult to understand the essential processes in forming an alliance. It is unclear whether the alliance, as employed by contemporary empirical research, is composed of a single general factor or is made up of several underlying constructs (Gaston, 1990). Also, little is known about what the therapist and client do to promote the collaborative environment that goes into forming a successful alliance.

We turn to construct theory in an attempt to focus on how the therapist's creativity with relationships may facilitate a positive therapeutic alliance. The understanding of what the therapist does to promote an alliance remains largely psychoanalytic and, while much of this work is important, we also hope to consider what actions any therapist might take to enhance collaboration with clients. Our ultimate goal is to specify what therapists do to enhance this so-called nonspecific factor. We believe that the alliance remains common to all forms of therapy, and this has led us to search for the general abilities of therapists who are more able to promote positive alliances.

One specific ability that may be common to all therapists who are successful in forming alliances is their facilitative interpersonal skills, which include sociability, empathy, and an ability to perceive, decode, and send a wide range of interpersonal communications. These skills may be both verbal and nonverbal (Deisseroth, 1995) and may involve implicit knowledge of communication. Although therapeutic theory and techniques are important, our observations of numerous practicing therapists and trainees serve as a constant reminder that the strength of interpersonal skills is often underappreciated. Some therapists almost seem to have a natural alliance capacity and are highly sensitive to the continual changes that take place in the interpersonal space with clients. In short, some therapists are creative in their inter-
personal skills. Other therapists appear impervious to the interpersonal cues of their clients, regardless of the intensity of their expression. It is unclear if (or to what extent) facilitative interpersonal skills are amenable to training in theory and techniques.

Specifying the interpersonal skills that therapists use to engage clients in an alliance has proven to be a difficult task. First, because interpersonal skills are interactive, they are susceptible to a variety of other influences within the therapeutic setting. Some clients may promote or impede creativity in the therapist. Other ecological demands, such as managed care or therapy within a research setting, may also promote or impede creative use of interpersonal skills for some therapists (Anderson, Klinek, & Crowley, 1997; Anderson & Strupp, 1996). Second, there is little in the way of theory to enhance the understanding of how these interpersonal skills are successful. Although we have frequently turned to humanistic, interpersonal, and psychodynamic theory for answers, we are not satisfied that any current model can fully account for this common factor. The therapist's ability to satisfy basic "necessary and sufficient" (Rogers, 1957) conditions of therapeutic relationships—empathy, warmth, regard, congruence—are, without doubt, an important initial step for facilitating an alliance. However, we continue to be impressed by the fact that some therapists, even when provided with extensive training and experience, appear unable to implement these basic interpersonal conditions successfully.

Third, we believe that the ability to provide these conditions involves complex processes in which the therapist's flexibility in construing the interpersonal relationship with the client is an essential feature. That is, the therapist must be creative in developing facilitative relationships and in expanding clients' conceptualizations of their experiences both within and outside therapy.

Constructivist perspectives and approaches may greatly enrich our understanding of how therapists are capable of being flexible and creative. A constructivist examination of relational creativity may advance our understanding of how some therapists are remarkably skillful in their interpersonal abilities, while other therapists plod along with seemingly little interpersonal awareness or skill. In describing the "creativity cycle," Kelly (1969) illustrated how creativity is instrumental in therapeutic change:

The creativity cycle ... starts with a phase of loosened construction and terminates with a phase of tightened construction. These phases are to be regarded not as alternative states but as transitional stages in a continuity in which the vague, unexpected and dreamlike constructions that emerge during the loose phase are not altogether aban-
doned in favor of tight and neatly defined constructions in the later phase, but are, instead, gently lifted from the miasma of incoherence and sensitively shaped to definition without being subjected to prematurely harsh tests of consistency—either tests of consistency with themselves or consistency with other constructions are more tightly held. (pp. 127–128)

We will describe how Kelly's definition of creativity may be applied within interpersonal relationships, specifically between therapist and client. Our description is consistent with Kelly, but we will focus on the concrete, basic communication processes from the therapist's perspective. Thus, interpersonal skillfulness involves interpersonal perceptions of the other, mediation of these perceptions through forming hypotheses about the other and self, interpersonal experimentation of these hypotheses, and the ability to revise these hypotheses.

Creativity in Contemporary Practice

Though creativity is a highly valued quality, its utility in psychology in general, and psychotherapy specifically, is neither well understood nor often studied. In fact, the elevation of creativity as a primary means of forming and working with the therapeutic relationship—perhaps in conjunction with, or even above techniques—could be perceived as discouraged in much of contemporary practice (e.g., manualized therapy). Nevertheless, creative use of the alliance remains an important, if neglected, area of thought and study.

Within the current behavioral health services environment, the focus of practice has shifted toward standardized treatment approaches (Ogles, Anderson, & Lunnen, in press). Managed care companies want to purchase a protocol-driven treatment that produces a predictable outcome given well-specified techniques. Gone are the days in which we relied upon clinician judgment concerning the appropriate length and type of treatment. Therapists with limited choices in contemporary healthcare may also experience impingements in creatively building an alliance. While many practitioners desire to incorporate more of their creative inclinations into their work, much of the current healthcare environment is at odds with creative, active participation of the therapist. The creative use of the relationship, by its very nature, resists attempts to be confined, standardized, therapy manualized, treatment packaged, predicted, controlled, tamed, neurotransmitted, behaviorally managed, protocol driven, manage care approved, and empirically validated. That is, it defies all attempts to subjugate its essence. This is not to say that such activities are not valuable or that one
cannot creatively use a therapy manual, but such activities can and do restrict the therapist's creativity. In contrast to the modern attempt to standardize and specify treatment, Kelly (1955) suggested that "every case a psychotherapist handles requires him to devise techniques and formulate constructs he has never used before" (p. 600). This creative ability defies standardization and requires verbal skill and versatility. As Kelly also noted, the therapist who "dares not try anything he can not verbally defend is likely to be sterile in a psychotherapeutic relationship" (p. 601).

These two views of therapeutic procedures (standardized and creatively improvised) are not necessarily incompatible, yet as we will illustrate, not every therapist is equally adept at creatively and flexibly applying a standardized treatment. We will examine the creative use of the relationship through two contrasting cases. In one case, the therapist's creative attempts to work with the relationship seemed stifled by a manual, while in the other case the therapist found creative opportunities in surprising, yet ordinary, ways.

**An Interesting Paradox**

The importance of the alliance, along with therapist creativity in using the alliance, becomes especially clear when studying the implementation of manualized attempts to address the therapeutic relationship. In fact, the impetus for this article originated in the first author's involvement in the Vanderbilt II psychotherapy project (e.g., Strupp, 1993). The Vanderbilt II project examined the effects of training experienced therapists in Strupp and Binder's (1984) Time Limited Dynamic Psychotherapy (TLDI), a therapy manual written expressly for the purpose of this 3-year NIMH funded project.

Initially, the research team was interested in the therapists' adherence to the training manual. After numerous hours viewing and studying the therapy tapes, however, researchers noticed many differences among the therapists. While most therapists demonstrated an ability to apply the techniques of the training manual (adherence), there was tremendous variability in therapists' skill, therapeutic interactions, and expression of the manual-driven interventions (creativity and competence). It seemed that therapists' competence was independent of their ability to consistently apply and adhere to the techniques of the manual. With further qualitative examination of many cases, the researchers noticed that differences in competence appeared to relate primarily to differences in therapists' ability to creatively and consistently use and sustain a meaningful therapeutic relationship.
Two Contrasting Cases

Therapists’ creative use of the therapeutic relationship is an elusive and difficult concept to quantify, but qualitative differences were obvious early in reviews of different client-therapist dyads. To illustrate these qualitative differences we consider two therapists from the project, Therapist A and Therapist B, who approached the therapeutic relationship in very different ways. Both cases were subjected to extensive study through a research-informed qualitative analysis. One therapist (A) was rather concrete and unimaginative in his attempts to use the therapy manual, while another therapist (B) displayed considerably more creativity and savvy in her attempts to expand the emotional dialogue. Both therapists saw clients who were single women in their late fifties, had similar backgrounds and problems, and had initial difficulties engaging in a relational dialogue with their therapists. Both clients were also initially hesitant to involve themselves in deeper relational experiencing with their therapists.

**Therapist A.** During the first half of therapy, Therapist A explored the therapeutic relationship by attempting numerous, poorly planned TLDP interventions. Therapist A seemed to overwhelm his client with explorations of the therapeutic relationship and, typically, there was little attempt to follow-up on the interpersonal material that the patient did provide. At times, his barrage of interpersonal probes were met by his client with attempts to create distance, which we saw as congruent with the situation, and not defensive or maladaptive. Because he bombarded her with TLDP-type relational interventions, Therapist A provided an excellent example of what Stiles, Honos-Webb, & Surko (in press) referred to as a “ballistic” use of manualized interventions. For example, within a few minutes, Therapist A made the following statements in attempting to discuss the therapeutic relationship, but with little response from his client:

"Why do you think you allowed yourself to let me know?"
"I think it has something to do with you and me."
"What is it about me that makes you feel comfortable?"
"Is there anyone else that’s like me that you can confide in?"
"Anything I remind you of?"

These interventions meet the technical definition of TLDP transference exploration, and the therapist had high scores for adherence to TLDP technique. Yet, there is nothing inherently positive or negative about such responses because they are presented here detached from the interpersonal context in which they occurred. Without an interpersonal enactment of events between client and therapist to serve as an
anchor or point of reference, such probing often appears strikingly awkward (as the above probes were with this therapist). Therapist A used the manual as one might use a mold in a press, to generate several nearly identical responses. While this patient had great difficulty working within an interpersonal framework, Therapist A’s exploration was an “asking about” rather than an “exploration of” the here-and-now process occurring between them. There were occasions when this client provided Therapist A with promising interpersonal leads, but Therapist A did not follow these cues and simply continued hurling questions about the therapeutic relationship at a breakneck pace. Not surprisingly, Therapist A discontinued explorations of the therapeutic relationship after eight sessions and complained in the training sessions that TLDP did not seem to be working with this client. He resorted to some relaxation exercises for the final sessions and discontinued treatment early, with little to no change on outcome measures.

Therapist B. By way of contrast, Therapist B found creative opportunities to explore the relationship from what seemed like ordinary and casual conversation. The client’s allusions to the therapeutic relationship were creatively recognized and explored. Her interpersonal interventions were within the context of interpersonal events that occurred in therapy, and involved creative understanding of these transactions. Instead of simply asking about the relationship, Therapist B attempted to perceive and anticipate the construing process of her client, and then creatively experimented with her about interpersonal transactions. By doing this, Therapist B facilitated in building interpersonal bridges with her client, leading to a discussion of the therapeutic relational process, rather than the relationship.

The following excerpt is an example of how Therapist A creatively developed the therapeutic alliance through interpersonal process. The patient had noted with some embarrassment that her sweater was not very expensive, but that she still liked it. Therapist B first found a way to engage her client in a seemingly casual discussion about clothing, but then fostered a discussion that highlighted some of the nuances of the relational moment.

Therapist B: Yeah, you were saying that this isn’t much for people who spend a lot of money on clothes, but it is to me.
Sara: I expected you to spend, easily, $49 for a sweater.
Therapist B: I noticed that you were looking at me, and I wonder what you picked up from me.
Sara: Yes, yes. Because you spend money for your clothes—easily, I would expect. You care enough about yourself that you
... and I recognize that to spend $8 for a sweater must be a cheapy for you, but it's not for me, it's an expensive sweater for me...

Therapist B: So how does that affect you, that I might be someone who would spend money on myself that way for clothes?
Sara: I'm sure you must care about yourself.
Therapist B: Is that all you tell yourself? I think, you might think that I spend too much, or that there are other things I should spend it on instead.
Sara: No, I really don't.
Therapist B: Many people would, I think.
Sara: No, I really don't think I have any judgment about whether you should or shouldn't spend as much as you do. . . . [She continues to discuss various people she knows who wear designer clothing. She notes that those people pay for a logo that says "Hey, I've spent money on this".]
Therapist B: I guess I was thinking about how you said you would rather have me be perfect than you be perfect . . . and it seems that you're very careful to say that "Well, maybe I don't have the same values." If that were so, would that trouble you?
Sara: I don't know. You see, I will accept a great deal for and about you, but it doesn't have to feed back . . . on me. If you paid $110 for the suit you’re wearing, and I paid $53 for mine, and I like mine, I don't necessarily feel bad that mine didn't cost $110. I think I look good in this. I like this. So for people who are used to spending money for clothes, and designer clothes, $53 is a laugh, but I like this outfit. So I don't read from your beautifully tailored suit that mine isn't OK.
Therapist B: Well, do you think that I might laugh at your suit...?
Sara: No, you might not choose it for yourself. Certainly, because you're my therapist you wouldn't. You're nonjudgmental of me so you would not. You have that skill.
Therapist B: Well let me say this. I thought that perhaps you might have said that about the sweater because I think I smiled when you said that you ordinarily found something for $10, but you just liked this for $28—a whole lot more. And I believe I smiled at that time.
Sara: Well if you did, and I reacted to it, I thought you were glad that I was brave enough to spend the $28. I did not read that as your thinking it was a small amount.
Therapist B: Then, I think you probably did read me accurately. Do you ever wonder what I'm reacting to? I'm sure I'm not sitting here with a poker face.
Sara: No, I've asked you a time or two. At other times I thought that we were very together. I think we've been reading each other very closely.

Therapist B: ... I find it very helpful when other people will let me know.

This discussion appeared to have sparked a memory for Sara about a similar time (the previous week) when Therapist B had noticed and creatively addressed the fact that Sara was swinging her foot while crying. In that previous week, Therapist B had related her image of Sara as someone who was trying to "kick away" her problems, even while crying about them. Therapist B also related her impression that her kicking also seemed somehow to be an expression of anger, as if she was trying to kick someone even while crying and feeling vulnerable. Sara comments on this event from the previous session slightly later in the session:

Sara: And last week was with the left foot. See, I appreciate your pointing that out because I am so glad that we found out that I cry when I think I'm a terrible person. ... That was a very important thing to find out. You had mentioned that I was kicking. ... You could have let it go by, but you pointed it out to me. You could have known it as a therapist yourself, but you told it to me, and I was able to try it on for myself. That's what the psychiatrist did not do for me. He gave me no input.

Even though the topic was rather routine, Therapist B was able to creatively attune herself to Sara's here-and-now experience and to disclose her own experience with Sara in a way that invited intimacy, an inroad to "tightening" the client's experience. Clearly, there are a number of other differences between these segments and these two therapists beyond their creative capacity to address the therapeutic relationship. While the TLDP therapy manual may have encouraged Therapist A to address the relationship, Therapist B's work more accurately expressed the intent of TLDP principles.

Implications for Creative Use of the Alliance

As noted earlier, we believe the creative process of alliance building can be best followed through the communication processes involved, from perceiving to hypothesis formation to experimentation, and revision of hypotheses. These ideas are not statistically derived and are not theoretically precise, but are based on observations of numerous therapists and discussions about the specific abilities that characterize
creative therapists. Within the constructivist framework, the creative
and versatile therapist is highly adaptable and capable of working
within a wide range of experiences and contexts. The capability is
based on the therapist's own experience combined with a tolerance for
numerous and varied client constructions. Similarly, the therapist must
be willing to facilitate client interpersonal experimentation. As clients
experiment, the therapist encourages the development of new roles,
constructions, and patterns of behavior. As Kelly (1969) noted, "Therapy
becomes an experimental process in which constructions are devised
or delineated and are then tested out" (p. 220).

Interpersonal Perception

The enhanced perceptiveness and sensitivity to interpersonal phenom-
ena are noteworthy in creative therapists. Creative therapists have a
wide range of potential responses because their interpersonal percep-
tiveness makes available many potential avenues for intervention. The
interpersonal perception of creative therapists is often implicit and
without much forethought. Much of psychotherapy involves creative
attunement to interpersonal nuances that is more at the gut-level of
hunches and intuitions than carefully planned hypotheses. Our cases
illustrate the difficulty of maintaining a creative approach when using
specific techniques from a manual. That is, many interventions are
complex beyond manualization and require heightened sensitivity to
the interpersonal context. Strupp and Anderson (1997) have argued
that therapy manuals, including TLDP, may be useful for beginning
therapists, but their use in advanced training may result in a "cookie
cutter" mentality toward psychotherapy for some therapists. It is un-
clear if Therapist A's overly concrete approach to the manual blunted
his interpersonal perceptions or if his limited interpersonal percep-
tions led him to employ the manual in a concrete manner.

We believe that a panoramic interpersonal perceptiveness comes
from the therapist personally having experienced a vast array of inter-
personal patterns. The creative therapist perceptively infuses himself
in the interpersonal context, moving beyond mere awareness, and per-
ceptively marinating in the client's experience and construing process.
The sort of tacit perceptiveness, required by the therapist, might be
analogous to the artist who knows her media and, without consciously
directing her attention, is implicitly aware of the mixture of colors and
their interaction on the canvas.

Creative therapists draw from a wide array of interpersonal en-
counters and often have had the experience of altering personal con-
struung in major areas. As Mair (1989) noted, “we are all born into situations where certain maps of our world, psychological maps of our world, have been prepared for us” (p. 36). Creative therapists, like creative persons in general, have often had experiences that have challenged them to move beyond their given “map.” Such experiences, especially regarding interpersonal patterns, allow the creative therapist to perceive quickly, perhaps at the level of precognition, the interpersonal patterns of others. Changing one’s “map” and attunement to others’ diverse ways of perceiving the world can be extremely challenging human experiences. Many creative therapists rely on personal therapy, religious faith, and other social anchors of support during times when they are redrawing their maps.

In our example, Therapist A appeared so busy asking about the relationship, attempting to follow technique, that there likely was little of his attention left to perceive the relational transactions that were active. Therapist B, however, seemed much more available to perceive the relational possibilities that existed, even in offhanded comments made by the patient about her sweater.

It is unfortunate that many therapists-in-training do not have the opportunities to develop such tacit interpersonal knowledge, and it is unclear whether the current training model can do much to assist therapists to gain creative interpersonal perceptiveness. For example, therapists rarely have the chance to observe the practice of other therapists (or more importantly, to be able to construe other therapists’ construing processes about their clients’ construing processes!). Lamentably, beginning therapists often have a naive belief in their intuitive knowing, but may only recognize a very limited repertoire of interpersonal patterns. Few therapists have the opportunity to cultivate a tacit knowledge of interpersonal patterns through repeated, painstaking, and extensive drill and practice. Csikszentmihalyi (1996), in his large qualitative study of creativity, noted that creative persons often characterize their accomplishments as having come after years of strict adherence and admiration for the conventions of their discipline. That is, the creative moment comes only after years of hard work and the flash of insight. The radically new idea is usually in response to having appreciated and mastered a technique, genre, or discipline.

Interpersonal Anticipation and Hypothesizing

While perception and anticipation are closely linked (perhaps inseparable in personal construct theory), the extent to which one invests in anticipating the other, or the will to understand the person, may influ-
ence the relative accuracy of empathy. By perceiving the nuances of
the client’s expression, the creative therapist attempts to understand
the person for who he is, perhaps in ways that others have not at-
ttempted. Therapist B was frequently anticipating her client’s subtle
expressions of affect, as when she was attuned to her kicking her left
foot. This served as the beginning of understanding one of Sara’s con-
flicts, and this understanding served as the beginning of changing those
conflicts. Therapist B also shared her hypotheses with her client so
that they could collaboratively explore these hypotheses. Just as the
artist tries to portray the deeper meaning of a subject, the therapist
reflects the deeper meaning of the client’s behaviors and interpersonal
patterns.

Further, creative therapists attempt to understand how the client
is anticipating them. In our running example, Therapist B demon-
strated this experimental approach by asking Sara to consider the
possibility of the therapist being less considerate: “Well, do you think
that I might laugh at your suit?” This sort of playful experimentation
has the added bonus of unobtrusively learning about the implications
within the patient’s construct system.

Creative anticipation allows the therapist to notice aspects of the
other that are unique. While self-discovery may occur through a vari-
ety of therapeutic strategies and paradigms, we believe that empathic
accuracy (e.g., Ikkes, 1997) is a necessary prerequisite. Once troubling
patterns are understood, the client can begin to try something new.
Without accurate empathy, the client, already feeling misunderstood
by others, may not have the courage to venture into new interpersonal
territory (Leitner & Pfenninger, 1994).

Anticipating with empathy, what Sternberg (1988) called perspi-
cacity, may be elemental not only in therapy, but in all creative pro-
cesses. The perspicacious or empathic person provides an accurate and
critical consideration of other’s experiences. For example, writers use
the same empathic process to engage their readers. Nikki Giovanni,
the prolific author and poet, noted that “Writers don’t write from ex-
perience . . . I want to be clear about this. If you wrote from experi-
ce, you’d get maybe one book, maybe three poems. Writers write
from empathy” (Tate, 1983, p. 67). Clearly, anticipating the other is
essential to the creative process, whether it be in therapy or other
artistic endeavors.

Similarly, creativity in the therapeutic relationship involves a high
degree of admiration for the patient’s interpersonal construct system
before beginning interpersonal experimentation. This attitude of “rever-
ence” for the patient (Leitner & Pfenninger, 1994), or “unconditional
positive regard” (Rogers, 1957), sets the stage for playful spontaneity
and free-spirited reconstruing of the patient's construct system. Constructive alternativism's emphasis on the continually changing construing process of the person allows for a theoretical explanation that is especially well suited for this aspect of creativity.

Perhaps what most people consider the hallmark of creativity, acts of challenging conventions, is an ability that is especially suited for interpersonal anticipation. Sternberg's (1988) six major elements of creativity, as rated by his sample of college students, begins with "lack of conventionality," which he defines as being unorthodox, a free spirit, and making up rules as needed. However, we wish to stress that while oppositional thinking is sometimes mistaken for creative thinking, the two are simply not the same.

**Interpersonal Experimentation**

Creativity in therapy demands openness and experimentation. Perception of interpersonal patterns is not enough; the creative therapist must be willing to experiment with those patterns and facilitate the patient's rearranging of interpersonal patterns in an aesthetically pleasing manner. This does not necessarily imply that the creative therapist will always aim to maximize the pleasure of his client, but rather that the therapist will assist in the creation of a meaningful, fully experienced, and insightful life.

Arranging and rearranging patterns involves creativity, but active experimentation and expression is what breathes life into the new pattern or new experience. The therapist's creativity serves as a catalyst for the client's creativity and emotional expression. In the artistic process, this is where the artist gets it all out there—the old, the new, the conventional and unconventional. Instead of throwing paints on canvas, the creative therapist finds opportunities to facilitate the client's openness to emotional expression. This is the time for both therapist and client to play with the possibilities. Obviously, creative therapists must have empathy. Anticipating the patient's construing processes can only encourage the expression of alternatives discovered from interpersonal experimentation (above point).

**Revising of Hypotheses**

Interpersonal experimentation is fraught with danger. It is possible to mistake the expression of a tentative construct for a more sustaining change in the patient's construct system (especially if such changes are
congruent with the therapist's own values). This phase of creatively using the alliance, along with interpersonal experimentation, involves the loosening that Kelly (1955) described as the first stage of the creativity cycle. Another difficulty of this phase is that loosening may not only be part of a creative process, but may also be an avoidance of creativity when it leads to chaotic fragmentalism (Leitner, 1982; Landfield, 1980). Effective expression of loosened constructs involves the ability to take on a fresh perspective—or the ability of affects, values, and behaviors to interact with some balance during the expression of experimental constructs. Anderson and Leitner (1996) found, for example, that persons reporting high levels of global symptoms had greater difficulty than persons with low symptoms in using affect constructs to influence their value and behavior constructs. Clearly, one of the greatest challenges for the therapist is recognizing when loosening will lead to meaningful change and when it will not. There is little doubt that the values of both the patient and the therapist play an important role—a point relatively neglected in the literature.

Therapist B was much more attuned to the emotional expression of her client than Therapist A was to his, and this was integrated in her relational exploration. In fact, the power of Sara's insight at the end of the session seemed to come, in part, from Therapist B recognizing how Sara was expressing her feelings.

In the process of interpersonal experimentation, clients begin to see new patterns and possibilities, much like the artist who begins to see figure and foreground emerge from a seemingly disconnected mix of colors. Through revising hypotheses and through an integration of the old and new, the client begins to construe new interpersonal patterns. The client begins, in effect, to paint a new portrait of self in relation to others, an image of greater breadth, depth, and beauty.

Because hypotheses are revised, constructs also may be in jeopardy of revision, and thus this phase of creativity work may involve hostility. When this hostility involves interpersonal transactions between the patient and therapist, the therapeutic alliance may be also at risk. Some client-therapist dyads seem especially prone to negative interpersonal processes, which has been related to poor outcomes in psychotherapy (e.g., Henry & Strupp, 1994). While the source of this interpersonal hostility is unclear, there is reason to believe that many insight-oriented therapies may have fluctuating alliances in the middle phase of treatment, while other therapies (e.g., cognitive-behavioral) have a more steady rate of alliance. One possible reason for this is that as clients struggle to attain insight, hostility is expressed and enacted within the therapeutic relationship. When the therapy is interpersonal and the focus is on the transactions in the therapeutic relationship, the
alliance rupture and repair cycle becomes the instrument by which the client's construing is altered. Insights and a new experience of how to understand and approach others may accompany the resolution of these alliance ruptures (Safran & Muran, 1996).

Constructivist theory may contribute to alliance research by explaining why these rupture and repair cycles may be necessary for some therapies. For example, some have concluded that it is important for the therapist to avoid becoming entangled with interpersonal expressions of hostility because these expressions have become strongly linked with poor outcomes. Construct theory might be used to explore why the therapist is experiencing hostility. For example, the client who succeeds in frustrating the therapist's cherished self-constructs (e.g., as effective healer) may in fact signal that the therapy has truly become interpersonal. Perhaps the therapist should not retreat in order to avoid negative communications at these moments, but instead should delve into understanding interpersonal process (this is more easily said than done). Further, interpersonal hostility may be a signal that the client may be on the brink of reconstruing and change, since client hostility often precedes therapist hostility. Construct theory may also assist in identifying specific actions needed by therapists for different types of therapeutic alliances and at different junctures in therapy. For example, it seems likely that the nature of the client's construing process is quite different for alliances that are strong because the client perceives the therapist as a friendly and supportive provider (i.e., Luborsky's Type 1 alliance; Luborsky, 1976) when compared to alliances that are strong because both therapist and patient share a responsibility for collaborative work (i.e., Luborsky's Type 2 alliance; Luborsky, 1976). These are just a few examples of how construct theory may add specificity to our understanding of the therapeutic alliance and psychotherapy research in general.

SUMMARY

The characteristics of the creative capacity to work with the therapeutic relationship comprise a rough list of therapist interpersonal abilities that include interpersonal perception, anticipation, experimentation, and revision of hypotheses. We have focused on the therapist's contribution to creative alliance-building but recognize the importance of the client's contribution to the development of a positive therapeutic alliance.

We have turned to construct theory to elaborate our view of the creative use of interpersonal skills that contribute to the alliance be-
cause of our belief that the alliance construct is misunderstood as a global construct. We have turned to empirical observation of numerous cases (two excerpts of which were presented), supplemented by theory, in order to inform our understanding of the interpersonal qualities that emerge in therapies with positive alliances. Constructivist theory has enhanced our understanding of how these creative abilities manifest themselves in a therapeutic hour, but we also believe it is important to note that these abilities cut across all forms of psychotherapy and techniques. The creative use of interpersonal skills may be impeded by the use of standardized treatment manuals and protocols, an example of which was the excerpt of Therapist A using TLDP. We are also open to the possibility that creative therapists may not necessarily abide by some of our cherished beliefs about what makes for good therapy process (e.g., withholding from giving advise and self-disclosure).

Although tentative, the ideas presented here have served as the catalyst for additional investigation on the therapeutic alliance as being more than simply the foundation for technical effectiveness. Currently, we are examining this issue in a treatment study of beginning therapists' "raw" talents in using interpersonal skills to form a working alliance. The principles of creative alliance building outlined here (especially interpersonal perception and experimentation) are included in our quantitative selection of novice therapists with varying levels of interpersonal skills. Once the creative use of interpersonal skills can be effectively identified, it may then be possible to enhance creative alliance building skills, thus enhancing therapists' abilities to build, maintain, and effectively use the therapeutic alliance. It is unclear if, or to what extent, training may enhance these basic interpersonal skills. Our current understanding is elementary at best. However, we remain optimistic that answers may be found through careful, methodical, and creative clinical observation, empirical study, and theoretical elaboration.

REFERENCES


