

**THE CONTEXTUAL THERAPEUTIC RELATIONSHIP:
ECOLOGICAL CONSIDERATIONS IN PSYCHOTHERAPY
RESEARCH AND PRACTICE**

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While the psychotherapeutic relationship has been assumed to be relatively free from external influence, we suggest that the therapeutic alliance develops within a larger environment, much of which is beyond the control of client and therapist. The reticence of practitioners and researchers to recognize and explore ecological issues is likely related to therapeutic tasks that are necessary for insight-oriented treatments (e.g., developing a therapeutic setting that protects clients from the intrusion of outside influences). Two sources of ecological disruption are discussed, managed care and psychotherapy research, and an illustrative case example of ecological disruption within a psychotherapy research setting is presented. We suggest that addressing ecological disruptions in the context of the therapeutic relationship may facilitate the establishment and maintenance of a positive therapeutic alliance. By doing so, the therapist can integrate the demands of the external world into the therapeutic relationship, thereby increasing the meaningfulness of interpersonal interventions and easing

discussions about therapeutic alliance ruptures.

Introduction

While traditional views of insight-oriented psychotherapies presuppose insulation from external demands, it has become increasingly difficult in the current cultural environment to insulate the patient and therapist from some external realities. We propose that the broader social context wherein the patient bestows confidences upon the therapist may vary greatly and may be beyond the direct control of either therapist or patient. For example, the setting for treatment, the external placement of time limits, the manner in which the therapist is compensated (e.g., through managed care), and the circumstances surrounding the purposes for treatment (e.g., required use of structured protocols) all influence the nature of the therapeutic relationship. We will refer to these contextual factors that surround, and often saturate, the therapeutic relationship as the *ecology* of psychotherapy.

We believe that addressing such ecological issues is often a necessary step in establishing the therapeutic framework and alliance. While having little control over the presence of externals, the therapist can use the therapeutic relationship to integrate ecological considerations into therapeutic work. We will discuss two such ecological issues, managed care and psychotherapy research, and present an illustrative case example of an ecological disruption within the context of psychotherapy research. Ecological factors may afford the opportunity for exploration of important relational issues between the therapist and patient, not only preventing an alliance rupture but offering the chance to strengthen collaboration.

The notion of therapeutic ecology highlights the reality that the therapist ultimately has little

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direct control over most aspects of the therapeutic environment. For years therapists have labored under the belief that their only concern regarding the therapeutic environment was to address those issues they were *directly* empowered to control. Traditionally these aspects have been referred to as frame issues because the therapist modulated the setting of fees, the length of the sessions, and other ground rules that indeed serve to frame the therapeutic relationship. Often neglected is the fact that therapy takes place on a bedrock of culturally developed mores concerning how those who suffer from psychological pain are to be treated as well as how those who are designated to provide treatment are to behave. Another class of issues has recently arisen for which treatment providers are not prepared. These *ecological issues* are more imposing than the frame issues because the therapist has little control over them and, in fact, they serve to set the parameters for the frame. These issues have only recently been recognized in the literature, mostly because the insurgency of the management of mental health-care reforms in the last 15 years has illuminated the larger societal underpinnings that must exist in order for therapeutic relationships to develop.

While the distinction of therapist control can serve to conceptually distinguish frame issues from ecological issues, it should be noted that they are not mutually exclusive. Rather, the therapeutic frame is embedded within layers of social ecosystems and roles, including cultural constructions about professional therapeutic relationships: a psychotherapeutic ecosystem. We suggest that the therapeutic frame plays an important role in holding the relationship and that therapeutic ecology serves as a larger, overarching factor that further molds and affects the therapeutic relationship. In other words, the ecology of treatment refers to all the factors that either support or disrupt the therapeutic framework which, in turn, defines the relationship between therapist and client.

The Therapeutic Frame: Holding the Relationship

The framework that characterizes the therapeutic relationship has traditionally been seen as a protective perimeter that is under the therapist's control and insulated from external demands. In fact, it may be argued that the ability of the thera-

pist to create a tightly guarded relational sphere, exclusively between therapist and patient, is a large portion of therapeutic work in dynamic and insight-oriented therapies. Historically, psychodynamic theory has focused therapeutic action toward tightly defining and guarding the perimeter around the intrapsychic object of treatment. Initially, the therapist was characterized as an objective and uncontaminated blank screen and then later as the highly protected, maternal-like "holding" of the therapeutic bond.

Preceding psychodynamic therapies, Mesmerists from the 18th century spoke of the importance of creating a relationship that is detached and separate from the outer world (Ellenberger, 1970). German Mesmerists insisted that the power of magnetism came from the "magnetic circle" that surrounded both healer and client within a shielded environment that was "protected from noise, light, and outward interference" (p. 77). Similarly, Freud spelled out the activities and conditions necessary to encapsulate the therapeutic relationship within a highly controlled atmosphere, purifying it in order to ensure that the patient's psyche emerged untouched by the contaminants of "real" relationships and of other outside influences. For example, Freud guarded against direct empirical study of analytic sessions and prohibited third parties from viewing sessions, because the introduction of the researcher or observer would disrupt the purity of the analytic relationship.

Langs (1975) also defined rules that therapists should follow for encouraging the boundaries of the therapeutic relationship, which he referred to as the *therapeutic framework* ("the frame"). Langs defined the frame through the various actions taken by the therapist to protect and solidify the formation of a therapeutic relationship and bolster the insulation of the environment in which therapeutic relationships develop. These actions include the setting of fees, frequency of meetings, length of individual sessions, procedure for how confidentiality will be maintained, and definition of both patient and therapist roles (e.g., instructing the patient in the analytic method, such as the use of free association). As the therapist and client discuss such issues, a deliberate perimeter or framework that encapsulates the psychotherapeutic relationship begins to form. Langs asserted that patients are extremely sensitive to deviations in the established frame and warned

of the consequences for deviations, which may not be reparable through subsequent analytic work.

Therapeutic Ecology: Molding the Relationship

The contextual issues in contemporary psychotherapy often originate *outside* the confines of the therapeutic framework. Therapist and client may be thought of as encapsulated within a number of ecosystems or supportive structures, the most basic of which is the therapeutic frame. Although the frame continues to be a meaningful clinical heuristic, contemporary conditions under which psychotherapy operates temper the structural integrity of the frame, as there are often inelastic external factors that are defined before the therapeutic frame is established. While Langs's discussion of framework deviations implies a certain amount of therapist control over the conditions under which therapy will take place and the structure of the therapeutic relationship, there are numerous additional threats to the integrity of the framework that are outside of the therapist's control. When such uncontrollable external deviations threaten the nature of the therapeutic relationship, they become *ecological disruptions*.

Although in this discussion our focus is limited to individual psychotherapy, ecological issues have long been the staple of systemic and family therapies (although they are not explicitly labeled as such), primarily because these treatments focus on the interaction of the treatment environment and significant others outside of the treatment setting (e.g., Boszormenyi-Nagy & Ulrich, 1981). In fact, contextual therapies often criticize individual therapies because, they claim, individual psychotherapies fail to recognize the powerful role of external influences on the client and the treatment environment.

We suggest that ecological considerations may be especially apparent in individual treatments that explicitly address in-session transactions between the therapist and the patient. This is primarily because the formation of the therapeutic alliance occurs at the beginning of treatment, which co-occurs with the time that ecological concerns tend to be addressed. Because the initial emergence of ecological concerns coincides with the formation of the therapeutic relationship so crucial to individual treatments, ecological factors can act as a disruption in the initiation and pro-

gression of treatment. Although we do not view all ecological disruptions as inherently harmful (in fact, they may positively influence the alliance) it is important to understand how the patient and therapist may construe these externally imposed phenomena because they may become core therapeutic issues.

By addressing ecological considerations within the therapeutic relationship, the therapist may accommodate external demands, perhaps preventing them from dramatically altering the nature and role of the therapeutic relationship. This article illustrates how two ecological systems, managed care and psychotherapy research, can be brought into the context of the therapeutic frame and affect the definition of the therapeutic relationship. While we limit our discussion to these two examples, it should be noted that there are numerous other issues that are part of therapeutic ecology, including training and supervision, necessary legal limitations to confidentiality, the facilities in which therapy occurs (i.e., when the therapist cannot choose his or her office), audio- and video-recording of therapy sessions, incidental encounters of clients in public, culturally based beliefs about therapy and its effectiveness, and race and gender issues that may arise between therapist and client.

Managed care as an ecosystem. The emergence of recent changes in the managed-care mental healthcare system has been, for many therapists, the first encounter with intrusive and overwhelming ecological issues that lie beyond the frame. In a managed-care ecosystem, therapeutic issues that have previously fallen under the guise of the therapeutic framework, and have therefore been controlled by therapist and patient, are determined by third parties. These ecological issues common to managed care include the imposition of time and session limits and the release of confidential information to third parties. These and other issues may be characterized as ecological "pollutants" that potentially may break through the customary, protective framework and contaminate the therapeutic work. Under such circumstances, the therapeutic framework and each party's roles within it are forcibly modified, which may result in a therapeutic atmosphere that renders it difficult to promote client change.

The reaction to the intrusion of managed care into the therapeutic setting is understandably hostile, and the literature is filled with diatribes,

pleas, and exhortations for therapists to take on a social-advocacy stance toward this uncontrollable behemoth. Karon (1995) wrote compellingly of the many dangers that managed-care and utilization-review systems impose on contemporary psychotherapy. Confidentiality of patients' records has been severely compromised. As the levels of administration have increased with the proliferation of utilization reviews, patient information has become widely disseminated and confidentiality (an assumed and integral part of the therapeutic frame and relationship) has become increasingly compromised. These reviews are clearly ecological issues because they impact the therapeutic relationship and are largely beyond the therapist's immediate control (i.e., beyond traditional frame issues). Contributing to the negative influence of this ecological component is the fact that therapists are increasingly faced with the ethical bind of needing to assure clients that their files are confidential when this may be a misrepresentation of the facts (Sederer & Mirin, 1994).

Contributing to the obduracy of the managed-care influence on therapeutic ecology is the fact that many therapists feel severely limited in their ability to advocate for individual patients, largely due to newly instated managed-care contract mandates (Miller, 1996). Therapists have an ethical obligation to advocate on their patients' behalf if treatment believed to be necessary is denied or restricted; however, they may be expunged from managed-care provider panels for doing so (Sederer & Mirin, 1994). Because direct providers are now tracked on performance by managed-care companies, removal from one provider panel could lead to exclusion from others in the future. Moreover, the ecological threats posed by managed care have grown to the extent that therapists who become social advocates for the larger issue of patients' rights may also face consequences to their individual practices. For example, some practitioners can attest to the misrepresentations and false claims that some large, national, managed-care companies make to their beneficiaries. However, therapists who have attempted to make these misrepresentations public often suffer financial consequences (Karon, 1995; Miller, 1996; Sederer & Mirin, 1994). Many direct providers are prevented from openly criticizing a managed-care entity they have contracted with because of fine print in their contract stating that public censure of the organization may lead to contract termination (Sederer & Mirin, 1994).

With such dramatic consequences lurking over a treatment relationship, there is great potential that the threat alone may also have a profound impact on the therapeutic relationship.

Clearly, the managed-care influences on therapeutic ecology compound the therapist's reticence to discuss relevant managed-care policies with the patient, further exacerbating aspects of the therapeutic process and chiseling the customary roles of client and therapist. Ecological considerations, when they arise, may be disconcerting to both patient and therapist, and for this reason there is considerable motivation *not* to view them as therapeutic issues. While ignoring the impact of such policies is a temptation, some have emphasized the importance of analyzing and working through this ecological disruption. For example, Saakvitne and Abrahamson (1994) noted that

New aspects of the therapeutic context must be included in the ongoing discussion of the therapeutic relationship and the therapeutic process. Fundamentally, this means that the managed care review process needs to be treated like any other event in the therapy, noticed, named, examined in its relational context, and understood in terms of present, historical, interpersonal, and intrapsychic meaning. (p. 194)

While we concur that the managed-care review process should be discussed with the patient, it may not always be wise to respond as though it were like "any other" frame issue. As noted, standard frame issues are largely under the therapist's control and may occasionally be adjusted by the therapist, depending on the therapeutic circumstances.

For example, a patient with borderline tendencies wished to change various aspects of the office setting (e.g., lighting, slight adjustments in furniture), required frequent telephone contacts, and made requests for additional sessions. The therapist indulged some of the patient's requests, but not others, as a part of a negotiation with her about establishing the optimal therapeutic frame. However, the request for additional sessions could not be discussed in the same manner because neither the therapist's nor the patient's wishes could ultimately control the frequency, and the decision about the total number of sessions was in the hands of her managed-care provider. It would have been clearly optimal to explore the managed-care provider's decisions with the same degree of subjective, insight-oriented attention as is given to other issues. However, as Gabbard, Takahashi, Davidson, Bauman-Bork,

and Enroth (1991) argued, more severely disturbed patients may not have the resources to cope with managed-care intrusions, while less disturbed patients may have the internal resources to salvage a meaningful treatment in spite of these uncontrollable disruptions. One important advantage of working with frame issues, and one that distinguishes them from broader ecological issues, is that frame issues have the potential to serve as malleable displacements for meaningful interpersonal processes. Because of their flexibility, frame issues sometimes become a source of meaningful "play" in the developing therapeutic relationship.

We have reviewed several ecological considerations pertinent to psychotherapy within managed care and noted how these may alter the structure—for better or worse—of the therapeutic alliance. Therapist and client must adapt to these intrusions on the therapeutic ecosystem by altering the techniques of therapy, the setting in which therapy takes place, and perhaps the decreased opportunities to quickly develop a warm, trusting, and empathic relationship. Yet the impingements that a human helping relationship can withstand, and still survive any semblance of being either "facilitative" or "relational," are limited. While the preceding discussion of managed care is certainly not comprehensive, its purpose is to illustrate the important interplay between frame and ecological issues within a familiar ecosystem before embarking upon a similar discussion regarding an important, but less discussed, ecosystem: the psychotherapy treatment study.

Psychotherapy research as an ecosystem. Similar to managed-care ecosystems, psychotherapy that takes place within the context of a larger treatment study is often vulnerable to many ecological disruptions. Examples of ecological variables within treatment studies include but are not limited to (a) the patient's dual role as a "subject" and a "patient" in a research study; (b) time limitations imposed by the pressures to remain in treatment for the duration of the study; (c) the uses of "confidential" information provided through completion of various research questionnaires; (d) therapists' discussion of their cases with others, including supervisors or researchers; and (e) patients' feelings regarding being tape-recorded.

Just as practitioners are reluctant to address the ecological influences of managed care, therapists and researchers also seem to be resistant to directly examining the effect of ecological factors

on psychotherapy within treatment studies. Researchers generally have seen ecological influences as nuisance variables and focused on developing methods that correct for this unwelcome effect (e.g., Kazdin, 1992). Rather than consider what might be learned about the nature of the therapeutic relationship from these "confounds," those individuals involved in research (e.g., therapists, research staff) are often reticent about their work in a research setting. However, we feel that the identification and examination of ecological factors in a research setting provides an opportunity to better understand how the therapist can use the therapeutic frame to address these issues.

We first became aware of ecological issues within treatment studies through the comments of patients who were asked about their awareness of the research project during their sessions and how they negotiated their roles as both "patient" and research "subject" (Anderson & Strupp, 1996). We found systematic effects on the outcome ratings of participants who were highly aware of their role as "subject" in the project. Those patients who were highly aware of this role were more likely to have outcomes that were in line with the hypotheses of the experiment than were patients with a low awareness of their status as a "subject." Similarly, a previous analogue study by Horvath (1984) found that participants with a high awareness of the research context surrounding the therapeutic relationship tended to report favorable outcomes.

While such findings highlight how the ecological atmosphere of the research can affect the outcome of treatment studies, little work has examined how the psychotherapeutic *process* is affected. The ecology of research can influence patient attitudes both positively and negatively. For example, Anderson and Strupp (1996) found that some patients reported feeling like experimental objects while others reported feeling somewhat protected by the research setting. Clients in a research setting also may respond to ecological issues in unique ways, resonating to some aspects of the context over others.

Therapists and researchers alike should weigh the extent to which the client exhibits an understandable reaction to the demands of the research versus the extent to which the client uses ecological issues as a vehicle to address interpersonal and/or transference issues. Although ecological issues are always contextual and external, clients may have numerous reasons for introducing eco-

logical issues related to psychotherapy in a research setting. First, the issue may be invited into the framework because the patient simply has a practical question or concern about the ecological issue. Second, the patient may broach the ecological issue as reference to the here-and-now relationship with the therapist. Third, the patient may broach the ecological issue as an allusion to the transference (i.e., a subject couched in terms of an apparent ecological issue that is really a metaphor for the transference relationship).

The following case illustration serves as an example of how patients may address interpersonal and transference issues through a discussion of ecology. The therapist may perceive these issues as distractions to the "real" therapeutic work or see them as a threat to his or her autonomy. While ecological factors necessarily interrupt the therapist's control of the frame, treatment of them should not be limited to minimization of their impact. Once a patient introduces them into the therapeutic frame, failure to adequately integrate these demands into practice can threaten the therapeutic alliance, leading to an ecological disruption.

John: An illustrative case. The following case highlights how a research setting can serve as a potential ecological disruption in psychotherapy. In the following excerpt, it appears that the therapist was at a loss for exactly how he should address his patient's discomfort with the research setting. As the therapist struggled to find a way to address it, he seemed somewhat unsure as to how to integrate ecological issues into his usual therapeutic practices. His alternation between addressing the ecology as a therapeutic issue and trying to minimize its impact clearly illustrates the discomfort that can arise from uncontrollable ecological factors. Because of the tentativeness that the research setting induced in the therapist, both patient and therapist ultimately avoided fully addressing the ecological concerns. This is understandable but unfortunate, because ecological factors can actually serve as a point for therapeutic exploration. If the therapist had fully integrated discussion of the ecological factors within his usual psychotherapeutic framework, he might have had a chance to discuss the interpersonal meaning they had for his patient, thereby facilitating therapeutic work and strengthening the alliance.

The case was from the Vanderbilt I research project (Strupp & Hadley, 1979), which com-

pared professional trained therapists with alternate therapists (i.e., college professors). The therapist had several years of experience as a professionally trained psychotherapist and was highly regarded by his colleagues. John (a pseudonym) was a 24-year-old graduate student who initially presented feeling less self-assured than usual and had difficulties adjusting to the pressures of graduate school. He felt inadequate compared to his peers and was not happy with himself. John was an emotionally restricted individual who had great difficulty disclosing significant thoughts and feelings to people outside of his immediate family. He was preoccupied with maintaining his "public image" as a "serious" person with a strong work ethic. Although he felt that his family members were the only people who knew him well, he felt that they, too, were ultimately invested in his public image. Sensitive to judgments by others, in his sessions he often painfully recounted various incidents when he felt crushed and rejected at the slightest hint of criticism from casual acquaintances.

The ecological context of the therapy was largely not addressed through the first 19 sessions during which only brief allusions to the research context were made. However, in the 20th session, the ecology emerged into the therapeutic framework and relationship by virtue of the patient's broaching the subject. At the beginning of the session, the client expressed a high degree of sensitivity to the research environment. His concerns about research appeared to impede the therapist's goal of maintaining an insulated therapeutic frame that is protected from outside intrusion. It is clear that the patient not only addressed the therapist, but others who were implicitly in the therapy room:

John: I just think that whoever's looking through the camera over there is going to be analyzing how I'm reacting or picking apart what I'm doing or not doing as compared to the first time so . . .

Therapist: Can you get at what inside feeling you had about that?

John: I guess a little annoyed. No. Yeah, it's annoyed. But it's also just . . . Oh, I don't know, just that, I don't like to think about people picking me apart and trying to analyze, you know, what you're doing, what you're not doing and so on. But what do you think?

Although the purpose of the therapeutic frame is to create a private sphere within bounds set by patient and therapist, there is, in fact, an additional observer that patients may direct their communications to in psychotherapy research: the re-

searcher. The presence of the researcher provided John with another audience. While he may have addressed transference concerns with his therapist, the implied presence of an observant third party influenced the relationship from the perspective of both client and therapist.

The above segment also highlights how the patient's concerns with the research setting are an interpersonal issue. John's historical hypersensitivity to criticism and rejection served to increase his sensitivity to the presence of the researchers. While John's communications about the research context wavered between acceptance and concern, his dialogue serves to illustrate that his preexisting interpersonal issues define how he construed the research setting. For example, John reported feeling *annoyed* by the research component of his therapy, but a few minutes later he quickly disavowed this, saying: "It doesn't bother me. We could sit here all day and talk things over and it wouldn't bother me." John then reported that his apprehension about the camera was with the idea that the researcher would make an outcome evaluation of his "case" without his approval ("that they're going to translate that into something else").

This was a critical juncture; the patient expressed his annoyance at feeling evaluated at several levels: by the researchers, significant others, and his therapist. Although part of John's concerns may have involved "realistic" concerns about confidentiality and one's role within a research context, important interpersonal processes also may have been involved.

The following segment illustrates the therapist's initial attempt to minimize the influence of ecological factors rather than trying to address them as a therapeutic issue. In doing so, he departs from his usual therapeutic stance, which leads to an alternation of the therapist-patient partnership normally provided by an insulated frame. Here the therapist chose to disclose his positive feelings about the research:

Therapist: My understanding is, John, that there are people that are trying to understand the nature of the counseling process. And one way to understand it is through the recordings and through the videotape as a way of learning more about what counseling is like and things that may happen in counseling. My personal feeling is that I can live with that very readily. Part of my value is that, gee, I think that's pretty good.

John: Yeah. Well, I understand that, yeah. And I can appreciate the usefulness of it and um, it's just the um, [sighs] . . . I don't know what I really want to say, except that I . . . Well, I'll just come out and say it. If that's the way they use

it, then fine. But I don't like to be analyzed and picked apart, maybe compared. [Patient describes fantasy that there will be meetings where his videotape-recorded sessions are compared on a screen and discussed by the research group.]

Therapist: I think I see what you mean. You really have an objection to the feeling that you're going to be analyzed . . .

John: Like a guinea pig, sort of.

Therapist: Yeah, that's where your resentment comes in.

John: Yeah. Like it's not hardly the same thing at all.

While the therapist tried to reassure John by promoting the value of research, we believe that such an endorsement at this point communicated that the therapist was not allied with the patient, but rather with the researchers, those who would (in the patient's fantasy) evaluate him, objectify him, and pick him apart. Although John briefly acknowledged the positive value of research, he later expressed his strongest feelings yet about being analyzed ("like a guinea pig"). As we see it, the patient was pleading with the therapist not to reassure him, but to *acknowledge* his feelings of being evaluated and objectified within the research setting. Although the therapist tried to simultaneously acknowledge the "beneficial" view of research and to reflect John's voice, he implied that he valued the activity of research, which was at odds with the client's view.

The following segment illustrates how the therapist and patient's discomfort with the research setting prevented them from directly exploring the impact of therapeutic ecology on their relationship. While speculative, it seemed feasible to us that John may have used his feelings about being a research subject in order to uncover the therapist's true feelings about him. Despite the importance of the intertwining of the client's concern about evaluation from researchers and his relationship with the therapist, the tentativeness of both parties prevented a direct discussion of its meaning. We perceived the beginnings of an alliance rupture that the therapist attempted to repair, but both John and the therapist seemed to be teasing each other. They appeared to playfully skirt around exposing their feelings about the awkward situation of being "subjects" in a research project:

John: An experiment, yeah . . . I understand what they're trying to do with this and maybe there is no other purpose and no other reason to get shook up about it. . . .

Therapist: I'm picking up something about the nature of doubt or suspicion, John. Am I right?

John: Ahh. Yes and no.

Therapist: Now, I know exactly where I stand!

John: (laughs) That's what it was meant for!

Therapist: What was it meant for? I think we're playing with each other.

John: No, because I, I . . . I don't think I have . . .

Therapist: I think I meant to convey an edge of humor, as not annoyance, but "Come on, John" Like that. Impatience. Impatience is what I was feeling.

John: That's interesting. I'm not really trying to make this bigger. That's what I don't want to do is make it bigger than it is.

Therapist: Yeah, I'm with you.

We are sympathetic to the therapist's plight as he struggles to address concerns about the therapeutic setting over which he has little control. The ecology of the therapeutic setting impacted the alliance and the therapeutic work, and the therapist wished to remove this unwelcome presence. In the midst of these attempts, the therapist alternated between disclosing his feelings about the research and attempting to make it a therapeutic issue by focusing on the patient's distrust and suspiciousness. He sought validation from the patient ("Am I right?"), but when this was not forthcoming, the therapist disclosed his feeling of *impatience* with John. Curiously, the therapist's immediate reaction was to emphasize that he did *not* feel "annoyance." While the patient's feeling of being "annoyed" was what *John* expressed earlier, the therapist clarified that he was *not* annoyed with the patient. Such comments and the focus on the therapist's feelings toward John illustrate the extent to which John's concerns about the research became a core therapeutic issue.

Indeed, the therapist may have emphasized his positive feelings about the research because John's manifest concerns about it were a veiled allusion to the transference. John's ambivalence obviously created negative feelings within the therapist. Although they discussed the research project for much of the session, the therapist apparently wished to dispense with the topic from the beginning. Expressing positive feelings toward the research project may have seemed the only way to diffuse this issue. When the patient continued with this focus, however, the therapist became impatient and expressed a clear desire to move on ("Come on, John"). With the therapist's feelings about the patient fully disclosed, John protested ("I'm not really trying to make this bigger"), attempting to distance himself from the therapist's negative feelings.

The chain of events following John's initial broaching of the ecological issues results in a therapeutic impasse. After the disclosure of the therapist's impatience, John again said that the research setting did not really bother him after

all, and the therapist quickly agreed. However, since issues concerning research were left unresolved, John may have felt blocked and had difficulty finding something new to discuss:

John: It's not bothering me now and I'm not self-conscious. I don't even really know it's there. So that's it.

Therapist: So you're ready to drop it?

John: Right.

Therapist: In that case, so am I.

John: I find myself at a loss as to what to talk about. Nothing is really going on.

This example shows how quickly an ecological issue (the research) can transform itself into a treatment issue that can slow the progress of therapy if not properly addressed in the psychotherapeutic framework. In this particular case, although patient and therapist agreed to "drop" the issue, it appears that it was unresolved.

From the analysis of this case, it is clear that the presence of uncontrollable ecological issues can disrupt the therapeutic framework and prevent the progress of therapeutic work. However, this case also illustrates that such ecological issues need not become disruptions. Rather, they can serve as an opportunity for exploration of core therapeutic issues. Although John's discussion of his discomfort with the research setting was a novel topic, it appeared to be a metaphorical repetition of the issues previously touched upon in his therapy. It was an allusion to the transference: John had a history of hypersensitivity to criticism and assumed that others judged him harshly. John introduced this ecological issue and voiced concerns about being "picked apart" and "analyzed." While he voiced his concerns within the terminology of the research context, they were the same concerns that he struggled with throughout his life. Although disguised in terms of the ecological issue, this patient spoke emphatically (more than ever before) about a core treatment issue. The therapist's tentativeness to discuss ecology issues resulted in a missed opportunity to reinforce and connect with John's emotion about a central theme of his therapy.

Recommendations for Handling Ecological Issues

While the ideal of a pure frame may no longer be attainable in contemporary practice, contextual factors need not become ecological disruptions to therapeutic work. Ignoring or improperly addressing such factors can negatively impact the therapeutic relationship. Addressing ecological

issues can help thwart the development of disruptions, preserving the alliance and maintaining a healthy therapeutic environment.

Therapists may act in ways to counteract the potential negative effects of ecological issues and, in some cases, may turn them into opportunities for therapeutic exploration. Because ecological issues often are not considered as treatment issues, many therapists are uncertain about how to react when they inundate the therapeutic relationship. We suspect that most therapists do not know how to respond to the ecological demands of managed care and supervision and may feel somewhat distraught, even hopeless, at their inability to conduct treatment as they believe it should be conducted. Such feelings of dejection, no doubt, contribute to the denial of these contextual realities and to therapist burnout.

Because ecological issues have the potential to influence the therapeutic relationship, it is important for the therapist to face them squarely as they arise. It is understandable, but unfortunate, that many ecological issues are addressed only after their presence has permeated the therapeutic relationship and significant damage has occurred. At other times, ecological issues are addressed only briefly, as often occurs with the limitations placed by managed care, and only as a practical matter.

The manner by which therapists process ecological issues should be quite different, at least initially, from the manner in which other interpersonal and transference processes are handled. First, the therapist should clearly state to the patient that the ecological demand is external and separate from the relationship the therapist has with the patient. Both therapist and patient should readily recognize the existence of the ecological demands and openly discuss how their relationship will be affected. The therapist should simply attempt to point out the external demand and approach the problem in a task-oriented manner. A dispassionate recognition of how uncontrollable ecological factors will influence the relationship may even serve to enhance the therapeutic alliance. The therapist may choose to explicitly contrast the ecological factor from frame issues in order to optimize productive processing of frame issues as they arise. Second, the therapist should process the patient's emotional reactions to the effects of the external demands. The therapist should be supportive and sympathetic to how the demands will influence the client's life and treatment if the client experiences these demands as threats.

By jointly recognizing and exploring the experience of ecological issues, therapist and client may develop an enhanced warmth and appreciation for each other. The candor by which the therapist recognizes real limitations will encourage a bridge between the therapeutic framework and the ecological framework. For example, the therapist may recognize similarities between the client's interpersonal relationships and the manner in which he or she reacts toward the ecological issue. However, it is important not to force ecological demands into typical therapeutic framework issues. Often the therapist also experiences the ecological constraints, and this is perhaps an ideal point for calm and reflective countertransference disclosure. By sharing his or her reaction, the therapist may help clarify the extent to which the client's reaction is reflective of an underlying, cyclical, maladaptive pattern. In any case, sharing in the experience with the client communicates that the client's reactions are important and, in fact, may go a long way to solidify the formation of the therapeutic alliance.

Conclusion

Ecology is an apt metaphor for the social and personal construing that defines the therapeutic relationship. Psychotherapy is a socially sanctioned ritual that is embedded within a complex web of other social frameworks (Frank & Frank, 1991). In other words, just as the therapeutic alliance must rely upon the framework for survival, so must psychotherapy rely upon a larger network of cultural attitudes and sanctions for its sustenance. As with biological ecosystems, attempts to predict and control the complex interpersonal relationship of therapy will ultimately fall short; so we remain concerned about the many threats to its ecological integrity. However, while perfect control of the therapeutic ecosystem is not possible, we can certainly learn something about the optimal conditions under which facilitative human relationships may thrive.

We urge therapists to consider the ways in which the ecosystems in which they practice may impinge upon the therapy process—particularly the therapeutic relationship—and we urge them to strive to handle such issues sensitively, as they would any other therapeutic event. Although there may be pitfalls to exploring these issues, we primarily see opportunities for solidifying the alliance through expression of support, exploratory work, and a revisiting of the goals that both

patient and therapist implicitly share. We submit that much is to be learned about the ecology of psychotherapy, and rather than attempting to wish ecological factors away, we should take a more active role in adapting to the fluctuating ecology, advocating for the survival of the therapeutic relationship at both the interpersonal and societal level.

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