ABSTRACT: Of recent, there is a growing trend towards an eclecticism that leads to the use of interventions based upon an amalgam of techniques and naive assumptions about the curative power of relationships. As an alternative, the author reviews recent psychoanalytic studies that provide an in-depth understanding of developmental and interactional clinical processes. He concludes that for many of our clients supportive approaches are not helpful since they fail to deal with the internalized pathology that impedes growth. Case material is provided to illustrate that the appropriate management of the therapeutic situation provides an opportunity for meaningful structural change.

Introduction

Given the plethora of therapeutic orientations, schools of psychotherapy, and modes of intervention, it is difficult to determine what knowledge and skills are essential for the clinical social worker performing a psychotherapeutic function. Faced with a confusing array of alternative approaches, the trend is to offer students a cafeteria-like array with the assumption that each student, building on a core, will select what he or she finds most relevant to his interests. Presumably, some synthesis of diverse approaches is expected to occur either in the field of placement or in professional practice. This paper is intended to question the validity of the eclectic approach on the grounds that it creates a superficial model that emphasizes the naive use of relationships and techniques to the neglect of the complex theoretical notions and essential rules of interaction that create a sound and manageable therapeutic situation. An alternative model based on recent psychoanalytic studies will be described, and clinical material will be presented to illustrate the model in practice.

In their survey of research in psychotherapy, Strupp and Bergin (1969) delineated two sets of operations that the therapist must successfully employ in order to achieve therapeutic objectives. The therapist
must first create conditions, subsumed under the therapeutic relationship, which render the patient receptive to influence. While the conditions are being created, the therapist employs a variety of techniques intended to influence the patient in directions considered to be therapeutically desirable. While these two sets of operations are core dimensions of any therapeutic approach, theoretical notions and rules of procedure vary from model to model. When such distinctions are neglected, inconsistencies and contradictions are ignored. It is then impossible to adhere to and master the intellectual and emotional demands of any model, and treatment is likely to be based on a combination of superficial understandings and personal whims.

The significance of the worker-client relationship has received considerable attention in the social work literature throughout the history of the profession. For example, Gordon Hamilton noted (1940), "The idea that the relationship of worker and client is important in helping people to help themselves—not alms but a friend—is one of the oldest in casework... It is only when rapport is created for a professional purpose that there may be said to be a client." While "the relationship" is generally a term used to denote the basic human characteristics that are essential to the creation of rapport between people in a variety of situations, it has also been used to refer to a technique, such as in the provision of a corrective emotional experience. The idea that the relationship is in and of itself the central factor responsible for therapeutic success was clearly stated by Rogers (1957) in a paper entitled "The necessary and sufficient conditions of therapeutic personality change," as well as in his subsequent publications and those of his associates. These studies, using an amalgam of client populations—often students—poorly designed, with findings just barely statistically significant and at times not even significant, concluded that the therapeutic conditions of empathy, regard and genuineness were associated with positive change, whereas when such conditions were low, clients not only did not get better but actually got worse. (Truax et al., 1966).

In the era of the counter-culture, sensitivity training, encounter groups, and the guru, the belief in the curative power of the relationship peaked. Since emotional sensitivity seemed all important, complex theoretical notions were thought of merely as impediments, with the ultimate extension of this idea being the conclusion that untrained paraprofessionals could do as good or maybe even a better job than highly trained professionals. While there is no question but that therapeutic conditions are an important ingredient of the therapeutic experience, and experienced professionals agree that the ideal relationship is characterized by warmth, acceptance, and understanding (Fiedler, 1950), it is naive to assume that such conditions are sufficient when confronted with the range of complex and crippling pathological states seen in clinical