

# An Examination of Therapeutic Alliance in Chinese Medicine

**Suzannah Eva Miller** Doctoral candidate  
**Kenneth Mark Greenwood\*** PhD, DPsych  
School of Health Sciences, RMIT University, Melbourne, Australia

## ABSTRACT

**Background:** In psychotherapy, positive client/therapist relationships are often associated with good therapeutic outcomes. However, little research has been conducted in different health professions and the effect of therapist experience on alliance is not clear. **Aims:** This study aimed to examine therapeutic alliance in experienced and novice Chinese medicine practitioners and to compare these results to those reported for experienced and novice psychologists. **Subjects and Settings/Outcome Measures:** A total of 27 experienced and student therapists in the field of Chinese medicine and their clients completed the Working Alliance Inventory (WAI). **Results:** Chinese medicine clients and therapists reported higher scores on the WAI compared to psychology clients and therapists. As expected, experienced therapists scored higher on the WAI than student therapists, both when rated by themselves and by their clients. **Discussion and Conclusion:** These findings suggest the therapeutic alliance is relevant in the field of Chinese medicine with further research required into other professions with similar dyadic relationships. Levels of experience also appear to be an area requiring further research. The higher alliance scores found in Chinese medicine may reflect differences in the clients of this discipline and not reflect a superior ability to develop an alliance. Therapeutic alliance seems strong in clients of Chinese medicine practitioners. Further work should focus on how client variables may influence the development of the alliance.

**KEYWORDS** therapeutic alliance, Chinese medicine.

## Introduction

The quality of the relationship between the therapist and client in psychotherapy has consistently been shown to be associated with positive therapeutic outcomes.<sup>1-5</sup> Given this, it is generally accepted within the field of psychology that positive relationships between therapists and clients are an essential element to the therapeutic process.<sup>6-8,5,9</sup> Further, the existence and quality of the relationship between therapist and client is thought to have a specific therapeutic effect separate from that associated with the particular treatment administered.<sup>7,10</sup>

Due to the large amount of research conducted on the topic of the therapeutic relationship within psychology, a significant amount of terminology has emerged to encompass this concept. Terms such as working alliance, working

relationship, therapeutic relationship and therapeutic alliance have emerged in the literature. These terms broadly refer to the same concepts and are often used interchangeably. While there is little doubt that the presence of a relationship between therapists and clients can have positive effects, there is no commonly-accepted definition of what constitutes this relationship. Perhaps the most commonly-used definition of this relationship is the therapeutic alliance.<sup>6</sup> Based on Bordin's theory, the therapeutic alliance is seen to be collaborative in nature, consisting of three components: the bond between the therapist and client; their agreement on treatment tasks; and, a consensus on goals to be achieved in therapy.<sup>11,5</sup> The Working Alliance Inventory (WAI) was developed to assess the therapeutic alliance as conceptualised by Bordin.<sup>12</sup>

\* Correspondent author; e-mail: ken.greenwood@rmit.edu.au

The importance of therapeutic alliance seems clear in psychological settings, but little research has been conducted in other health fields where similar therapist-client dyads exist. The most common exploration of the therapeutic alliance outside of psychotherapy is in medical settings.<sup>7,13,3,14</sup> This research often focuses on issues such as compliance, provision of positive information and reassurance and less on the outcome of the relationship.<sup>15,7,13,3</sup>

Previous research into other health fields such as chiropractic and Chinese medicine is limited. However, studies conducted have indicated that therapeutic alliance in these areas also promotes positive outcomes.<sup>16-18</sup> Oths<sup>19</sup> studied the relationship between clients and their chiropractor and suggested that an initial 'link' between the chiropractor and the client often led to decreases in termination rates. Further to this, strong relationships between the chiropractor and client were seen to develop through the chiropractor displaying traits such as warmth and caring for the client. Smith<sup>18</sup> examined practitioners in the fields of Chinese medicine, chiropractic and healing touch and their relationships with clients. Results indicated that positive relationships between therapists and clients also predicted positive therapeutic outcomes. The first aim of the present research was to further contribute to the exploration of the presence of therapeutic alliance in other helping professions, specifically Chinese medicine, and to compare these data with the discipline of psychology which has been most studied in this context.

Research conducted to date has used a wide range of therapists, some having extensive experience in therapy whilst others are still in training.<sup>6,1</sup> This inconsistency in experience levels of therapists may have led to the discrepant results between studies, particularly if experienced therapists can form a therapeutic alliance earlier or to a higher level compared to their less experienced counterparts. Mallinckrodt and Nelson<sup>20</sup> investigated experience levels using novice, trainee and experienced therapists and their clients using a measure of therapeutic alliance. As expected, results indicated that clients reported higher ratings of therapeutic alliance with more experienced therapists than with novices and trainee therapists.<sup>20</sup> Dunkle and Friedlander<sup>21</sup>, in contrast, found no significant difference on measures of therapeutic alliance using a range of trainee and experienced therapists. Given this discrepancy between studies examining the effect of clinician experience, the second aim of the present research was to examine possible effects associated with therapist experience levels and the development of a therapeutic alliance across dyads.

A number of studies using global alliance measures and outcome measures, such as termination rates and session quality, have reported clients as more accurately predicting the strength

of the alliance than their therapists, with client assessment of the alliance more strongly related to outcome.<sup>22,23,5,25</sup> In contrast, other research has found relatively small differences between therapist and client perceptions of the therapeutic alliance.<sup>25,26</sup> Recent research proposes that clients and therapists are reporting on different factors in regards to a therapeutic alliance.<sup>25</sup> Kramer et al.<sup>25</sup> propose that the client measures the alliance in therapy whilst the therapist measures the process in therapy. The final aim of the present research is to explore possible differences in client and therapist perceptions of the therapeutic alliance.

In summary, the three aims of the research are to firstly compare therapeutic alliance within Chinese medicine with that found in the most commonly investigated discipline of psychology. The second research aim was to examine possible effects associated with therapist experience levels. The final aim of the research was to explore client and therapist views of the therapeutic alliance within individual dyads.

It was hypothesised that therapeutic alliance would be similar across the health professions of Chinese medicine and psychology with a small, yet significant, increased alliance in psychology due to training in developing alliance included in psychology. Secondly, it was hypothesised that therapeutic alliance scores would be higher with experienced therapists than with student therapists. Finally, it was hypothesised that the discrepancy between client and therapist views in psychology would be less evident in comparison with Chinese medicine.

## Method

### PARTICIPANTS

Participants included 27 dyads of clients and Chinese medicine practitioners. Fourteen dyads involved clients seeking treatment from a probationary Chinese medicine practitioner at a university health clinic and 13 dyads involved an experienced practitioner in a private practice and their client. Clients consisted of 17 women and 10 men; six clients were aged 18 to 30 years, four clients were aged 30 to 40, four clients were aged 40 to 50 and thirteen clients were aged over 50 years. Therapist participants consisted of 23 women and 4 males, nine therapists were aged 18 to 30 years, sixteen therapists were 30 to 40 and two therapists were 40 to 50 years old. Student therapists were in their fourth year of training in Chinese medicine and on average saw 7–8 clients per week, completing approximately 10 hours of clinical work at the university health clinic.

### MATERIALS

Participants in the study were required to provide information including gender, age, experience level as a therapist, and were also asked to complete the Working Alliance Inventory<sup>12</sup> (WAI).

The WAI was slightly modified for the profession of Chinese medicine with each item containing the word 'therapist' changed to 'Chinese medicine practitioner'.

The WAI is the most commonly used measure of the therapeutic alliance and was developed for a range of different therapies.<sup>3</sup> The WAI consists of 36 items rated on a 7-point Likert-type scale ranging from 1, 'not at all true', to 7, 'very true' with a possible score range of 36 to 252.<sup>1</sup> Clients are asked to report their perceptions of the relationship with their therapist, whereas therapists respond to the items based on what they believe their client perceives regarding the therapeutic alliance. Previous research conducted into therapeutic alliance has reported either a mean score or aggregate score from the WAI with higher scores indicating stronger alliances between therapists and clients.<sup>27-31</sup> With reports of strong validity and reliability coefficients of .95, the WAI is considered a reliable and valid measurement of therapeutic alliance.<sup>1,32</sup> Data reported in all five studies<sup>28,29,31,30,27</sup> located in the literature which reported average or aggregate WAI scores from the field of psychology were used to compare with the results obtained from Chinese medicine practitioners and their clients.

#### PROCEDURE

After obtaining ethics approval through the Human Research Ethics Committee (HREC) at RMIT University, dyads asked to take part in the proposed study were provided with a plain language statement (PLS) suitable to their respective role, client or therapist. Included within the PLS was a section informing all participants, both therapists and clients, that at no time would their data be shared with their client/therapist, and that all questionnaires would be coded and therefore unidentifiable to all involved. Therapists and clients were asked to complete the WAI at the end of their fourth session with their therapist-client and place it in an envelope provided. The decision to have participants complete the measure after the fourth session was a design issue; if the measure were completed too early no relationship may have formed with the literature on therapeutic alliance suggesting the fourth session has allowed time for the relationship to develop.<sup>27,29,2,30</sup>

TABLE 1 Means and Standard Deviations for Chinese Medicine Client and Therapist Scores on the WAI

		M	SD	n
Client	Student	6.26	0.53	14
	Experienced	6.44	0.44	13
Therapist	Student	5.92	.055	14
	Experienced	6.51	0.28	13

## Results

The average ratings of both experienced and student therapists and their clients are shown in Table 1. A two-factor mixed design analysis of variance was conducted in order to compare the results of experienced and student therapists with repeated measures across client-therapist dyads. Results indicated a significant main effect of experience,  $F(1, 25) = 10.82, p = .003$ , with higher mean WAI scores reported by therapists and clients, on average, for experienced therapists than for student therapists. The effect size for experience was large (Cohen's  $d = 0.86$ ). However, no significant main effect of respondents (therapist versus client) was found on the WAI,  $F(1, 25) = 0.96, p = .39$ . Both the client and the therapist were reporting similar views of the therapeutic alliance within their relationship. Student therapists appeared to report the alliance to be less strong than their clients, underestimating the strength of the alliance. In contrast, experienced therapists reported the strength of the alliance as slightly stronger when compared with their clients' reports. However, the interaction between experience level and source of report (client or therapist) was not significant,  $F(1, 25) = 2.15, p = .15$ .

WAI scores from the field of psychology were used to compare with the results obtained from Chinese medicine practitioners and their clients. The summary results from each comparator paper<sup>28,29,31,30,27</sup> were converted from aggregate scores on the WAI to mean scores if required. A series of t-tests comparing the results obtained in the present research with those reported in the literature were then conducted (Table 2).

Scores on the WAI of clients of experienced Chinese medicine practitioners in the current study were significantly higher than the equivalent scores provided by clients of experienced psychotherapists. It was also evident that therapist's scores on the WAI were significantly higher in the present study than those reported in the literature.

The weighted mean difference between therapist and client scores reported from four of the five studies of psychology discussed above, was 0.45 with each study reporting lower scores by therapists compared to their clients, that is, therapists in psychology tend to underestimate the alliance perceived by their clients. For the experienced Chinese medicine practitioners, the mean difference was only 0.07 with therapists reporting stronger alliance. These results suggest that Chinese medicine practitioners are more accurate in their judgements of the alliance experienced by their clients.

## Discussion

The aims of the current study were to firstly explore the levels of therapeutic alliance within Chinese medicine and compare

TABLE 2 Sample size, Mean and Standard Deviation for Psychology Client and Therapist Scores on the WAI reported in the literature and results of t tests comparing the results to those obtained in the present study

Source	Manuscript	Source	n	M	SD	t	df	p	d
Clients	Hersoug et al. (2001)	Clients	65	4.94	1.08	4.93	76	<.0001	1.82
	Mallinckrodt and Nelson (1991)	Clients	50	5.61	0.77	3.72	61	<.0001	1.32
	Cecero et al. (2001)	Clients	52	5.74	0.84	2.93	63	.004	1.04
	Kivlighan (2007)	Clients	53	5.81	0.61	3.44	64	.001	1.18
	Baldwin et al. (2007)	Clients	331	5.88	0.73	2.73	342	<.0001	0.93
	Weighted Mean	Clients	551	5.72					
Therapists	Hersoug et al. (2001)	Therapists	65	4.66	0.82	4.75	71	<.0001	3.02
	Cecero et al. (2001)	Therapists	58	5.13	0.57	9.92	74	<.0001	3.07
	Mallinckrodt and Nelson (1991)	Therapists	50	5.15	0.67	7.20	61	<.0001	2.65
	Kivlighan (2007)	Therapists	53	5.26	0.75	6.02	64	<.0001	2.21
	Weighted Mean	Clients	181	5.03					

these to those found in psychology. The second research aim was to examine the effect of therapist experience levels. The final aim of the research was to explore client and therapist views of the therapeutic alliance within individual dyads.

Therapeutic alliance in the profession of Chinese medicine was found to be higher than that reported in the psychology literature, both when reported by clients and also by therapists. The findings of the present study suggest the relationship between Chinese medicine therapists and their clients is positive with implications of trust and belief in treatment.

Therapeutic alliance scores were significantly higher with experienced therapists in comparison with student therapists with a large effect size. Previous research found similar results in comparisons between novice, advanced trainee and experienced counsellor's scores on the WAI.<sup>20</sup> Mallinckrodt and Nelson<sup>20</sup> suggest that, although trainee therapists may have acquired the skills necessary to facilitate the therapeutic alliance, more advanced skills such as the formulation of therapy goals and case conceptualisation are acquired through experience and training.

There was less discrepancy between client and therapist views of the therapeutic alliance in the profession of Chinese medicine in comparison to previous reported findings within the field of psychology. Further to this, higher ratings were not reported by the psychologists in comparisons to the Chinese medicine practitioners. These results were quite surprising given the training psychologists receive in forming relationships and

alliances with clients compared with other health professions such as Chinese medicine. It was also surprising that Chinese medicine practitioners' scores were, on average, closer to those of their clients.

The surprising results in the current study may relate to the nature of the different clientele of the professions and the treatment sought, in particular the differences between physical therapy and psychological therapy. Psychology clients may find it generally harder to form relationships given their mental state at the time of therapy. It may be that physical treatments are more plausible or that agreed treatment outcome goals are easier to form than in psychology. Scores on measures of therapeutic alliance in the field of Chinese medicine may not be as high as psychology if their clients were similar to psychology clients. The results may also relate to the point at which alliance was measured and the outcomes achieved by the clients at that point of time. For example, by the time alliance was assessed, clients receiving Chinese medicine treatment may have already noticed improvement in their health condition and this may be responsible for the higher alliance scores. On the other hand, psychological therapy may take longer for its impact to be realised. Future research should consider also assessing the clients' perceptions of improvement in their condition and use this as a covariate when comparing across different professions and for clients with different conditions.

Limitations of this research include the small sample size and the indisputable differences between receiving treatment for psychological distress and physical conditions. A number

of participants did not complete questions relating to their therapist 'caring' about them and wrote notes suggesting they did not feel this was applicable to the relationship. Further to this, the amount of time spent with a client may only be 15 minutes in Chinese medicine, whereas it is usually around 60 minutes in psychology with regular visits in Chinese medicine being relatively short for routine provision of herbs, massage or acupuncture. In this study, however, we did not measure the duration or frequency of sessions and it would be useful if future research were to do this. Many Chinese medicine clients may come to know what to expect in their treatment, whereas the stigma associated with seeking psychological therapy and the processes involved may be relatively unknown to people seeking psychological treatment. However, we did not assess clients' expectations, or knowledge, of treatment approaches and this may be of value to assess in future work. Client's higher scores on measures of therapeutic alliance may also relate to previous experiences with a Chinese medicine practitioner and strong beliefs in the practice of Chinese medicine itself, rather than their individual relationship with their therapist. Questions relating to participant's previous experiences with a Chinese medicine practitioner should be assessed in future work and may be useful in gauging attitudes towards the profession at the early stages of treatment. The duration of time taken for the different therapies to take effect and the time point at which alliance are measured are also confounds which need to be considered. In addition, not all therapists or clients approached to take part in the study agreed to participate. Unfortunately, data about those who decided to take part and those who declined are not available. Future research should pay attention to the possibility of responder bias influencing the findings.

The experience of the therapist and the impact this may have on therapeutic relationships also needs further exploration. Inconsistencies amongst previous studies using both trainee and highly qualified therapists need to be addressed and examined as contributing to the therapeutic alliance and outcome independently of other associated factors. The issue of whether experience may exert some effects on the formation of therapeutic alliance may aid in informing newly qualified therapists of possible barriers and predictors of the therapeutic alliance with clients. Such research should focus on the age of the practitioner as well as their experience. Future research may wish to consider examining differences in individual item response between experienced and novice practitioners on the WAI to provide a deeper understanding of the effects of experience.

More knowledge regarding the processes involved in forming and maintaining therapeutic alliances may also result in better client outcomes. Due to the large body of evidence surrounding the positive effects a strong therapeutic alliance has in therapist-clients dyads, it seems only logical that this

knowledge be applied to a range of health professions and clinical settings to increase client outcomes for a larger population of individuals.

## Clinical Commentary

In psychology and other disciplines, positive client/therapist relationships are associated with good therapeutic outcomes and how to develop and maintain such relationships is often a focus of clinical training. There has been little research of this in Chinese medicine. In this study it was found that Chinese medicine clients and therapists reported higher scores on relationships compared to psychology clients and therapists. As expected, experienced therapists scored higher than student therapists. These findings suggest that such relationships (also known as therapeutic alliance) are relevant in the field of Chinese medicine and may have a similar positive relationship to therapeutic outcomes.

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