

Web-Based Radio Show

Healthy and Therapeutic Relationships:

What are the Essential Elements of healthy and therapeutic relationships?


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Good morning. This is Dr. Greenspan bringing you our weekly web-based radio show. Thank you for joining us this morning. Today we have a very interesting topic. We are going to talk about healthy relationships or therapeutic relationships. In other words, relationships that help other individuals grow emotionally or psychologically. What are the characteristics of these healthy or growth-producing relationships? What are their essential elements? Why are some relationships inherently growth-producing, and others undermining of healthy development?

Last week I mentioned that this week we were going to talk about all the different “alternative” therapies for children with special needs and what the essential elements are. I have decided to put that off until next week because I realized after thinking about it, and also in looking at the questions that people are sending in, we get loads of questions about how to facilitate healthy development. Also as a backdrop to looking at different alternatives or different types of specific interventions and therapies, we have to always make sure they are implemented in the context of sound relationships that are fostering psychological and emotional growth. So it’s important to establish that framework first before we talk about lots of specific interventions that may help with particular pieces of development but don’t necessarily help put the whole fabric of development together.

So today’s topic is, “Healthy or Therapeutic Relationships – What are the Essential Elements?” We are going to talk about these relationships for children with special needs as well as for all children as well as for families and adults. In essence, we will see that these essential characteristics of healthy relationships need to pervade the entire psychological or social milieu within which a child or adult operates for healthy development to occur. These are obviously essential for children with special needs, and they become especially important as the children become improved in many of




their fundamental developmental capacities such as they improve their language, cognitive, and social skills. Often we are dealing, then, with the fabric of psychological light that is going to help the child not only be verbal, interactive, and be able to do some schoolwork, but also have high self esteem, be a good copier, be able to have a wide range of relationships – not just a few – be able to deal with all the feelings that come up in relationships from disappointment and anger to joy and sorrow and glee and curiosity, etc. So this framework for healthy relationships is important at various points in the growth of a child with special needs as well as all children and all adults. So these are general principles that can be applied across the board. I will try to give illustrations as we go along of how this plays out with different types of children or different types of adults.

By the way of introduction, we all hear about relationships all the time. There are many words that are bantered around like co-dependent relationships, masochistic relationships, or relationships that foster aggression in people. We also hear about supportive relationships and admiring relationships. There are many, many different qualities that have been described over the ages to characterize relationships.

Now in the literature on psychotherapy, there is a very interesting trend. Way back years ago, a number of researchers tried to isolate elements that were common to many of the successful therapies. They identified elements such as warmth, availability, empathy, support, and nurturance. These general characteristics make common sense. If you asked a parent what is the main thing that is important for their children, they would say security, nurturance, warmth, trust, and support. If you asked the average person or parent or business leader what do they think is undermining in relationships, they would say being overly critical, being rigid, being intrusive, being hostile, being too attacking, being rejecting, or being manipulative. So we all have an almost intuitive language in the back of our mind where instinctively we can characterize both what we think of as healthy relationships and unhealthy ones; or therapeutic relationships and untherapeutic ones.

The question is, how do these elements that we have talked about over the years, whether in the technical psychotherapy literature or in the general world of everyday exchange of ideas, how do these elements either produce positive change and how do they undermine? Why would nurturance, support, pride, and support of guidance be helpful and why would co-dependency, manipulation, and intrusiveness be unhelpful to the psychological or emotional growth? Again, there is an intuitive level




where we all thrive when we feel supported, admired, and respected. We all feel anxious or angry when we feel undermined, intruded upon, criticized unfairly, or rejected. But how do these elements and their positives or negatives actually produce or undermine psychological or emotional growth?

To get a handle on this, what I've done is to create a framework that we can look systematically at a number of the essential elements that create positive therapeutic change and growth in professional relationships, in the psychotherapeutic situations. I've looked for the parallels in these in real life situations between parents and children; children with special needs and children with emotional challenges, but also children without challenges, as well as in relationships among adults – friends, spouses, etc. It's remarkable how much you can see the same elements operative and these elements if they are in a positive way produce growth, and if they are in a bad and negative way, tend to undermine growth. So let's take them now one by one.

The first element that I think is important that characterizes healthy or therapeutic relationships is that the relationship is characterized by a sense of security and regulation. Now what do we mean by that? What I mean by that is that there are qualities in a relationship that enable both parties to feel secure, calm, regulated, and interested in one another. For example, if it is a parent-child relationship and the child is finicky and overreactive such as we have talked about in a sensory overreactive child where he reacts to sights and sounds by getting startled easily or overwhelmed easily, the parent intuitively or because of knowledge helps calm and sooth that child; doesn't intrude or talk in a high-pitched voice or talk too rapidly. The parent does what we call "counter-regulates." The parent, by counter-regulating, is extra soothing and extra reassuring and provides extra structure for that child so that the child doesn't get overwhelmed. Now we have a child who feels that the parent can create a regulating environment, which enhances his sense of security. There is nothing that makes a child feel more insecure than to feel disregulated or overwhelmed or overloaded, like they are falling apart because they can't handle all the noise or commotion or intrusiveness.


Obviously, this can be important as a child goes off to school. For children with special needs who have enormous sensory hypersensitivities, this is critical because whether they feel calm, collected, organized, and focused or whether they are banging their head or withdrawing may depend on how regulating and how much security the environment can provide for them.



Also, if we look at this within the therapeutic situation with an older child or with an adult who is already verbal, you'll hear older children or adults say, "Gee I just feel good. I feel calm and understood and I can talk about anything with my therapist." That's almost a precondition for examining one's problems and challenges. Others will say, "Gee I just feel overwhelmed when I go into my therapy sessions. I come out feeling more disorganized than when I went in there." If you examine the chemistry of the relationship, you'll often find that that feature of regulation and security is not being properly negotiated. It may be a therapist who is very active and overly energetic and a patient who is easily overwhelmed so they constantly feel disregulated and intruded upon. Or it may be the opposite. You may have a therapist who is very laid back and quiet and passive and an individual who tends to require more structure to feel regulated and there is no feedback coming and so the typical therapeutic situation with explorative or more analytical-oriented psychotherapy doesn't work for this patient because the therapist is too passive because the person needs more to chew on, so to speak. The absence of the soothing, responsive voice coming back, the absence of a rhythm of back-and-forth communication makes it difficult for this person to feel secure, calm, and regulated. Instead they feel very anxious, very tense, and overwhelmed by the absence of what they need and expect from their environment. In other words, aloneness and isolation is disorganizing to them and particularly when they are there with another person.


In the historical psychotherapeutic literature it is argued that this is the person's problem and they need to understand this and they need to observe how they respond to the lack of this kind of structure and support. Nothing could be truer than that. But, if the person doesn't have the equipment to understand; to reflect on their own patterns because they get too disregulated, too disorganized, and too frantic, the experience is not therapeutic for them. In other words, they may need to develop to the point where they can observe their own needs and figure out better ways of having them supplied. Initially the therapist may have to create this regulating, soothing environment for this to take place in.

In marriages you'll see this in spousal relationships. In ones that work, people will say, "We just love to hang out together, we just love to be together whether it's watching TV or reading books next to each other or going for a walk or having dinner." Again, it has this quality of regulation and security. Just being in the other one's presence is regulating and enhances one's sense of security. On the other hand, there



are relationships where the parties need to avoid each other or can only come together for brief periods of time, where the husband or wife is hiding in the computer room. In a sense, they can't take each other. This is often because of this fundamental level of regulation and security; there isn't that harmony that makes for the good relationship that creates that security. There may be many different reasons. One is too energetic and intrudes on the other. The other is too withdrawn and unavailable when the other one is needy. In other words, they are unable to balance and get into a rhythm where each one makes the other one feel secure and regulated. So that is our first element in having healthy or therapeutic relationships. Growth cannot occur without that first level of security. You can see why that is so essential for children with special needs and why when we talk about Floortime we always talk about getting that first level established and getting into that interactive rhythm with a child.


The second level of healthy or therapeutic relationships is the emotional qualities embedded in the relationship itself. There are many different emotions that come to characterize relationships. You can have pleasure, joy, anger, power struggles, curiosity – many different emotions can characterize the nature of that human bond; that human relatedness. The first point that needs to be made about the relationship itself, is that for growth to occur in the emotional sphere, there has to be a relationship. In other words, there has to be an investment of emotion in the other person. So if it is someone you don't care about or have no feelings toward or for, it's not a relationship. By definition, it's not going to be able to produce or create an opportunity for psychological or emotional growth. Emotional and psychological growth emerges out of the soil of an emotional relationship. So there has to be some feelings. You have to care about the other person. Now in addition, that often requires duration, you can fall in love after one hour but those feelings may be more illusion and fantasy than reality. What we are talking about are the feelings that grow over time and that are part of an enduring quality of feelings, not just some magical illusion of a person who you admire, adore, and you project your own image onto like you do a movie actor on the screen. That is feeling and that is a "relationship" of sorts, but it is not the kind of relationship we are talking about. We are talking about real and enduring relationships that are built on realistic interactions over a period of time. So there needs to be the existence of feeling in that relationship. That requires time and really getting to know the other person.



Secondly, there needs to be a balance of certain kinds of feelings. If there is only hostility or anticipated rejection, it's not going to be the balance of feelings in that relationship that can form a substrate or the fertile soil for psychological growth. On the other hand, if there is a balance of feelings characterized predominantly by positive, trusting, and intimate feelings on the one hand, and if at the same time that relationship is sturdy enough that it can withstand feelings of annoyance, anger, or irritation; feelings of temporary disappointment or sadness or even rejection, and still survive, then we have the fabric of a healthy relationship and a relationship that can produce positive growth, and if it is in a therapeutic situation, one where the therapist is positioned to help the person work through their problems and grow psychologically.

So at the second level, we need to have (1) emotional investment in a relationship, which means time and emotional energy, and (2) we need to have a relationship that can embrace the wide range of human feelings that ordinarily are part of the human drama – joy, pleasure, anger, annoyance, sadness, loss, occasionally even humiliation – in other words these are all warm human feelings and are part of the mix or the soup of the human emotional drama and rich, deep relationships – ones that produce positive psychological growth and change, can embrace all of these. But, the predominant characteristic of these healthy relationships are that the trust, warmth, and the pleasure predominates over the anger, annoyance, fury, embarrassment, or sense of rejection. So in other words, you want to have a balance, but you want to have the full range. You want the relationship to endure in spite of it. It doesn't mean that you won't angry at a friend or angry at a therapist, or a parent angry at a child or a child angry at a parent, but it means the trust, intimacy and the warmth are stronger and endure over time.


Now why do such relationships produce growth? Well, just like security is an essential element, if you feel insecure, you feel like you're going to fall apart like your body may not work, the world may crumble before you. Just as that is an important foundation piece, and think of this as a pyramid at the bottom of the pyramid, the ability to have an enduring relationship with someone else where you are invested with that person, provides a sense of trust and a sense of intimacy that is fundamental in the human species for growth. If you look at newborn babies, without that fundamental relationship, if it is missing to an extraordinary degree, we'll see babies fail to thrive. They won't grow physically or gain weight - they are a little bit but not enough. We may see despondent children who tend to develop any affective relatedness or if they do,



their relationships are very shallow and superficial for their whole lives, and manipulative and sometimes even sociopathic or anti-social. We may see chronic depression and chronic fear of loss. The fundamental building block, along with security therefore, is that sense of being related to another person, in an enduring, intimate, and trusting manner. Only against that backdrop can high levels of psychological growth occur. It's a part of being human. I would suggest it is a precondition for higher levels of mental development. In any species on Earth, that is characterized by high levels of mental development, we'll see a long period of nurturing relationships among the caregivers and the offspring in that particular species. So it is not surprising that species that are characterized by a quick hatching and where the young go off on their own very quickly, is not characterized by high levels of intelligent behavior. On the other hand, species such as the Bonobo Chimpanzees and humans and some of the other mammals that are characterized by long periods of dependency and long periods of nurturance, seem to be characterized by higher levels of problem solving and higher degrees of intelligent behavior. So I think this is a precondition for the growth of the mind and the brain, and therefore for psychological and emotional growth more generally.


Some people might argue that this ability or this capacity for relationships is hormonally controlled like research showing that oxytocin sort of facilitates bonding and attachment. To be sure, there are hormone systems and aspects of our nervous systems that enable us to have relationships. But, those are necessary conditions but not sufficient conditions. The sufficient condition is having that relationship with someone – someone available to us, because we know that no matter how favorable the biology if there isn't that relationship available for us to feel secure and trusting and intimate, with that significant other in our lives, that capacity; that potential that we have for relationships won't materialize. So yes, biology is an important part of it, but it is only a necessary but not a sufficient condition.

The next essential element in healthy or therapeutic relationships is the ability to engage the partner, whether it is in a therapy situation or just an ordinary life relationship between two adults or between a parent and a child or a parent and a child with special needs. The key is to be able to develop a purposeful, back-and-forth system of communication so that basic needs can be negotiated. This too, is an essential element - the negotiation of basic needs through back-and-forth communication. Now what is interesting is we often think of this as a verbal ability or skill - when you talk about being hungry, or cold, or needing a hug, or wanting more understanding, or




empathy. But the essential element of communication is actually preverbal. It occurs through gestures, through facial expressions, through body posture, or through arm or hand movements. There's a preverbal language that exists not only in babies who haven't yet learned to talk, so when we see an 8-month old who is smiling and smirking and turning away or turning towards or pointing or showing – that is a clear and obvious example of this gestural or preverbal level of emotional communication going on to exchange basic needs. For example, the baby who grimaces because he doesn't like the sounds mommy is making or gives a big smile to say, "yes, that's a wonderful sound" or opens his mouth with delight when he smells nice food or shuts his mouth and holds it tight when he smells something he doesn't like – these are all preverbal communications. Often we see a back-and-forth dialog with many back-and-forth, what we call "circles of communication" occurring at a preverbal level between infants and their caregivers. We often facilitate these in children with special needs and their caregivers, as we've talked about, during Floortime because this level may be harder to master when a child has motor problems; can't signal with their arms or legs or their facial expressions, or make the different range of sounds that other children can make more easily, so it's hard for them to signal with their emotions. So, we give them extra practice.

This occurs at all levels in all relationships. Between adults, for example, take the therapeutic situation – the therapist who is responding to the patient is reading the patient's non-verbal signals, often doing it intuitively. I'd like to see therapists make this explicit and be more aware of it with a response so that if the patient gives a pained look like, "that hurt," the therapist then softens his voice. Even though they may verbalize, "Gee, I notice that was upsetting," more important than the words "that was upsetting," what encourages the person to elaborate is the tone of voice - the shift of voice of the therapist, the therapist having gone from (in a strident tone, for example) "Now why is it you always come late when you visit your parent's house? What are you feeling?" The person looks pained and grimaces and turns their eyes down a little bit as though some painful feeling have come up. Then the therapist, operating at this preverbal level, will immediately shift the tone of their voice to one of, "Gee, it sounds like that hit a nerve" or "that thought was upsetting." Again, it's that tone of voice; that shift in affective tone that conveys to the patient that their emotional communication is being responded to by an emotional communication back that's at a preverbal level. So we are getting this back-and-forth interaction at a preverbal level that is much faster than the words. If we look at the central nervous system and look at the quickness with



which preverbal communication registers and verbal communication registers, we would see that the preverbal communications register much more quickly. Just like when we are driving a car, for example, before we can think, “Oh my God, I better stop and put on the brakes because this car has stopped quickly,” our foot is already on the brakes and we’ve already stopped the car and then we’re saying, “Whew! I’m glad my reflexes were working so well. I’m glad I responded so quickly.” Well, we responded to the preverbal aspects of it. We didn’t think it through verbally – we saw something and our leg moved in an immediate counter response. Well similarly, if we are at a cocktail party and we are raising our voice, lowering our voice, changing our facial expression, moving our body – all in a back-and-forth synchrony of interaction with other people communicating preverbally. We are negotiating basic themes – we are negotiating closeness, dependency, anger, annoyance, curiosity – all through these back-and-forth emotional signals with our facial expressions, body posture, hand movements, leg movements, and the like. So we have this preverbal dialog going on that is implicit, often intuitive, and recognized in the psychotherapy literature for many, many years and myself and many colleagues have made a study of this, looking at videotapes to actually analyze these preverbal movements and talk about the qualities of it that are helpful. But, what is important here, is to not only acknowledge that it exists, but talk about why it is therapeutic, and what are the qualities in this preverbal system that make it therapeutic.


Here are the qualities that make it have growth-producing elements, again in spousal relationships, in relationships between parents and children – especially when working with children with special needs. One is, that the relationship is characterized by an accurate reading of each other’s signals. Now with a parent to a child with special needs, that means trying to tune into the child’s nonverbal system and reading their signals, and building on what they are doing and building on what they are doing with their gestures. So when the child is looking somewhere – towards a toy, the caregiver may hold up the toy and say, “Is this what you want?” encouraging the child to gesture further and further develop this preverbal system. This is the same thing as an adult whose voice gets more enthusiastic when they are talking about visiting a certain friend, and the therapist says, “Gee, it sounds like that is a friend you really enjoy or want to visit.” It’s the same thing – it’s helping the person express further, either through the gesture or through having the gesture attached to the word; that underlying wish, the underlying feeling. So what is helping the special needs child realize his feeling by actually reaching for the toy that he is interested in, or helping the adult express more



of the positive feeling toward his friend, that is one feature of a positive or healthy relationship, be it in life or in the therapeutic situation. It is reading and responding to the signals accurately.

The second feature is expanding the preverbal signals; helping the person elaborate those signals. In other words, we all signal better around certain feelings than other feelings. Children and babies growing are no exception. Some are more comfortable with reaching out for hugs and kisses. Others are more comfortable with grimacing and banging their hands in anger. So the next goal is a part of healthy psychological relationships, is a relationship that broadens the range of these preverbal signals to encompass all the healthy emotional themes of life. This means all the healthy emotional themes of life. Again, we want positive and assertive and curious ones to dominate, but we don't want anger, loss, disappointment, or frustration to be missing entirely. It's the balance that counts. So basically, a healthy individual, whether it is an adult or a child, needs to be able to communicate and also comprehend through this nonverbal system - the full range of the emotional drama that characterizes human beings. So a healthy relationship is one that is communicative at this basic preverbal level across the full range. Here is where a parent can say, "Where do I have my Achilles heel? Which feelings am I not comfortable with? Where do I freeze up and my face become stiff? Or do I withdraw and tend to find some excuse to make a telephone call? Do I do it every time my child angry or protesting or challenging me? Do I do that every time my child is being a little bit rejecting? Or I do that when my child is being excessively demanding or needy? Or am I doing it when my child is being just loving and warm – does that make me anxious?" So we can all look at that as our part of the relationship.

We can ask the same questions with our spouses or with a close friend, like "Where do we do things that undermine that ability for back-and-forth communication and elaboration?" So this third level is characterized by two-way back-and-forth communication with a great deal of elaboration of the full range of the human drama. This is true in all relationships: between adults, between adults and children, between parents and children with special needs – if we are going to produce that healthy relationship. Again, with children with special needs, it's a little more challenging because the child may have a harder time mobilizing his or her side of the communication system, so the caregivers – therapists, family members, teachers – have to read the child's signals even better than another child's because of the difficulty the




child may have in communicating. But, if we read those signals and we get in there during our Floortime exercises in that back-and-forth communication, then we expand and elaborate the child's inner world and their communicative and growth potential.

Now the next level is really an extension of this third level. The fourth level of relationships that make them therapeutic or growth producing, is the ability of this non-verbal system; this back-and-forth emotional signaling that we've been talking about, to expand into very complex domains where there is actually a shared social problem solving and a shared negotiation and preverbal or basic sense of self and self in other relationship being defined through this system.

Now, that's kind of a mouthful and let me break it down because it sounds very complex and very abstract. When two individuals are communicating through their facial expressions and through their hand gestures and body postures, they are communicating, as I mentioned before, very complex emotional dramas, often. You'll see, if you broke it down, you would see a ballet of dependency – one flirts, the other smiles and flirts back, until they are both hugging each other. Or, one flirts, the other gets coy and turns away, the first person flirts a little more, the second person gets a little frightened and turns and changes to another activity. The first person pursues them and then the second person actually snaps back with an anger response by getting intrusive, almost as though they felt they were being attacked.

So we have two very different dramas playing out preverbally around closeness, intimacy, or dependency. One with mutual flirtation leading to embraces and warmth or nice exchanges, and the other where there is pursuit and avoidance and eventually, counter attack.


We can see that in any bar in a downtown club of Washington, D.C. between two young adults. We see both patterns quite frequently. We can see it, unfortunately also, between a parent and a child – we'll see both patterns. We'll see it between a caregiver and a child with special needs. In one situation, the feelings around intimacy and warmth and dependency are being successfully negotiated and the other, they are being associated with other meanings – with experiences of rejection or hostility. Different patterns are being formed of emotional expectations based on what we call the level of complex shared social problem solving, occurring at a preverbal level. We also characterize this level as not only shared social problem solving, but the formation of a preverbal sense of self. In every relationship, there is this level of shared social problem



solving and formation of a sense of self and “other” i.e., the expectations you have of the other, and this is what determines one’s more basic fundamental expectations. When an adult says, for example, “Gee, I can’t figure it out. Every time I like someone, I expect to be rejected, and it doesn’t make sense because people are always nice to me and I haven’t had a lot of rejections in my adult life.” So it may go back to this kind of a ballet that you had early in life where there was a preverbal pattern established that is so fundamental and so basic that you don’t remember it at a verbal level, but you experience it in your body; you experience it in your physiology; and most importantly you experience it in your most fundamental emotional expectations. So this is the world of expectations. This is where personality begins.

Now what are the qualities that make for a therapeutic or growth producing relationship at this level? Well, the qualities here are ones where the basic themes of life – dependency, love, nurturance, assertiveness, anger, sadness, and disappointment – are all negotiated between the two parties, against the background of the security and intimacy and trust and basic reading of each other’s signals that we talked about earlier. So now we are having the negotiation of all the different emotional themes of life and developing expectations that lead to constructive patterns around assertiveness; around dependency. So a healthy resolution or a healthy relationship at this level is one that finds constructive solutions so that basic needs can be met: dependency, security, expression of assertiveness, expression of curiosity, expression of anger, acceptance of loss and frustration, and even embarrassment and humiliation. If these fundamental feeling states can be negotiated at this preverbal level through interactions, then you are building the foundations for a broad range of human feelings that are part of our definition of a healthy relationship.

So it is essential, then, for the human drama to embrace and find constructive solutions through these implicit interactions. With children with special needs, again this is especially hard because the children have trouble communicating. It’s not because the children have trouble forming these patterns or forming even a preverbal sense of self or forming fundamental expectations. Children with special needs form these expectations just like everyone else does. But, it’s harder for them to communicate their end of the negotiation because of motor problems or language problems or they are sensory over reactive or under reactive which makes it harder to get the dialog going. The over reactive child will be more responsive and reactive to, let’s say, the slightest frustration or the slightest hint of rejection. The under reactive




child may ignore your overtures for closeness, dependency, and warmth, so you'll have to exaggerate your own affect or your own emotional intensity. If you can do that, then you can foster healthy development in this way.

In a nutshell, therefore, at this fourth level, the healthy relationship and the therapeutic relationship is characterized by a partnership which finds constructive ways to negotiate each of the core emotional themes of life.

Now, we move onto a fifth level that characterizes healthy relationships. At the fifth level, we move into the world of ideas. Here, healthy or therapeutic relationships are ones that enable the individuals to communicate at a level of ideas, through exchanges of words or visual symbols, or with children through imaginative play. I can imagine, for some individuals, through dance or through other artistic expressions. But to communicate symbolically with each other and further elaborate these very same emotional themes we talked about just a moment ago.

Now, the themes of dependency, assertiveness, anger, curiosity, sadness, disappointment, loss, humiliation, envy, jealousy, competition – all these themes need to be negotiated, again, with constructive solutions, ones that enable the person to remain secure and intimate in the relationship. You need to be able to do that with the world of ideas. So for the child with special needs, this means in pretend play on the floor, the caregiver helping the child expand the themes. The child who is scared of assertiveness – challenging the child to flex their muscles so they explore this at the world of pretend play. For an older child who is scared to describe feelings of anger at a peer who is being rejecting, humiliating, embarrassing, or undermining, or a teacher who is being overly controlled, or a parent who is being overly rigid – the therapist may help the child express that feeling at the level of ideas. Not so much by putting the words in the person's mouth because that doesn't do any good because then you are just talking for the other person, but at the level of providing enough security, warmth, and empathy so that the individual is willing to go into uncharted territory by exploring how they feel when their parent does that.


Also, the therapist can use the therapeutic situation to explore the feeling. There are natural frustrations in the therapeutic situation – the time ends before the patient feels ready for it to end, or if the therapist goes on vacation, an hour has to be canceled, payment becomes due and the person is short of money – all of that creates frustration and annoyance. That is an opportunity to explore that feeling directly in the



therapeutic relationship. Or, the therapist has a lapse of empathy or is preoccupied on a given day or not reading the patient accurately and the patient feels frustrated. That, too, provides an opportunity to verbalize those kinds of feelings. Successful therapists, in a therapeutic situation, is encouraging through their way they create the therapeutic situation and through their alertness to their own feelings. They are fostering the patient's capacity to elaborate the full range of the human drama, now at the level of ideas. To the degree that can be done in a therapeutic relationship per se, at the heat of the moment express your anger to the therapist when you are feeling it, as well sometimes even more difficult to express your caring feelings to the therapist as you are feeling it. As you are feeling relieved to have someone who is listening to you, who is patient to you, who is thoughtful and apathetic, you often say, "Gee, I really appreciate your availability today." Elaborate on those warm, positive feelings and even loving feelings at time. All of that is done with great sense of saliency and a great sense of immediacy because it's right there in the situation. It's palpable. When you verbalize the feeling right then and there, it has even more meaning.

Now this is very similar to good friends who are able to explore their feelings toward one another, not in some highly, intellectualized way, but in a direct way when it's happening - to talk about feeling love, or feeling warmth, or feeling annoyed, or feeling anger. To do it in a way that is regulated and controlled so it's not simply a manipulative attempt to get the other one to behave differently. It's a sincerely, heartfelt feeling.

Why does this produce psychological growth? Why is this part of a healthy relationship? Because, this is part of our definition of what is a healthy person. A healthy person is one who has access to the full range of their feelings and can harness those in their relationships so that the relationships can be constructive. So, it's very important to master this ability. Healthy relationships are ones where the full range of feelings are not only tolerated, but embraced and worked on at this verbal or ideational level. Again, it's not through some intellectualized psychotherapy where you talk about feelings in an impersonal way. It's the heartfelt expression of feelings in a back-and-forth way that's meaningful. This doesn't mean the therapist needs to express their feelings directly and honestly to the patient because in a therapeutic situation, they are facilitating the patient's ability. They have their own therapies, hopefully, to work on their patterns. But, in ordinary relationships between two adults, it could be an exchange of feelings. It is that ability to tolerate this wide range of feelings and




embrace them and elaborate on them that creates a healthy relationship. Between a parent and a child, again, it is not quite an equal expression because a parent telling a child how angry they are is going to frighten the child. So, it's more helping the child express their feelings, and the parent expressing feelings for the child in a constructive way that will help the child understand. So the parent can say, "When you come and yell at mommy like that when she's trying to talk to daddy, it's distracting to her. You need to wait because I need to finish talking to daddy." So you can be direct and honest without necessarily going into the realm of personal expression that will overwhelm the other person.

So the healthy relationships always build on the earlier levels. There's always regulation, security, intimacy, reading the other person's signals, operating at this preverbal level of defining who you are and developing your expectations, developing your shared social problem solving and sense of self, and then on top of that, you are building your verbal exploration of feelings.

Now this gets us to the next level, which is particularly characteristic of healthful relationships and therapeutic relationships. It's very important for children with special needs and all children, which is where the relationship can help the individual actually reflect on their world of feelings and actually understand their feelings. This is where a parent says to a child, "Why are you so sad?" or "Why are you so angry today?" as opposed to just saying, "You shouldn't feel that way" or "I won't tolerate that kind of sassiness."

All children with special needs, we try to help get to this level that we call the "Why" level, but it is really the level of reflecting on your feelings, or the beginning, really, of reflecting on your feelings. This is a very, very, very important level to get to. Many relationships can do all the above that I talked about, but don't get to this level of reflectiveness, of asking the "why" question. So just as we talked about relationships that can embrace the full range of emotional themes and put those into words in the saliency of the moment, when you are feeling it, whether it is a spousal or a therapeutic or a parent/child relationship, here too the ability to take a step back and help your partner figure out the "why" of the feeling at the moment when they are feeling maybe a little too intense for them to take a step back and do it.


So relationships that are supportive enough to help the relationship partner explore the "why" of the feeling of the moment, that is another very important



characteristic of the relationship. In other words, instead of getting caught up in the drama of the other person and getting absorbed in the other person's drama, to the degree that you personalize it and make it about yourself and are just reactive to it – they are angry so you are angry back – this is the ability to respond to their anger with a step back and say, “What’s going on here? Let’s look at this together.” And, to do it in a meaningful and well-toned way again, so it’s not a caricature or satire of some arm chair TV shrink. The idea is when you see your spouse overwrought, you go up that ladder – provide regulating calmness and security, provide a sense of deeper engagement, try to read the nonverbal signals, try to establish a back-and-forth rhythm of problem solving together, try to help the person elaborate, then, what is on their mind. Let them talk about their anger at their friend or their mother or the children you have together and then help them with the difficult question, “How come today? What is going on?” That ability to problem solve verbally, to bring reality to the situation, to ask the “why” questions and to be reflective – that is all part of the six levels of therapeutic and healthful relationships. The ability to explore, look at things from a realistic perspective, observe the patterns, and relationships that help each other do that are, by definition, psychologically healthy and therapeutic. Again, our definition of human growth and of human psychological health is to have these capacities.

Then there are a number of additional levels of reflectiveness that we can bring to relationships, which we will talk more about next time because we are running out of time today. It doesn’t stop here, but these are the fundamental six ingredients, then there are a number of additional ingredients that we will talk about next week before we get into the special kinds of interventions that can be used for children with special needs. So we can finish our discussion of what produces healthy relationships for all – for children with special needs, for all children, and for individuals in general and what produces these in the therapeutic as well as in the everyday world.

But, before we close today, I just want to reiterate why these qualities are the ones that produce healthy relationships and growth producing relationships and why are they the ones that define what we call, “therapeutic relationships” between a professional and a client or a family. The reason is that these qualities that I’m reviewing is basically the fabric of our definition of psychologically healthy individual. In other words, a psychologically healthy individual is one who can feel regulated and secure, engage with others, read and respond to nonverbal signals, problem solve at an implicit level in all the emotional themes of life from closeness and dependency to



anger, who can verbalize and explore feelings, and can understand their own feelings. This is what makes a psychologically healthy individual. This is, therefore, the ingredients of psychological growth because you have to master each of these elements of what makes us psychologically healthy in order to be a psychologically healthy person. So a therapeutic relationship or an everyday relationship, the forces that are on these healthy characteristics are ones that produce growth.

Next week we'll continue and talk more about the factors that produce healthy therapeutic relationships and healthy relationships in everyday life. Then we'll move on to talking about specific types of interventions. So thank you for joining us today, and we will continue with this theme next week.