

Building the relationship and fostering the initial therapeutic alliance in the psychodietician's practice

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A – Research concept and design, B – Collection and/or assembly of data, C – Data analysis and interpretation, D – Writing the article, E – Critical revision of the article, F – Final approval of the article

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RECEIVED: 2025-08-31

REVISED: 2025-12-03

ACCEPTED: 2025-12-19

FINAL REVIEW: 2025-11-12

Summary

The paper contains reflections on the importance of the therapeutic relationship in the healing process. The text addresses issues related to the professional and personal self-development of psychodieticians. The author encourages caring for the mental health of specialists and utilizing the achievements of psychoanalysis in the context of understanding the therapeutic relationship.

Keywords: therapeutic relationship, therapeutic alliance, psychodietetics, psychoanalysis

Introduction

Working with another human being, and especially practising a helping profession, requires a specialist to be very open to interactions with people as distinct individuals. While this statement seems obvious or even a cliché, it proves to be an extremely difficult requirement to meet in the office practice. This is because patients, i.e., people who seek specialized services, have diverse individual character traits (which may or may not suit the specialist) and a certain body condition (which will affect the sensory experience of the specialist), and above all: patients come with a problem, which sets up the interactions as inherently problematic from the outset. This uneasy initial setting requires a high degree of self-awareness on the part of the specialist, so that they can establish a therapeutic relationship with the

person seeking help that will support the healing process.

The purpose of this article is to briefly define the therapeutic relationship and to present a psychotherapeutic perspective on how a psychodietician can enhance the quality of the therapeutic relationship in the initial stage of interaction, and consequently, build the initial therapeutic alliance to improve the patient's outcomes, through self-improvement and development of their own professional toolkit.

Therapeutic relationship

The therapeutic relationship is considered to be the mutual emotional aspects that arise between the specialist and the patient, and the attitude that results from these experiences. Due to its specific nature, a therapeutic interaction can be described as a relationship of dependence (the patient being dependent on the decisions of the specialist). Positive interactions between the patient and the specialist are important in the healing process, as trust and a sense of security toward the specialist's actions (known as the "therapeutic alliance") increase the effectiveness and efficacy of the therapy [1].

The concept of the therapeutic relationship is most often associated with psychotherapy, nevertheless, its importance in the healing process

is discussed by other healthcare professionals, i.e. doctors and nurses [2],[3].

Researchers Gelso and Hayes [1, p. 6] identified three components of the therapeutic relationship:

1. Working alliance, which is the underpinning attitude consisting of collaborative efforts of the patient and the specialist to work therapeutically.
2. Configuration of transference, which means the emerging transference feelings that the patient has toward the specialist and the countertransference reactions that the specialist has toward the patient from the onset of the process.
3. Real relationship, or authenticity and real behaviour of the specialist toward the patient. The results of research on the therapeutic relationship, as cited by Sass and Czabała [1, p. 6], indicate that "the mutually agreed goals and methods of achieving them constitute two of the three aspects of the working therapeutic alliance". Further in this article, I will highlight the importance of the psychodietician's self-awareness in the process of setting goals and the working method. I believe this to be one of the key aspects in psychodieticians' practice in Poland.

As the therapeutic relationship involves two people, i.e., the patient and the specialist, factors affecting that relationship can also be grouped into those that come from the therapee and those controllable by the therapist. Based on various texts [1, pp. 7–13], authors Sass and Czabała identified four main factors of the therapeutic relationship:

1. Patient influence, which is the patient's conscious attitude and behaviour that facilitates understanding, and openness to the treatment techniques proposed by the specialist.
2. Patient traits and experiences, meaning the patient's unconscious or not fully conscious experiences, convictions and belief in the treatment. Part of the patient's experience is the patient's transference feelings that develop in one-to-one interactions with the specialist. These feelings may be independent

of the specialist's competence or the conscious attitude of both parties to the relationship.

3. Therapist interventions, i.e. conscious and intentional actions by the specialist. These are related to the acquired competence and awareness of the therapist's own role in the treatment process.
4. Therapist traits, meaning the specialist's conscious and unconscious behaviour, as well as countertransference feelings evoked through interactions with the patient.

An important element in fostering a positive therapeutic relationship is the recognition of the existence of the unconscious and its manifestations in the patient-specialist relationship. Manifestations of the unconscious include the configuration of transference; the patient's unconscious belief (or lack of belief) in the treatment; and the specialist's internal disposition toward the treatment process (treating the disease or the patient). When a therapeutic alliance is forged between the patient and the specialist at the unconscious level, the healing process will be more effective and sustainable [4].

Conscious fostering of the therapeutic alliance – tools

Since the therapeutic relationship always occurs at the conscious and unconscious levels, both dimensions are important in the formation of the patient's sense of security in interactions with the specialist. The specialist's role is to take care of building an alliance with the person seeking help. It is on us as doctors, therapists or psychodieticians to know that our interactions with the patient will affect the healing process and the efficacy of the interventions we propose. The first and foremost duty of a specialist is to get to know the patient. This is a fundamental issue for building the alliance. The patient will experience a sense trust and security when they can feel that the specialist knows or at least truly wants to get to know them. This idea was spread in Poland by a prominent humanistic psychiatrist Antoni Kępiński. It is his way of working and his works that inspire today's healthcare professionals. In one of his books, "Poznanie chorego"

["Understanding the Patient"] [5], he draws attention to various aspects of psychiatric diagnosis, which (in the author's description) is functional for any type of diagnostic process. Kepiński points out the different methods of getting to know the patient. He recognizes that one of the primary ways to gain insights about a patient is through an interview. It is the most effective diagnostic and therapeutic tool. It is during an interview that you gain an understanding of the difficulties the patient reports and how and how much they talk about them. During an interview you have the opportunity to learn the patient's subjective language to describe their experience. By talking, you find out what the patient consciously knows and thinks about their health status.

However, an interview is not just about gathering factual information. This is more than just filling out a standard questionnaire. A patient interview is a meeting with a person. That meeting begins the moment the appointment is made, and psychotherapists claim that the therapeutic relationship (unconscious and based on the patient's fantasies) is marked by transference (i.e. an unconscious attitude toward the specialist, reflecting relations with significant others: parents or authority figures in the patient's life) right from the onset. Wojciech Hanbowski, among other authors, writes about this, quoting Freud himself [6, p. 28]. It is worthwhile for a psychodietician to be aware of this, so that they can improve the quality of interactions by exuding an attitude of openness and curiosity. In addition, hearing information about the earliest moments relating to the consultation, i.e. the very circumstances of reporting and expectations or concerns about working together, can provide a certain predictor of the patient's future behaviour. Knowledge of the existence and manifestation of the unconscious in interactions will allow the specialist to respond more empathetically to the patient's difficult behaviour.

American psychoanalytic psychotherapist Nancy McWilliams, in her book "Psychoanalytic Case Formulation" [7, pp. 33–49], reveals her own methods of taking care of the initial therapeutic alliance. She shows interest in the information provided by

the patient already during the initial interaction (usually by phone). She schedules an appointment with kindness and detail while describing how to get to her office. This attitude allows the patient to feel important to the specialist. During the first consultation, McWilliams adopts an inquiring attitude: she begins the interview by curiously asking questions about the reasons and circumstances of the visit. After obtaining this preliminary information, the therapist talks about her way of working and her expertise. This allows the patient to experience that they are being taken seriously, and to get an idea of whether the therapist's proposed way of working suits the patient. From the perspective of the psychodietician's practice, I find this element particularly useful. In the absence of a specific law on the profession of a psychodietician and with the wide range of programmes available at various universities, the profile of a psychodietetics graduate varies. It is up to the specialist to define their own area of practice and to discern their readiness to work with different patient types. An honest description of your expertise allows the patient to feel secure in their relationship with you as a specialist and to remain in treatment. If you do not feel ready to attend to the patient, a sincere statement of your expertise will allow the patient to trust your recommendations. The patient is more likely to take your suggestions (even referrals to other specialists) when you openly say what the scope of your therapeutic activities is. Once the area of work has been defined, an important element is to formulate the rules governing the therapeutic relationship, which is called a contract: a contract specifying the rules and working method; the purpose of treatment; formal issues (i.e. the cost of the visit; the method of payment; and the appointment cancellation policy). A clear contract allows the patient to feel safe and provides an awareness of what to expect from the specialist and in what format. The contract also works as a safeguard for the specialist. As the unconscious aspect of the psyche is always at play in the treatment process, it is good to "bring awareness" as much as possible to reduce the negative impact of unconscious transference feelings. This impact is

known as a Negative Therapeutic Reaction (NTR). A Negative Therapeutic Reaction is a common issue in the treatment process, typical of different types of relationships [8]. In a therapeutic setting, it involves, among other things, questioning the validity of the treatment, or the competence of the specialist. This is a very difficult moment for any healthcare professional, including a psychodietician, whose goal is to relieve the patient's suffering. The intensity of such attacks (resulting from the patient's unconscious feelings rather than ill-will) can be reduced precisely by having an extensive discussion about your expertise and the treatment contract. The question remains what to look for when creating a contract? This is, of course, a matter of individual choice for the specialist; they are the ones to know how they work and what they consider to be important issues to clarify in connection with their proposed treatment services. Psychotherapy calls this contract a setting. In psychoanalytic psychotherapy in particular, it is quite strictly and clearly explained to the patient and includes some fixed points for the specialist address.

In her article [9, p. 10], Katarzyna Walewska, a training psychoanalyst, points out that the elements of setting are: the constancy of place; meeting time; frequency of meetings; fees; and the working method (non-directivity). I think that these aspects are equally important from the perspective of a psychodietician in order to clearly define a "treatment plan". It will certainly allow to build a safe fundamental therapeutic alliance.

Psychodietician as a person in the therapeutic relationship

At the beginning of this article, it was pointed out that one of the aspects in the therapeutic relationship is the authentic connection between the patient and the specialist. Tools such as an interview, an attitude of curiosity, the identification of one's own expertise and establishing a contract/treatment plan are all crucial. Reinforced by the psychodietician's inner qualities and genuine openness and kindness, they can bring amplified positive outcomes. A psychodietician, like any other specialist, has

opportunities for self-development, and should also take care of their own mental hygiene in order to be able to better cope with the challenges that arise in interactions with other humans. The primary methods of development may be akin to those used by a therapist in the training process; these include self-therapy; supervision; theoretical self-directed learning; interdisciplinary exchange/networking with other professionals [9, p.10]. This is all very relevant, but general advice. The body of literature recommended to psychotherapists [10,11] increasingly covers more down-to-earth and descriptive ways to take care of one's own development and "open mind". More and more is being written about self-care practices. In professional training sessions, you are increasingly likely to hear that: "a good therapist is a living therapist". In her book "Psychoanalytic Psychotherapy",

McWilliams [10, pp. 334–354] devotes an entire chapter to the therapist's self-care. He writes about various aspects, such as sleep and rest; taking care of one's health; taking care of one's finances; play; privacy; self-expression; good family relations; good colleague relations; and integrity. These seemingly unrelated aspects of the specialist's life, not associated with the proposed treatment, affect his or her attitude toward the patient as a person. Taking care of oneself as a person enables the patient to feel that you are capable of taking care of him or her too. British analyst Nina Coltart drew attention to similar aspects. In her book "How to Survive as a Psychotherapist" [11], she shares specific self-development tips for both professional and private life. Although, as their titles suggest, these two readings are aimed at psychotherapists, they may prove very useful for the personal development of psychodieticians.

Conclusion

The therapeutic alliance is an important factor in the healing process. The mutual relationship between the patient and the specialist plays a part in building the therapeutic alliance. The attitude and mindset (including the unconscious one) of a psychodietician toward the patient have as crucial an impact on

the efficacy of the proposed treatment as the very methodology/tools used by the specialist. It is vital that a psychodietician, like any other healthcare professional, be aware of what to look for in their attitude to enhance the patient's sense of security.

The inner state of the specialist is an important building block of the therapeutic relationship, and, therefore, taking care of one's own mental hygiene should be a fundamental way to expand one's professional expertise.

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