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An Extended Literature Review Exploring How Relational Cultural Therapy and Emotion Recognition Impact the Therapeutic Alliance

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by Prairie Boschulte, Bachelor of Science

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ABSTRACT

AN EXTENDED LITERATURE REVIEW EXPLORING HOW RELATIONAL CULTURAL THERAPY AND EMOTION RECOGNITION IMPACT THE THERAPEUTIC ALLIANCE

by

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This research explores existing literature involving the role of Relational Cultural Therapy and emotion recognition on the therapeutic alliance. This exploration is accomplished through an extended literature review focusing specifically on emotion recognition, RCT, and the therapeutic alliance, with an additional focus on art therapy. The themes discussed center around emotional expression and recognition, rupture and repair in the therapeutic relationship, and connection, disconnection, and mutual empathy through a relational-cultural lens. Themes and patterns were identified within this area of study and how this field of research has developed over time. This study found support for therapist emotion recognition abilities and the use of an RCT framework in creating and strengthening therapeutic alliances. In regard to art therapy, foundational information was found in incorporating emotion recognition and RCT in the building of alliances in the art therapy process.

Keywords: *emotion recognition, therapeutic alliance, relational cultural therapy, art therapy*

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CHAPTER I

INTRODUCTION

The human face provides multiple signals that are meant to convey multiple messages to others. These signals must be correctly identified in order to accurately understand the message one is sending. In order to understand what emotions others are feeling, we must be able to identify and understand the changes in facial expressions and nonverbal behaviors (Ekman & Friesen, 1975). Emotion, according to Brubacher (2017), is seen as a "rapidly unfolding dynamic process: from perceiving a cue (of physical or relational safety danger), to an immediate, preverbal limbic brain assessment of safety or danger. This understanding of other's emotional states becomes ever more important within the therapeutic relationship.

This therapeutic alliance as described by Bordin (1979) is an agreement on goals, an assignment of task(s), and a development of bonds. The therapeutic alliance is formed through interactions between client and therapist. These interactions between the two parties are impacted by both the client and therapist's beliefs, values, relational patterns, and expectations (Ackerman & Hilsenroth, 2001). As with any relationship, the differences between each party's beliefs, values, relational patterns, and expectations are going to differ, which makes ruptures in the therapeutic alliance inevitable.

Ruptures can be defined as tensions or breakdowns in the collaborative therapist-client relationship or an ongoing problem in establishing an alliance (Ackerman & Hilsenroth, 2001; Safran et al., 2011). Ruptures are an expected part of therapy, and if handled correctly can be used to strengthen the therapeutic relationship and towards client change (Ackerman & Hilsenroth, 2003). Differing attachment styles can affect the therapeutic relationship, as these styles are ways in which individuals have learned to interact within relationships over their life,

whether these be adaptive or maladaptive patterns (Atzil-Slonim et al., 2015). Attachment style refers to "the patterns of expectations, needs, emotions, and social behaviors resulting from a particular history of experiences that usually begin in early infancy in the relationship with the parents" (Arango de Montis et al., 2013, p. 96). Ackerman and Hilsenroth (2001) explained that unidentified and neglected relationship ruptures can lead to clients feeling disconnected, a decrease of participation in the treatment process, and a diminished quality of the existing relationship. In order to recognize these ruptures and work through them, therapists must be able to recognize the emotional feedback from the client.

Accurate recognition of expressed emotion is critical to the therapeutic process, making this nonverbal pathway of communication essential in the counseling context (Hutchison & Gerstein, 2017). Individuals who suffer from trauma are likely to develop a set of protective strategies, which can result in emotional dysregulation and disruptions in relationships, making correct emotion recognition more difficult. This can result in more hypervigilance of threat and further break downs in relationships (Javdani et al., 2017; Kress et al., 2018). Within the therapeutic relationship, especially with those who have experienced trauma, it is important that the therapist can be read as trustworthy and empathetic in their reactions to the client to build a strong therapeutic alliance (Mehta et al, 2020).

In addition to accurate interpretation of client's expressed emotion, contextual cues are equally important in understanding the client's current state (Fischer et al., 2012). Cultural contexts influence an individual's emotional expression, as we are all taught in childhood what emotional expression is and is not acceptable. These display rules for emotion are shaped by everyone's cultural, personal, and environmental variables present in their lives (Hutchison & Gerstein, 2017). Hutchison and Gerstein further explained that "given the complexity and

influence of cultural display rules (CDRs) on emotion recognition and expression, we contend the impact of cultural display rules on the counseling process is extensive, and likely to affect counselor-client communications and relationships, particularly in cross-cultural counseling dyads" (p. 24).

Relational Cultural Therapy (RCT) is a theoretical orientation rooted in feminist theory that privileges client perspectives and lived experiences, emphasizing an egalitarian client-therapist relationship with an awareness of the impact related to the power differential (Frey, 2013). Additionally, Frey explained that RCT values diversity while highlighting the complexity of intersecting social and cultural identities. RCT operates from the assumption that people are hardwired for and seek out connection and that "meaningful, shared connection with others leads to the development of a healthy "felt sense of self"" (Frey, 2013, p. 178.). Connections occur when people feel heard and validated, and disconnections occur when people are let down, not empathetically responded to or behave in other hurtful ways (Duffey & Somody, 2011). Connection in the therapeutic relationship can be fostered through a sense of mutual empathy, which is a way of engaged and responsive listening and participating that acknowledges how both people in the relationship are affected by the other (Frey, 2013; Jordan, 2000). Through the RCT lens, ruptures can be looked at as disconnections, and when disconnections are worked through, the relationship can become one of deeper connection and understanding. Microaggressions, which are an insidious form of cultural bias commonly experienced by racial and ethnic minorities, can be seen as a cultural rupture and can impact the therapeutic alliance (Owen et al., 2014). Mutual empathy is cocreated in the therapeutic relationship when connections in the relationship are communicated and expressed to the client in an impactful way,

which builds a strong foundation for therapy, building the sense of trust and reliability (Comstock et al., 2008; Jordan, 2001).

Though RCT can take relationships to a deeper level and therapists work hard to establish a sense of trust in the therapeutic alliance, many culturally different clients may inevitably adhere to distorted expectations of how others respond to them (Comstock, 2008). Therapists operating from an RCT perspective can help clients move away from these distorted expectations of interaction by moving into creative places designed to develop one's capacity to realize mutual empathy with others (Comstock, 2008). This mutual empathy in the therapeutic relationship can strengthen the alliance and help ease the impact of ruptures when they occur. Argaman Ben David et al. (2021) discussed an art therapy group in which a community was created helping the members explore feelings of uncertainty and distrust, ultimately providing a sense of meaning. Additionally, therapists can better understand and begin to recognize their client's emotional responses in therapy when operating from an RCT lens by attending to the different cultural norms the client holds and understanding how that affects their expression, ultimately resulting in a deeper sense of validation, empowerment, and connection (Chang et al., 2020).

While there is extensive literature available covering the topics of RCT, therapeutic alliance, and emotion recognition, more is needed on how all three of these topics interact and affect the therapeutic process, especially within the art therapeutic process. The purpose of this semi-systematic literature review is to provide an overview of the existing research surrounding the relationship between therapeutic alliance, emotion recognition, and RCT. More specifically, this review will investigate how RCT impacts or influences the therapist's emotion recognition ability, and how this ultimately impacts the therapeutic alliance. Furthermore, this review will

look at how this area of study has developed over time, or why it has not, provide an understanding of this area of study, and begin to create a baseline plan for further research. Finally, I will discuss how this literature can have a bearing on art therapy literature.

CHAPTER II

METHODOLOGY

The aim of this present literature review is to provide an overview of the existing research surrounding the relationship between the therapeutic alliance, emotion recognition, and RCT. More specifically, how does RCT impact or influence emotion recognition ability for therapists, and how does this ultimately impact the therapeutic alliance? This literature review followed a semi-systematic approach, outlined by Snyder (2019), to look at how this area of study has developed over time, provide an understanding of this area of study, and begin to create a baseline plan for further research. Themes and patterns identified in the research was used to map and synthesize this area of research and knowledge.

Procedures and tools

Reporting of key words and search engines used made this literature review process transparent (Snyder, 2019). Literature with contradictory findings has been included in the report to prevent the development of biased evidence. All search terms and search engines have been listed to provide the reader with the opportunity for critique and analysis.

The search engines that were used to gather data for this review are Academic Search Complete, ERIC, Health Source-Consumer Edition, Health Source: Nursing/Academic Edition, MAS Reference eBook Collection, MEDLINE Complete, APA PsycArticles, APA PsycInfo, Art Full Text (H.W. Wilson), CINAHL Plus with Full Text, Social Work Abstracts, SocINDEX with Full Text, Consumer Health Complete-EBSCOhost, Consumer Health Reference eBook Collection, eBook Collection (EBSCOhost) within the EBSCOhost database. The keywords that were used in the search for literature are “therapeutic alliance, therapeutic relationship, working

alliance, bond, helping alliance", "emotion recognition, emotion perception, and emotion identification", and "relational cultural theory and relational cultural therapy".

Inclusion and exclusion criteria

Inclusion criteria for Academic Search Complete included sources limited to "full texts and scholarly (peer reviewed) journals", "articles published between the years of 1990 and 2021", "publications of books, primary source documents, educational reports, and health reports", "document types of articles, book chapters and case studies", and "language English". For APA PsycArticles and APA PsycInfo, sources were limited to "year of publication from 1990-2021", "first posting and fully published status", "all publishers", "exclude book reviews", "all age groups", "population group of human, male, female, transgender, inpatient, outpatient", "methodology of clinical case study, clinical trial, empirical study, field study, interview, literature review, systematic review, nonclinical case study, qualitative study, and treatment outcome", "all classification codes", "document type of journal article and review", "publication type all journals, peer reviewed journal, peer-reviewed status-unknown, all books", "language English", "intended audience all", "book type all", and "supplemental materials all". For Art Full Text (H.W. Wilson), restrictions included sources limited to "publication type academic journal, report, and review" and "document type book review, article, case study, conference paper, review article". For CINAHL Plus with Full Text, restrictions included sources limited to "English language", "research article", "evidence-based practice", "all clinical queries", "human", "journal subset all", "geographic subset all", "publication type book, book chapter, case study, journal article", "all sex", "inpatient and outpatients", "all age groups", "special interest consumer health, critical care, evidence-based practice, psychiatry/psychology, public health, social work" and "language English". For Consumer Health Complete- EBSCOhost,

restrictions included sources limited to “publication type academic journal, book, and review”, and “document type article, book, case study”. For eBook Collection (EBSCOhost), restrictions included sources limited to “language English”. For ERIC, restrictions included sources limited to “journal or document all”, “all education level”, “publication type books, collected works all, creative works, journal articles”, “intended audience all”, “WWC reviewed meets evidence standards without reservations and meets evidence standards with reservations”, and “language English”. For Health Source- Consumer Edition, restrictions included sources limited to “publication type book”, and “number of pages all”. For Health Source: Nursing/Academic Edition, restrictions included sources limited to “publication type academic journal” and “document type article, book, case study”. For MEDLINE Complete, restrictions included sources limited to “English language”, “reviewed articles”, “human”, “all sex”, “all age related”, “clinical queries all”, “subject subset all”, “journal and citation subset consumer health, MEDLINE”, “publication type case study, classical article, conference, journal article”, and “language English”. For Social Work Abstract, restrictions included sources limited to “document type article, book, book chapter”. For SocINDEX with Full Text, restrictions included sources limited to “publication type book”, “document type article, book chapter, case study, conference paper”, and “language English”.

Therapeutic alliance and emotion recognition search. A search using “therapeutic alliance, therapeutic relationship, working alliance, bond, helping alliance” and “emotion recognition, emotion perception, and emotion identification” on yielded 133 results. After an exclusion of “God”, the search yielded 132 results. Exclusion criteria of “dementia and Alzheimer’s and cognitive impairment and memory loss” was added, and results yielded 120 results. Exclusion criteria of “animals” was added and yielded 107 results. Exclusion criteria of

"music therapy" was added and yielded 106 results. Exclusion criteria of "neuroscience" was added and yielded 96 results. Exclusion criteria of "substance use or substance abuse or drug use or drug abuse or dependence or addiction" was added, yielding 90 results. Exclusion criteria of "alcohol use disorder" was added and yielded 86 results. Exclusion criteria of "dissociative identity disorder (DID)" was added and yielded 84 results. Exclusion criteria of "cognitive behavioral therapy or cbt or cognitive behavioural therapy" was added and resulted in 80 results. Exclusion criteria of "academia" was added and yielded 75 results. Finally, all duplicates were removed from the search, yielding 45 results.

Therapeutic alliance and relational cultural theory search. A search with "therapeutic alliance, therapeutic relationship, working alliance, bond, helping alliance" and "relational cultural therapy" yielded 48 results. Exclusion criteria of "dementia and Alzheimer's" was added and yielded 47 results. Exclusion criteria of "immigrants" was added and yielded 45 results. Exclusion criteria of "family violence or domestic violence or intimate partner violence" was added and yielded 43 results. Exclusion criteria of "CBT" was added and yielded 42 results. Exclusion criteria of "military or veterans or soldiers or armed forces" was added and yielded 40 results. Exclusion criteria of "musicals" was added and yielded 38 results. Finally, all duplicate results were removed from the search, yielding 25 articles.

Relational cultural theory and emotion recognition search. A search with "relational cultural therapy" and "emotion recognition, emotion perception, and emotion identification" yielded 4 results. Exclusion criteria of "cognitive training or brain training or memory training" was added and yielded 3 results. Additionally, a total of 37 articles were excluded from analysis due to not being relevant to the research aims. A total of 9 articles were taken from references of

included articles. A total of 44 articles and 2 book chapters were included in this study based on the relevance of this research.

Analysis

The 44 articles and 2 book chapters yielded in the search described above were read and synthesized to gain a better understanding of how RCT, emotion recognition, and the therapeutic alliance relate to and influence each other. Following Snyder's (2019) research design, content analysis was used to identify, report, and analyze overarching themes from the yielded texts. The computer program NVivo was used to organize these emerging themes and patterns from the research. Moreover, the analysis of the yielded articles in the review will begin to create an agenda for future researchers (Snyder, 2019).

Responding through art making. Collage art pieces were made in response to the information that was gathered and assessed through the steps of the information collecting (beginning stages, proposal stage, and final stage). I engaged in collage making at the end of each stage for one to two hours. This artwork responded to how I reflected on the material gathered and how I conceptualized the information gathered fitting together. Through the collage artwork created, I gained a deeper understanding of the data gathered and how that relates to myself as an art therapist. Observations of the collage work created are reviewed in the discussion section along with applications of this research to art therapy.

CHAPTER III

LITERATURE REVIEW

The following section will explore the existing research surrounding the relationship between emotion recognition, RCT and the therapeutic alliance. In particular, how does RCT impact or influence the therapist's emotion recognition ability, and how does this ultimately impact the therapeutic alliance.

Therapeutic Alliance and Emotion Recognition

The human face provides all signals necessary in communicating different messages. According to Ekman and Friesen (1975), correctly identifying temporary changes in people's faces allows for the differentiation of messages, which is necessary in following emotional messages displayed. Emotion is considered to be the primary link between self and system, and between inner experience and interpersonal interactions" (Brubacher, 2017; p. 58). Individuals are influenced by their past experienced emotions, the emotions they experience in present interactions, and emotions they anticipate in the future (Roter et al., 2006). Correct emotion recognition results in the ability to accurately recognize, decode, infer, and react to the individual's nonverbal emotional information and predict further actions (Hutchison & Gerstein, 2017; Scherer & Scherer, 2011).

Nonverbal communication. Nonverbal communication, as defined by Roter et al. (2006) is a "variety of communicative behaviors that do not carry linguistic content", such as facial expressions, eye contact, body posture, and speech characteristics such as rate, pitch, and loudness to name a few (p.528). Nonverbal behaviors are recognized as being a high context form of communication, which depends on the sensitivity of nonverbal behaviors and

environmental cues, where low-context communication is more verbally explicit with little reliance needed for nuance (Roter et al., 2006).

According to Porges (2018), the human nervous system is constantly evaluating risks in our environment unconsciously by taking in information through our senses, decoding this information, and establishing safety. Once safety is established, our nervous systems will inhibit our instinctual defense reactions to allow for social engagement. Engagement with others depends on how well we regulate and decode this nonverbal information expressed through facial expressions and other nonverbal behaviors.

Emotion recognition and expression. Emotion recognition and emotion expression, which is the sending out information about one's emotional state, together create a pathway of nonverbal emotional communication between people (Hutchison & Gerstein, 2017). As stated by Scherer and Scherer (2011), the ability to accurately infer the emotions of others is a "socioemotional competence as it provides important information on the reaction of significant others to recent events and their likely actions in the future" (p. 306). Correctly recognizing and identifying others emotional expression at the beginning of an interaction creates the formation for adequate verbal communication (Arango de Montis et al., 2013). Roter et al. (2006) and Hasson-Ohayon et al. (2019) argued that nonverbal behaviors hold significance for the therapeutic relationship and influence important outcomes, including outcomes of care. The inherent social structure of the counseling context makes accurate recognition of nonverbal behavior and expressed emotions critical to the counseling process (Hutchison & Gerstein, 2017).

When emotional information is incorrectly interpreted, interpersonal and social conflicts may arise. This understanding of another's emotional state becomes increasingly important in the therapeutic alliance (Coutinho et al., 2009). This alliance is influenced by values, beliefs,

relational patterns, and expectations both the therapist and client bring. A strong therapeutic alliance can be weakened equally by the client's distortions and defenses, as well as the therapist's personal reactions to the client (Ackerman & Hilsenroth, 2003).

Attachment. Attachment style can influence the way individuals access their emotional stimuli (Vrticka et al., 2012). Attachment patterns can extend beyond explicit relationship issues, including emotion regulation difficulties, depression, and anxiety (Brubacher, 2017). These internal representations created by attachment patterns tend to be recreated in other relationships, such that early experiences of initial attachment figures affect how other relationships are then experienced (Atzil-Slonim et al., 2015). Secure attachment patterns are shown to support interdependence, autonomy, identity, self-efficacy, and effective emotion regulation (Brubacher, 2017).

Avoidant attachment styles can influence the perception of positive emotions and everyday social interactions as being less engaging, which has been linked to deactivating strategies avoidantly attached individuals use in order to minimize the impact of positive emotions associated with social encounters and attachment needs (Vrticka et al., 2012). Comparatively, anxious-ambivalently attached individuals often implement hyperactive strategies to up-regulate and intensify emotions in order to remain more vigilant and sensitive to signals of social threat, loss, or disapproval (Vrticka et al., 2012). A lack of social connection that attachment issues stem from is traumatic, emotionally disrupting, and a health risk (Brubacher, 2017).

Trauma. Many individuals who suffer from trauma experience a destruction of their relationships due to the protective strategies these individuals then use for self-protection (Kress et al., 2018). van der Kolk (2014) stated that "our relationship maps are implicit, etched into the

emotional brain" (p. 124). Those who have experienced trauma are likely to develop a set of reactions, which may include emotional dysregulation, dissociation, and disturbances in relationships to name a few (Kress et al., 2018). In distressing experiences, the need for social connection and protection may be activated, but when these responses are not available, one may rely on insecure attachment strategies of hyperactivation or deactivation of emotions (Brubacher, 2017; Vrticka et al., 2012).

Additionally, accurate perception of facial expressions is central in communicating emotional states and for the development of adaptive social functioning (Javdani et al., 2017). Individuals with high levels of social anxiety, which have been found to accompany trauma, tend to misinterpret social cues, which suggests that the subjective assessment of another's emotional state is influenced by one's own, and may be linked to an insecure attachment style (Arango de Montis et al., 2013). Deficits in interpersonal functioning and impairments with facial affect recognition, which is associated with deficits in emotion recognition, may reflect misinterpretations of social cues conveyed through facial expressions (Javdani et al., 2017).

This misinterpretation of social cues can lead to the development of attentional biases in those who have experienced trauma or are diagnosed with PTSD, such as responding faster and longer to angry faces or misidentifying neutral faces as angry, which can result in a hypervigilance to possible threat (Javdani et al., 2017). This hypervigilance keeps our mobilization, or danger response, systems activated to keep us safe, resulting in the shut down of the system that aids in social communication and engagement (Porges, 2018). Due to this heightened danger response, situations that may be safe are read as unsafe, and vice versa, resulting in difficulty with social engagement and connection (Porges, 2018). Pfaltz et al. (2019)

discussed that individuals diagnosed with PTSD often experience alexithymia, a difficulty with describing and identifying feelings, which is related to emotion recognition deficits.

Mehta et al. (2020) suggested that when a client is able to read the therapist as trustworthy and empathetic from facial expressions and appropriate verbal messages, certain communication barriers can be overcome. In addition, the therapist's reactions to the client, especially clients who have experienced trauma, influence whether the client and therapist are able to create and maintain a positive therapeutic alliance. From an attachment perspective, a responsive and engaged therapeutic relationship provides both a safe space of comfort, acceptance, and understanding, as well as a secure base from which the client can safely explore (Brubacher, 2017). Repetitive themes in relationships and modes of interaction developed through attachment patterns tend to then emerge within the therapeutic relationship in some form, which then, with a secure relationship, can be processed so the client can move towards new responses to self and others (Atzil-Slonim et al., 2015; Brubacher, 2017).

Emotions play a significant role in working with clients and understanding these emotions can assist therapists in being more in tune with the clients' emotions, which further helps the healing process (Hutchison & Gerstein, 2012). Accurate recognition of individual's emotions is associated with positive psychosocial characteristics, such as better relationship quality, social adjustment, and mental health (Blanch-Hartigan & Ruben, 2013). Additionally, therapists who come across as tense, bored, defensive, disinterested, and unsupportive, react negatively towards the client, or inaccurately assess the intensity of client emotion can make it difficult for the client to form and retain a working alliance, which may result in ruptures (Ackerman & Hilsenroth, 2001; 2003; Hutchison & Gerstein, 2012).

Ruptures. Ruptures are an expected part of treatment, as well as everyday life. Ruptures often occur when the therapist is not actively doing something the clients wishes or not wishes (Ackerman & Hilsenroth, 2001). Ruptures in the alliance can vary from disagreements about therapy goals, to issues with the therapist-client bond, and reflect an ongoing and underlying negotiation between the client and therapist at an implicit level (Safran et al., 2011; Muran, 2019). Muran (2019) discussed two types of ruptures: withdrawal ruptures and confrontation ruptures. Withdrawal ruptures involve movement away from self or others for appeasement or isolation, while confrontation ruptures involve movement against others, towards aggression or control (Muran, 2019).The therapeutic alliance is argued to be the component with a strong association with effective therapy outcomes, and that when ruptures in the alliance are under recognized, functioning for the client can decrease (Ryu et al., 2021). Ackerman and Hilsenroth (2003) discovered in their research that a rupture was likely to occur when the client had experienced negative feelings regarding the therapist or therapeutic process. Additionally, Ackerman and Hilsenroth (2001) found ruptures occur when the therapist focused too heavily on transference interpretations and how faulty cognitions influenced the construction of negative emotion. Additionally, ruptures occurred when therapists were inflexible in exploring client feelings about the real relationship, as well as exploring the emotional impact of the interpersonal issues.When these ruptures occurred, the client rated the alliance lower and were more likely to discontinue treatment. Lambert (2010) suggested that the client's rating of the alliance impacts the treatment outcomes more than the therapist's rating of the alliance. When therapists receive client feedback about their client's functioning, client treatment outcomes tend to increase (Lambert et al., 2002).

Repair. Ackerman and Hillsenroth (2001) argued that ruptures within the alliance are "fertile ground for client change, as well as opportunities for deepening the therapeutic alliance" (p. 178). As cited in Chang et al. (2020) from Muran (2010), there are three essential therapist skills for attending to ruptures:

> The first skill is self-awareness, which is the therapist's awareness of and attention to their own internal experience, including affect. This aids the therapist in understanding interactions with the client at a deeper level. Second is affect regulation, which refers to the capacity to manage negative or distressing emotions, both within the therapist and with the client, that could cause disruption in the alliance. The final skill is interpersonal sensitivity, which refers to the therapist's capacity to empathize with their client's experiences and their sensitivity to the dynamics within the relationship (p. 372).

Repair can be created through the skills listed above and accurate interpretations about the cause of the rupture (Ackerman & Hilsenroth, 2003). This accurate interpretation, specifically, interpretation of emotion expression, is crucial in the counseling process (Hutchison & Gerstein, 2017). Therapists who are more accurate at judging emotional expression tend to have more satisfied and engaged clients (Blanch-Hartigan & Ruben, 2013). The assessment of a client's thought and mood is dependent on an understanding derived from a view and understanding of the whole person (Mehta et al., 2020).

Additionally, the exploration of both client and therapist understanding of the rupture and the underlying needs is an integral part of rupture resolution, where resolution is seen as the client perceiving an agreeable outcome and feeling able to continue working with the therapist (Ackerman & Hilsenroth, 2001; Muran, 2019). Successful resolution of these relationship ruptures can create a remedial emotional experience that can provide opportunities for

therapeutic change (Argaman Ben David et al., 2021). Moreover, the therapist's empathetic communication is the foundation for effective understanding of individual's subjective emotional states and a working therapeutic alliance (Mehta et al., 2020).

Art therapy. In an art therapy setting, the art media is used as a central mode of expression and communication. The clients' interaction with the art medium influences the client-therapist relationship (Argaman Ben David et al., 2021). The art medium can be seen as a therapeutic task that enables simultaneous channels of communication, intrapersonal and interpersonal (Bat Or & Zilcha-Mano, 2019). Argaman Ben David et al. (2021) expanded on how artwork can reflect the "primary and internalized relationships of the client, and thus expand his/her self-consciousness," which can help to strengthen the therapeutic relationship and aid the client in achieving therapeutic goals (p. 2). Art making is often conceptualized as a way of experiencing the present moment, which in regard to art therapy, creates direct experiences with the art medium that can allow for "creation of new experiences, which may then enable development and growth" (Bat Or & Zilcha-Mano, 2019, p. 77).

The art process involved in art therapy often influences the connection the client feels with the therapist. Argaman Ben David et al. (2021) found in their study that art within their simulated therapy was associated with their bonding. The more the client experienced the art therapist as supportive and empathetic, the more playful and exploratory the art experience was perceived. Bat-Or and Zilcha-Mano (2019) found in their study an association between acceptance of the art therapist's interventions and the client experience of the art.

Additionally, in Argaman Ben David et al.'s (2021) study, while the therapeutic relationship between simulated client and art therapist grew stronger over time, the client experience with the art medium was that of a V-shape, where the client felt significantly less

trustful of the art medium in the middle of the art therapy relationship, which was argued describes rupture and repair within the alliance. This may indicate that over time, the experience with art media may create feelings of uncertainty of the meaning for the client in their artwork, creating a distrust in the art medium, but ultimately helping to create and provide meaning (Argaman Ben David et al., 2021).

The more the client is able to experience the therapeutic alliance as strong, the more aware they may become of the contribution the art making holds in art therapy, both as a form of communication and a means of promoting self-awareness (Bat Or & Zilcha-Mano, 2019). Within an attachment stance, the more supportive and accepting the therapist feels to the client, the more the client may feel able to explore the art medium, which may indicate a secure base from which the client can operate and explore "internal and external realms in creative and playful ways" (Bat-Or & Zilcha-Mano, 2019, p. 84). The more the client feels they can trust the therapist and the therapeutic language, the more secure they will be in their undertaking to explore and pursue therapeutic goals (Bat-Or & Zilcha-Mano, 2019).

Therapeutic Alliance and Relational Cultural Theory

Relational Cultural Theory (RCT) is based on privileging client's lived experiences and viewing clients as collaborators in moving towards a strength-based change (Frey, 2013). RCT values diversity and places an emphasis on exploring individuals' intersecting social and cultural identities. Bordin (1979) stated that there is a basic level of trust with all types of therapeutic alliances, but when attention is directed more towards the protected parts of our inner experiences, deeper bonds of trust and attachment are needed and begin to develop. The therapeutic relationship is one of the many places where creativity, which Headley et al. (2015)

described as “the ability to produce novel and meaningful ideas through one’s imagination to address a particular task” (p. 91), can be used in a way to foster personal and relational growth.

Connection. We, as individuals, grow and heal by building what RCT refers to as growth-fostering relationships and community, where growth occurs both through and towards connection and relationships (Comstock et al., 2008; Jordan, 2008). Mutuality and shared power within the therapeutic relationship are core components of the therapeutic relationship in the RCT framework (Kress et al., 2018). This framework additionally is built on the assumption that people are hardwired to seek out connection with others and that “meaningful, shared connection with others leads to the development of a healthy “felt sense of self”” (Duffey & Somody, 2011; Frey, 2013, p. 178).

Therapeutic alliance in RCT is framed as a mutual experience that exists within both connection and disconnection, where disconnections can lead to ruptures in the alliance (Jordan, 2008). Frey (2013) presented the four relational characteristics that RCT lists as being needed for connections to occur:

> (a) mutual engagement and empathy, defined as mutual involvement, commitment, and sensitivity in the relationship, including a willingness to impact and to be impacted by another person; (b) authenticity, defined as the freedom and capacity to represent one’s feelings, experiences, and thoughts in the relationship, but with an awareness of the possible impact of this authenticity on the other person; (c) empowerment, defined as the capacity for action and sense of personal strength that emerges from the relationship; and (d) the ability to express, receive, and effectively process diversity, difference, and/or conflict in the relationship, and to do so in a way that fosters mutual empowerment and empathy. (p. 178)

Disconnection. When these characteristics are not present and attended to, disconnection occurs. Disconnections occur at an individual level when people let each other down, fail to respond empathetically, behave in hurtful ways, or inflict/experience other relational injuries (Duffey & Somody, 2011). These empathetic failures and relational disconnections are particularly painful for the more vulnerable person in the relationship, especially those who come from marginalized and devalued racial and cultural groups in society (Comstock et al., 2008). Disconnections at a societal level come from the ways in which the dominant groups shame, silence, and stratify nondominant groups based on differences (Jordan, 2001; Jordan, 2008).

Jordan (2001) described how previous experiences shape our expectations of connection, also known as relational images. Relational images shape our expectations and interactions with others, influencs whether we stay connected with ourselves and others or whether we move way from others into isolation, self-blame, and immobilization (Jordan, 2001). These images influence the way in which individuals conceptualize relationships, as well as the way in which they perceive themselves (Kress et al., 2018). When the above characteristics lack for a continued amount of time and our relational images tell us to move out of connection with others, a sense of isolation starts to develop (Jordan, 2001).

Experiences of isolation, shame, oppression, and marginalization are relational violations and traumas that RCT places at the core of human suffering (Comstock et al., 2008: Jordan, 2001). Isolation involves the sense of being cut off from connection, self-blaming, and feelings of immobilization (Jordan, 2000). Shame is a felt sense of unworthiness to be in connection, a deep feeling of unlovability, along with the awareness of how one wants to be in connection (Comstock et al., 2008). As cited in Kress et al. (2018), Banks (2006) argued that “all of the

negative effects of interpersonal traumas, the destruction of relationships is the most disconcerting obstacle" (p. 106).

Disconnections, feelings of shame, and isolation that cannot be resolved have the potential to lead to what Comstock et al. (2008) define as condemned isolation. Condemned isolation results from "relational disconnections, power differentials, gender role socialization, racism, cultural oppression, health disparities, heterosexism, and other social injustices" and often leads to "the feeling of being locked out of the possibility of human connection" (p. 282).

Due to this feeling that condemned isolation often leads to, individuals may start to develop strategies of disconnection in order to avoid perceived or real risks of relational disconnection, social exclusion, and marginalization, and learn to keep certain parts of themselves out of relationships in order to preserve whatever form of relationship they can (Comstock et al., 2008; Duffey & Somody, 2011). These strategies of disconnection develop from negative relational experiences that lead individuals to fear connection, despite a yearning and desire everyone feels for connection (Jordan, 2001). These techniques keep the vulnerable parts of ourselves out of relationships in order to avoid further hurt, which in turn creates attachment issues, resulting in attachment styles such as anxious-ambivalent attachment (Brubacher et al., 2017; Jordan, 2001; Vriticka et al., 2012). Therapeutic relationships that are not built on relational or multicultural ideology have the potential to "further perpetuate the silencing and oppression that marginalized individuals experience in the larger culture" (Combstock et al., 2008, p. 280).

Mutual empathy. Therapists must create a sense of mutual empathy and deep respect for the client, where it is acknowledged that both the therapist and client are affected by the other and that experience is valuable to both people to build a strong therapeutic relationship (Jordan,

2000; 2001). Additionally, individuals who have histories of interpersonal trauma may have limited experiences with healthy relationships. This creates an additional emphasis on developing healthy relationships, which may aide in promoting healing and recovery (Kress et al., 2018). Co-created mutual empathy, which can be described as a cognitive-affective way of engagement, becomes a way of experiencing connectedness and overcoming disconnections and isolation (Jordan, 2001; Lertora et al., 2020).

In order for clients to feel the therapist's empathetic response, a cognitive and affective response must come from the therapist. Duffey and Somody (2011) described an affective response as feeling emotions similar to others, where a cognitive response is gaining awareness as a source of emotional arousal and clarity about one's own experiences and feelings comparative to others. Additionally, as cited in Kress et al. (2018), Banks (2006) discussed how client disconnection and varying degrees of disclosure due to traumatic experiences should not be viewed as resistance, and that therapists should remain mindful of the vulnerability associated with entering a therapeutic relationship and honor self-protective strategies of disconnection. Furthermore, when clients are able to see that the therapist is affected by their experience(s) and the therapist is willing to communicate this response to their clients and allow themselves to be affected by client experience(s), clients gain a sense of validation in the therapeutic relationship (Duffey & Somody, 2011). When therapists effectively communicate and express this connection with the client and when clients can acknowledge being affected by this impact, mutual empathy is cocreated in the therapeutic relationship (Comstock et al., 2008). Additionally, this authenticity, mutuality, and vulnerability from the therapist provides invaluable information to the client and creates a strong therapy foundation, contributing to building a "reliable,

trustworthy relationship that lies at the heart of real safety and growth in therapy" (Jordan, 2001, p. 101; Headley et al., 2015).

Cultural disconnections. While the therapeutic relationship can create a space of vulnerability and authenticity, cultural disconnections can also be reinforced in the therapeutic relationship when therapists fail to understand and recognize client's contextual factors. RCT places an importance on knowing and acknowledging the cultural context of clients, as well as the therapeutic relationship. When both the therapist and client are seen as culturally embedded and constructed, culture itself becomes seen as an internalized object that shapes each individual's beliefs, values, and sense of self and other (Chang et al., 2020). When misunderstandings occur out of cultural differences and misattunement of emotional engagement, division and ruptures can occur in the compatibility of treatment goals and tasks between the client and therapist, which Chang et al. defined as cultural ruptures. Both the client and therapist's social locations are present in the therapeutic relationship, and ultimately both party's identities reflect the larger, interwoven systems of "power, privilege, and oppression, with implications for how ruptures are experienced, expressed, perceived, and addressed" (Chang et al., 2020, p. 372).

When the more powerful person does not listen and respond with validation, the less powerful person learns to keep that part of their experience out of the relationship, which may lead to feelings of shame, isolation, self-blame, and immobilization (Duffey & Somody, 2011; Jordan, 2008). Chang et al. (2020) expanded on the three therapist's skills of self-awareness, affect regulation, and interpersonal sensitivity into a more critical-cultural lens. The first skill was expanded to be critical self-awareness, which brings in awareness of power, privilege, culture, and identity and how these inform our experiences and affective responding (Chang et.

al, 2020). The second skill expanded to include wise affect, which is the focus of the capacity to both respond in a skillful manner to negative emotions that lead to disconnection and generate positive emotions in order to promote connections (Chang et al., 2020). Finally, the third skill was expanded to encompass anti-oppressive interpersonal engagements, which Chang et al. (2020) described as the capacity to empathize with client's experience and stay sensitive to ways in which the relationship may be shaped by dynamics of oppression. Furthermore, Chang et al. (2020) critical-cultural approach around rupture and repair recognized that client driven meaning-making is a cultural process, influenced by our identities, socialization, and the adaptation skills we have learned for situational life demands.

By structuring the therapeutic relationship in a way that aims to empower the client by reducing effects of social status hierarchies in the relationship, clients can feel validated, safe, and more fully present and honest in the relationship, ultimately moving them towards connection (Chang et al., 2020; Duffey & Somody, 2011). Relational movement occurs when individuals move through connections, disconnections, and then back into new, more improved connections with others (Kress et al., 2018). As individuals work through disconnections, they become more relationally resilient as they come to feel more competent in their relationships, as well as learn to be more authentic with self and others (Duffey & Somody, 2011). The solid foundation built within therapy that allows for authenticity and mutuality allows both the therapist and client to experience vulnerability in an environment that promotes validation and safety (Headley et al., 2015).

Art therapy. When the less powerful person is able to express and bring attention to the disconnection felt, the less powerful person learns that they matter, and that they are able to be relationally effective and bring about positive change in a relationship (Jordan, 2008). This

positive change can lead to more authentic connections, which can help overcome barriers such as language, in the therapeutic relationship (Sassen et al., 2005). Sassen et al. (2005) additionally discussed how interventions such as interactive art therapy groups may allow individuals to express what may otherwise not be attended to. Creativity can become a medium that allows individuals' vulnerabilities to become a tool for bonding rather than a form of disconnection (Sassen et al., 2005). When these differences and disconnections are negotiated in corrective ways, old relational images can be transformed, which can change our expectations for future relationships (Duffey, 2006). Sassen et al. (2005) additionally discussed how an art group in their study allowed for relational movement within the group of adolescent girls, where the art aided them in:

> moving into connection through the excitement of making up a story, and out of connection as our competitive societal backdrop goads each girl to argue for her own story line. Helping the girls to reconnect after they offend each other or helping them understand the needs that might be behind a particular disconnection (p. 75).

Creative possibilities unfold when individuals operate from a place of connection where each person's experience is taken in and allowed to move others (Duffey, 2006). Creativity in the therapeutic context is an important and powerful force that helps to promote growth-fostering relationships within the context of mutuality and authenticity (Headley et al., 2015). RCT provides clients with the necessary tools to experience relational movement toward mutually empowered, growth-fostering relationships despite adverse conditions, traumatic experiences, or isolating social-cultural pressures (Duffey & Somody, 2011).

Emotion Recognition and Relational Cultural Therapy

While initial research from Ekman and Friesen (1975) suggested there is a set of recognizable universal human emotions, regardless of culture, continued research has shown that while there does seem to be a set of basic emotions in most cultures, the degree to which individuals recognize and feel such emotions varies due to cultural variables and social norms on facial expressions (Hutchison & Gerstein, 2012; 2017). Cultures often encourage and create experiences that elicit culturally desirable emotions, and thus fail to promote, or even suppress, experiences that lead to less desirable emotions (Mesquita & Walker, 2003). Hutchinson and Gerstein (2012) explained that these diverse backgrounds create cultural display rules (CDR), which are the social norms that individuals learn in childhood that inform and guide them in expression of emotion, including the facial expression of emotions. Often client problems are viewed as an emotional regulation difficulty from the lack of effective connections, where the solution to these problems is, as Brubacher (2017) argued, "shaping loving human connections between the client and others in his or her life, between the client and the therapist and within the individual" (p. 57). In the attachment frame, the goal is to help the individual regulate emotions and maximize "resiliency, competence and joy, by reaching to appropriate others for support and care" (Brubacher, 2017, p. 57). Brubacher (2017) argued that finding this attachment security is associated with self-esteem, improved emotion regulation capabilities, and mutually satisfying relationships.

Cultural display rules. CDRs are shaped by different cultural, individual, and environmental variables people learn as children, which influence individual's emotions, behavior, communication, relationships, and emotional expression (Hutchison & Gerstein, 2017). Emotional expressions ultimately serve the individual's fit in their cultural environment, and

therefore are less likely to happen when these expressions differ from the cultural model from which the individual operates, as well as if the perceived level of closeness or quality of the relationship is low (Hutchison & Gerstein, 2017; Mesquita & Walker, 2003). Elfenbein et al. (2002) argued the idea of an in-group advantage, where members of the same cultural group may be more accurate in their emotional communication than with those of different cultural groups. These CDRs typically stress an importance of social rules, which produce situations where social expectations arise.

From these social expectations, the possibility of falling short in terms of the rules arises, which Mesquita and Walker (2003) suggested could facilitate excessive anxiety. These rules and expectations placed on individuals from different cultures based on those social expectations influences and determines which emotions are felt and displayed, creating adherence to the social rules set by that culture. When the need for connection and closeness is not met, anger and shame can ensue, which can trigger attachment strategies of hyperactivating or deactivating needs for connection, which can trigger responses of withdrawal, distancing, and becoming emotionally disconnected (Brubacher, 2017).

Furthermore, the dominant culture inherently holds the power to define one group as better or worse than another, which inevitably creates relational distortions from these stratified relationships (Walker, 2004). Hutchison and Gerstein (2017) suggested that individuals are more accurate at judging expressed emotions from those within their own culture as compared to those outside their culture, which adds another barrier of accurate emotion recognition in the therapeutic alliance with cross-cultural therapeutic relationships. As a therapist, attending to the client's CRDs, and how these may differ from your own, can help in the creation of strong therapeutic alliance. Additionally, attending to power differentials and exploring if these may be

affecting the client's genuine emotional expression should also be explored to strengthen the alliance (Hutchison & Gerstein, 2017). Due to the complexity and influence CDRs have on emotion expression and recognition, the impact CDRs have on the counseling process is extensive and can affect communication between the therapist and client, and impact the relationship (Hutchison & Gerstein, 2017). By understanding the client's emotions and the role of emotions, therapists can be more in sync with their clients and further assist the helping process. Understanding emotions and emotional intensity is a key part of working with clients (Hutchison & Gerstein, 2012). An inaccurate assessment of a client's emotional intensity can disrupt the therapeutic alliance, and lead to a stall in processing. Clients often reveal their emotional states not in blatant or explicit ways, but in more subtle verbal and nonverbal hints of their underlying state (Blanch-Hartigan & Ruben, 2013).

The pathway of nonverbal communication between two or more people is built on emotional expression and recognition, where the emotional expression process relies on sending out information on one's current state and recognition involves the accuracy of recognizing or perceiving nonverbal emotional information from another (Hutchison and Gerstein, 2017). When adding in the complexity of CDRs on emotion recognition and expression, Hutchison and Gerstein (2017) emphasized that the impact of CDRs on the therapeutic process and alliance is extensive, and likely to affect the communication between the two parties involved. Further, Hutchison and Gerstein (2012; 2017) suggested that specific training focusing on identifying CDRs present in the therapeutic context and how those rules impact the expression of emotion would help to further understanding on the role context plays in emotion recognition.

Throughout this review, themes of nonverbal behavior, emotion recognition and expression, attachment patterns, trauma history, connection, disconnection, mutual empathy,

cultural disconnection, and cultural display rules were discussed in relation to the therapeutic alliance, emotion recognition, and Relational Cultural Theory. Art therapy was discussed in relation to these themes where the research was available. Engagement with others relies on safety, which is established through correct identification of nonverbal behaviors and emotions. Due to this, the understanding of nonverbal behaviors and correctly identifying emotions are crucial for engagement and outcomes within the therapeutic alliance. RCT provides a framework where this engagement is understood through connection and disconnection, as well as cultural contexts. These finding are further discussed and explored in the following section.

CHAPTER IV

DISCUSSION AND CONCLUSION

Therapists should be aware there are many factors that influence the therapeutic alliance. Different factors that can influence this alliance between client and therapist discussed in this review included: nonverbal behaviors, emotion recognition and expression, attachment patterns, trauma history, connection, disconnection, mutual empathy, cultural disconnection, and cultural display rules. This review discussed how RCT, and briefly art therapy, can be used as a standpoint for the therapist to address these relational disconnections, address emotion recognition, and build mutual empathy, which is often seen as a source of healing and transformation (Comstock et al., 2008; Duffey & Somody, 2011).

When the aforementioned factors are misunderstood, ruptures can occur within the alliance. When ruptures are recognized and discussed in the relationship, the alliance can be made stronger. Ruptures in an RCT lens can be seen as relational disconnections, which often are more harmful to the less powerful person in the relationship (Comstock et al., 2008).

Owen et al. (2011) explored how microaggressions can take several forms and can negatively impact the working alliance. As discussed in Owen et al. (2014), 53% of racial and ethnic minorities in that study have experienced microaggressions in therapy, and these experiences resulted in lower quality alliances. As previously discussed, a strong therapeutic alliance is foundational in working through ruptures, including microaggressions, also seen as cultural ruptures (Owen et al., 2011).

Through the analysis of available literature surrounding emotion recognition, the therapeutic alliance, and RCT, many articles connected the therapeutic alliance and emotion recognition, as well as the therapeutic alliance and RCT; however, there was less information

found connecting RCT and emotion recognition, and even less incorporating art therapy into all three themes. Information discussed in this review supported the need for research on accurate emotion recognition within the therapeutic alliance, both for therapists and clients. As discussed, the ability to more accurately interpret client nonverbal behaviors, recognize and discuss ruptures, and understand how trauma and client attachment patterns impact relationships can help therapists in building and maintaining stronger therapeutic alliances. Additionally, as discussed by Blanch-Hartigan & Ruben (2013), therapists who more accurately interpreted client's emotional expressions were found to be more satisfactory by their clients.

Regarding art therapy, the art making can act as a tool to expand both self-awareness, and communication, aiding in creating experiences that allow for development and growth (Argaman Ben David et al, 2021; Bat Or & Zilcha-Mano, 2019). While the art medium may bring in new alliance building opportunities, it can also create feelings of uncertainty and distrust that then need to be addressed within the therapeutic relationship by the therapist (Argaman Ben David et al., 2021).

The therapeutic alliance can be made stronger through the therapist addressing clients intersecting social and cultural identities. RCT provides a framework from with these identities are emphasized and explored within the relationship. The therapeutic relationship is framed as a mutual experience that contains both connection and disconnection, or ruptures, for both client and therapist (Jordan, 2008). Relational images in RCT refer to previous experiences that shape our expectations of and how we form connections. This idea of relational images mirrors that of attachment patterns, which also stem from past experiences of relationships, which then in turn influences expectations of future relationships and how these are formed. When individuals can change and form new ways of connecting with others, relational movement occurs toward

mutually empowered relationships, including the therapeutic relationship. Additionally, art therapy can be used to explore these disconnections and then negotiated to find ways to transform old relational images and expand expectations for future relationships (Duffey, 2006; Sassen et al., 2005). When individuals can take in other's experiences, as RCT does, creative possibilities unfold and mutually empowered, growth-fostering relationships are created (Duffey, 2006, Duffey & Somody, 2011).

Even though therapists may often work to establish mutual empathy with clients and overcome various ruptures, situations will still arise due to culturally diverse backgrounds of both the client and therapist that will influence the way certain experiences are responded to. As discussed in this review, correct emotion recognition is important in forming a strong therapeutic relationship. However, cultural rules can impact ways certain emotions are expressed or if they are even expressed outwardly (Mesquita & Walker, 2003). These cultural rules can impact whether connection and relational needs are met, and if attachment patterns are enacted as a way to deal with any uncomfortable feelings surrounding these experiences. When the client's cultural ways of relating are insulted by the therapist, the therapeutic alliance is jeopardized (Owen et al., 2014). However, Owen et al. (2014) discussed how the therapist client dyads that discussed these cultural ruptures experienced higher quality alliances, compared to those where the cultural rupture was not discussed. Not therapist is immune from accidentally invalidating their clients and experiencing ruptures, but by attending to and furthering understanding about these different cultural expectations surrounding emotional expression and relational patterns, therapists can help build stronger alliances with clients. A focus on art therapy in relation to cultural expectations and emotional expression may be something that could be explored in future studies, strengthening the literature surrounding these ideas.

Collage work

Over the course of this project, I worked on a total of three collages reflecting on my understanding of how I was putting together the information I was gathering on the therapeutic alliance, emotion recognition, and RCT. I completed the first collage once I had developed a research idea before I had begun much research collection (see Figure 1). The second was created after the proposal stage of my project (see Figure 2), and the final collage was created after I had finished collecting all my research (see Figure 3).

Figure 1 represents my baseline understanding of my three research topics and how they related to each other. Emotion recognition is mostly represented in the upper left corner of the collage, shown through my use of red, lighting, and the misty mountains. My intention here was to choose images I felt represented different emotions that I thought were important for therapists to accurately recognize. The bottom left corner of the collage represents my understanding of the therapeutic alliance. The man surrounded by books with a nebula type image coming from him is to represent clients and all the experiences they bring to therapy with them. Finally, the right side of the college represents RCT using the tree, polar bear image, and framework building images. These images together were to represent how people can grow through connections with others or become isolated and alone when disconnections occur that cause harm. While these three themes are represented in their own sections of the collage, I wanted them to meet in the middle, symbolizing what I thought my research might lead to.

Figure 1.

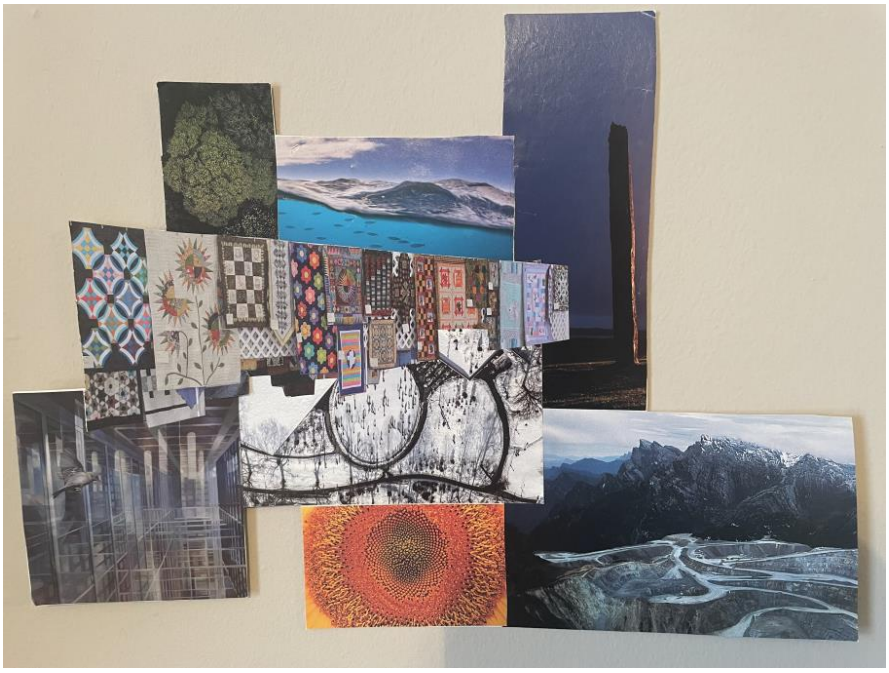
Pre-research

The second collage (see Figure 2) made after the proposal stage of this project has a heavy RCT and therapeutic alliance focus. While there are still components of emotion recognition, I found myself more focused on the therapeutic alliance and how RCT fits into this. The quilts are to represent how each client and their experiences are going to be different but can be woven together to form deeper understandings of their connections and relational images, further strengthening the therapeutic alliance. There are many images depicting paths in this collage, which I found to resonate with me at this time because of the different information I was finding related to how many variables are present in the therapeutic alliance and how there can be many twists and turns in developing a strong alliance with clients, some paths turning into ruptures and other paths leading to repair and deeper connection. While there are many possible paths in building a strong alliance, we all have personal and cultural identities and past experiences that shape how we connect with others. These may remain set in our lives, much like

the stone statue or the bird and it's flight paths in the collage, but with time and different experiences of connection, these can begin to change and erode, leaving something new behind.

Figure 2.

Post-proposal



Finally, the third collage (see Figure 3) was done after all the research was compiled and coded. This collage reflects on how I found myself putting all the information I gathered and understanding how deep this topic can go. I started collaging with the images at the bottom of the page, representing what it might be like starting to build a new alliance with clients. From personal experience, this can often feel like an uphill climb, and everyone starts at a different point, some feeling isolated and only opening a small window for you to connect through. However, as these alliances build, ruptures are repaired, and identities are talked about and an understanding is made, this alliance can become one where the client can feel empowered and

understood. This is a journey therapist and client take together, both walking through rough and good times together, growing through connection and development of mutual empathy and understanding. For me, emotion recognition on the therapist's part is part of this understanding that is developed, and while incorrect interpretation of these emotions can cause ruptures, understanding that a misinterpretation occurred can lead to a repair, and possibly an even stronger alliance. This idea is represented in the collage through the two figures climbing up the mountain to the peaceful beach scene. The butterfly represents the change and growth that can occur through building strong alliances within an RCT framework. Additionally, the three grey stones represent the therapeutic alliance within art therapy, representing the alliance between therapist, client, and art medium. While this type of alliance can also be a winding path to navigate, empowerment and understanding can emerge through the art making process, and at times create a deeper connection in the alliance.

Figure 3.

Post-research collection

This reflection through collage process has aided my understanding of how emotion recognition, RCT, and the therapeutic alliance all fit together. Additionally, through this reflection and research, I have gained a deeper understanding of rupture and repair, alliance building, RCT framework, and the influence of emotion recognition within the therapy setting for myself as a budding art therapist. This research and additional reflection through collage has aided my understanding of and helped inform my alliance building skills in my own practices as a new art therapist.

Limitations

While the research collected does support accurate emotion recognition is important in the building of the therapeutic alliance and shows that an RCT framework can be helpful in building a strong therapeutic alliance through mutual empathy, there are limitations to this research. This research is a broad overview of the literature available examining the therapeutic alliance, RCT, and emotion recognition. Therefore, there were no parameters set for research type within the collected articles. This decision was made in order to include as many articles and chapters as possible that provided information on the therapeutic alliance, RCT, and emotion recognition in order to provide a wide range of information. Additionally, while there was some information found incorporating art therapy practices into this topic, there were limited sources available about art therapy and the relation to emotion recognition, RCT, and the therapeutic alliance.

Recommendations

Derived from the information compiled in this study, a recommendation for future studies might include focusing on a specific research type in relation to these specific themes. This may give a more structured path for future researchers to then follow and create a guide for

replication studies. This may also provide a way for the art therapy process to be more defined and integrated into research within the topic of emotion recognition, RCT, and the therapeutic alliance. Another direction future research could take, specifically art therapy research, is focusing on emotion recognition and RCT and the impact these have on the therapeutic alliance within art therapy practices to further the research available in this field. Additionally, future research could focus on emotion recognition within the RCT framework, as less information was found in this area than the other two areas. This could expand the understanding of how emotion recognition impacts the tenets of RCT, such as the building of mutual empathy and changing of relational images.

Conclusion

In order to build strong therapeutic alliances with clients, correct emotion recognition is vital, establishing that the therapist is able read and connect with client emotional states. Understanding cultural and societal identities are also important in building the therapeutic alliance through connection and mutual empathy, which RCT provides a framework for. The intent of this review is to provide an overview of how RCT might impact or influence a therapist's emotion recognition, and how this ultimately influences the therapeutic alliance. With this compiled literature, future studies and research projects may draw from this foundational knowledge when designing research questions. Further research in this field, specifically art therapy, could strengthen the knowledge and understanding around therapists' emotional recognition abilities in relation to RCT and how this ultimately influences the alliances therapists build with their clients.

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