Main Issues of Pedagogy and Psychology
e-ISSN 1829-1295 (Online)
miopap.com/en

Volume 4 · Issue 2 · 2026
Pages 1545–1556

Clinical Psychological Practice and Its Role in Enhancing Therapeutic Alliance: A Study on Neutrality, Empathy, and Containment

Nafissa MANSOURI

Education and Development Laboratory, University of Oran 2 Mohamed Ben Ahmed, (Algeri), Email : mansouri.nafissa@univ-oran2.dz

Received: 23/05/2026 | **Accepted:** 25/10/2026 | **Published:** 25/11/2026

ABSTRACT

Clinical psychological practice represents a fundamental pillar of psychology due to its essential role in understanding psychological difficulties and developing effective therapeutic interventions grounded in humanistic and ethical principles. This article aims to analyze the role of clinical practice in enhancing the effectiveness of the therapeutic relationship through three core skills: neutrality, empathy, and containment. The study adopts a descriptive-analytical methodology based on classical and contemporary theoretical literature in clinical psychology. The findings indicate that these skills are central to establishing a therapeutic relationship characterized by trust and psychological safety, contributing to treatment adherence and intervention effectiveness. The analysis further highlights that the integration of neutrality, empathy, and containment supports respect for client dignity and promotes sustainable psychological change. The article concludes that clinical psychological practice extends beyond technical procedures, constituting a fundamentally relational and human-centered process rooted in the quality of the therapeutic relationship

Keywords: Clinical psychological practice; Therapeutic relationship; Neutrality; Empathy; Containment.

1CLINICAL PSYCHOLOGICAL PRACTICE AND THE EFFECTIVENESS OF THE THERAPEUTIC RELATIONSHIP

Introduction

Clinical psychological practice has become increasingly complex in recent decades as a result of rapid social and cultural transformations and the growing diversity of forms of psychological distress, which can no longer be understood or addressed solely through purely technical approaches. Numerous contemporary trends in clinical psychology have shown that the effectiveness of psychological intervention is determined not only by the psychologist's mastery of diagnostic tools or therapeutic techniques, but also, to a considerable extent, by the nature of the therapeutic relationship established with the client and by the human and ethical dimensions embodied in that relationship (Rogers, 1961; Corey, 2017). In this context, humanistic approaches in psychology have emerged to emphasize that human beings cannot be reduced to symptoms or diagnoses. Rather, they should be regarded as active, unique individuals with personal histories and emotional experiences that require understanding and acceptance.

In the same context, Carl Rogers emphasized that a therapeutic relationship founded on empathy, unconditional acceptance, and respect constitutes an essential condition for positive psychological change (Rogers, 1957). Winnicott, in turn, highlighted the importance of the concept of psychological containment as a supportive framework that enables clients to experience psychological security and express their distress without feeling threatened or judged (Winnicott, 1965).

Clinical practice also raises delicate ethical and professional issues, including the question of neutrality, which is one of the fundamental principles governing the relationship between the psychologist and the person being examined. Neutrality does not mean indifference or emotional coldness; rather, it refers to the psychologist's ability to avoid personal projections and value judgments while maintaining professional distance that ensures an objective understanding of the individual's distress (Zahran, 2005; Norcross & Lambert, 2019). Maintaining a balance between neutrality and empathy is one of the most complex challenges psychologists face in their daily practice.

In the Arab context, these skills are of particular importance because of the specific characteristics of the cultural and social structure and the ethical and value-based expectations it imposes on the therapeutic relationship. Several Arab researchers have noted that the absence of a human dimension in psychological practice may lead to the marginalization of the person being examined and the reproduction of their distress rather than its containment (Hijazi, 2005; Abd al-Sattar, 2010).

There is therefore a need to reconsider clinical psychological practice from a humanistic perspective that integrates technical competence with relational skills and establishes neutrality, empathy, and containment as fundamental pillars of any effective therapeutic intervention.

Although numerous studies have examined the therapeutic relationship as a decisive factor in the success of psychological intervention, most have investigated its components partially or in isolation. Some studies have focused on the effect of therapeutic empathy on improving psychotherapy outcomes, highlighting its positive association with client satisfaction and therapeutic improvement (Elliott et al., 2011; Norcross, 2011). Other studies have examined professional neutrality, particularly in relation to the management of psychologists' subjective reactions and the boundaries of therapeutic intervention (Gelso & Hayes, 2007). Meanwhile, research grounded in psychoanalytic theory has addressed containment as a supportive psychological function within the therapeutic relationship, focusing on its role in regulating emotions and providing a sense of psychological security (Winnicott, 1965; Ogden, 2004). However, these studies have largely remained theoretical or qualitative-clinical in nature, without explicitly linking containment as a clinical practice to the overall effectiveness of the therapeutic relationship.

In light of the foregoing, clinical psychological practice cannot be reduced to technical procedures or therapeutic protocols. Rather, it requires profound human skills that contribute to building a therapeutic relationship based on trust and psychological security. Field practice, however, sometimes reveals an imbalance between adherence to professional neutrality, on the one hand, and the requirements of empathy and containment, on the other. This raises fundamental questions about the nature of these skills, their limits, and how they can be integrated within the therapeutic process.

The central research question of this article is therefore: How does clinical psychological practice, through its dimensions of neutrality, empathy, and containment, contribute to enhancing the effectiveness of the therapeutic relationship?

This study proceeds from a theoretical assumption that the effectiveness of the therapeutic relationship is not determined by the presence of neutrality, empathy, or containment individually, but by the way in which these skills are managed in an integrated manner within clinical psychological practice.

In this context, the present study focuses on analyzing theoretical and empirical literature on clinical psychological practice, with particular attention to neutrality, empathy, and containment, in order to understand their contribution to enhancing the effectiveness of the therapeutic relationship. The article also seeks to present an integrative framework linking these three dimensions to practical clinical work, drawing on both international and Arab studies, and to explain how these skills can be employed systematically and ethically in an actual therapeutic setting.

2. Theoretical and Conceptual Framework

2.1. Clinical Psychological Practice

Clinical psychological practice refers to the professional activity undertaken by a psychologist to assess and understand an individual's behaviors, emotions, and psychological experiences, and then provide therapeutic interventions aimed at alleviating psychological problems and promoting mental health (Corey, 2017). It combines theoretical knowledge with practical techniques while taking into account the social and cultural context of the person

being examined. It is grounded in clear scientific principles and rigorous professional ethics.

Clinical psychological practice has developed through several historical stages, which can be summarized as follows:

- Early stage (late nineteenth to early twentieth century): This stage focused on the medical diagnosis of psychological disorders and drew on early psychoanalytic schools (Freud, 1900). The relationship between therapist and client was less interactive, and the emphasis was placed on symptoms and direct interventions.

- Behavioral and cognitive stage (mid-twentieth century): The focus shifted toward modifying behavior through learning and developing cognitive strategies to address psychological problems, while the role of the therapeutic relationship in producing psychological change received comparatively limited attention (Skinner, 1953; Beck, 1967).

- Humanistic and relational stage (mid- to late twentieth century): With the emergence of the humanistic approach led by Carl Rogers, attention shifted toward the therapeutic relationship, understanding the subjective experience of the person being examined, and providing a safe environment for the expression of feelings (Rogers, 1957, 1961). During this stage, neutrality, empathy, and containment emerged as important skills for enhancing the effectiveness of the therapeutic relationship.

- Contemporary stage (twenty-first century): Clinical practice now integrates technical methods, contemporary psychoanalysis, and humanistic approaches, with considerable attention to cultural and social factors. It also recognizes that therapeutic success depends more on the quality of the therapeutic relationship than on technique alone (Wampold, 2015; Norcross & Lambert, 2019).

Clinical psychological practice also seeks to achieve several fundamental objectives:

- To assess the client's psychological condition comprehensively, with particular attention to emotional, behavioral, and cognitive aspects.
- To provide tailored therapeutic interventions based on the individual's needs and circumstances.
- To strengthen psychological and social coping abilities and improve quality of life.
- To establish an effective therapeutic relationship based on respect, trust, and a profound understanding of the person's experience.
- To protect the person being examined from the therapist's personal projections and biases, thereby promoting psychological security and therapeutic success.

There is no doubt that clinical psychological practice has become an integrated framework combining theoretical knowledge with human and ethical skills. It provides the fundamental basis within which the three skills of neutrality, empathy, and containment operate to enhance the effectiveness of the therapeutic relationship. Without a clear methodological foundation for practice, any isolated skill is insufficient to ensure effective therapeutic outcomes.

2.1.1. Dimensions of Clinical Psychological Practice and the Problem of the Therapeutic Relationship

Clinical psychological practice encompasses several fundamental dimensions that distinguish it from mere diagnosis or superficial treatment. These include the following:

- Cognitive dimension: This focuses on understanding the cognitive processes and thinking patterns of the person being examined and how they influence behavior and emotions. It includes analyzing beliefs and maladaptive cognitive patterns that may adversely affect mental health (Beck, 1967; Corey, 2017).

- Emotional dimension: This concerns the person's feelings and emotions, how they manage them, and their effects on social interactions. It also includes the therapist's ability to identify repressed or intense emotions and relate them to behavioral patterns (Rogers, 1957, 1961).

- Behavioral dimension: This addresses the individual's observable interactions, including habits, coping with stress, and social behaviors. It includes the use of behavior-modification techniques to alleviate practical and psychological problems (Skinner, 1953; Yalom, 2002).

- Social and cultural dimension: This recognizes the role of the social environment, cultural values, and family, school, and community relationships in shaping the psychological experience of the person being examined. It regards these factors as essential to understanding the client's behavior within its broader context (Norcross &

Lambert, 2019; Sue & Sue, 2016).

2.1.2. Approaches and Methods of Clinical Practice

Methods of clinical psychological practice vary according to the theoretical approaches adopted, but they share a common focus on the relationship between the therapist and the person being examined (Corey, 2017). They can be summarized as follows:

- Clinical interviews: These are fundamental tools for understanding the client's psychological experience, gathering information, and developing an initial psychological formulation (Rogers, 1980).

- Psychological tests: These are used to assess cognitive abilities, personality, and emotions, thereby contributing to more accurate diagnosis (Beck, 1967).

- Direct observation: This enables the therapist to examine behavior in natural or semi-natural settings and relate it to psychological problems (Corey, 2017).

- Targeted therapeutic intervention: This includes individual, group, or family therapy sessions and uses strategies consistent with the adopted theoretical approach while taking confidentiality and cultural context into account (Hegazi, 2011; Norcross & Lambert, 2019).

2.1.3. Core Skills in Clinical Practice

Before turning to the humanistic skills of neutrality, empathy, and containment, clinical practice requires a set of fundamental skills, including:

- Active listening and psychological analysis: The therapist's ability to assimilate information, observe carefully, and relate it to behaviors and emotions (Corey, 2017; Hegazi, 2011).

- Clinical decision-making: Selecting appropriate therapeutic strategies for each case on the basis of a comprehensive analysis of the individual's psychological experience (Norcross & Lambert, 2019).

- Documentation and follow-up: Recording observations, assessing progress, and adjusting treatment plans as the client's condition develops (Bernard & Goodyear, 2019).

2.2. The Therapeutic Alliance

The therapeutic relationship is the interactive bond between the psychotherapist and the client, founded on trust, mutual respect, and understanding (Rogers, 1957). Recognition of its importance emerged from the client-centered therapy school, in which Carl Rogers emphasized that the quality of the human relationship between therapist and client is a fundamental factor in the success of any psychological intervention, potentially more important than the therapeutic techniques themselves.

Returning to its historical roots, traditional Freudian psychoanalysis (Freud, 1912) emphasized analyst neutrality to enable the person being examined to explore the self freely, without the influence of the therapist's personal attitudes. During the 1960s and 1970s, interest in the therapeutic relationship expanded within humanistic therapy schools, with Rogers emphasizing unconditional acceptance, empathy, and therapeutic genuineness (Rogers, 1961). Later, researchers such as Gelso and Carter (1994) identified multiple factors that shape the therapeutic relationship and influence psychotherapy outcomes, including trust, psychological security, and effective communication.

The importance of the therapeutic relationship can be summarized as follows:

- Strengthening the client's commitment to the treatment plan: Rogers and Gelso and Carter (1994) maintain that a therapeutic relationship based on trust and mutual appreciation increases the client's willingness to engage with interventions. Feeling respected and understood encourages active participation in the therapeutic process.

- Improving the effectiveness of psychological intervention through a safe environment: Horvath and Greenberg (1989) emphasized that the therapeutic relationship provides a safe, supportive environment in which the person being examined can express feelings freely. This, in turn, improves the therapist's ability to use therapeutic techniques more accurately and effectively.

- Increasing the likelihood of long-term therapeutic success: Studies indicate that the quality of the therapeutic relationship accounts for 30–40% of psychotherapy outcomes, regardless of the type of treatment applied (Horvath & Greenberg, 1989). This effect demonstrates that the human relationship between therapist and client is not merely an

auxiliary element, but a fundamental influential factor in the therapeutic process. It connects therapist and client through effective communication, mutual understanding, and emotional support.

- Enhancing the capacity for psychological change: According to Rogers, empathy and unconditional acceptance enable clients to understand themselves more deeply and recognize their strengths and weaknesses, thereby contributing to lasting psychological change (Rogers, 1961).

The skills that enhance the therapeutic relationship include the following.

2.3. Neutrality

Neutrality refers to the therapist's ability to avoid taking sides or judging the client while maintaining a balanced professional stance (Freud, 1912). Freud emphasized the importance of analytic neutrality in psychoanalysis, arguing that the therapist should function like a mirror, reflecting the client's thoughts and feelings without introducing personal values or judgments.

Neutrality affects the therapeutic relationship by strengthening the client's sense of psychological security and enabling the free expression of feelings (Safran & Muran, 2000). It also allows therapy to focus on understanding the client rather than imposing the therapist's own perspective.

2.4. Empathy

Empathy reflects the ability to understand the feelings and psychological experience of the person being examined from that person's perspective, without abandoning professional neutrality (Rogers, 1957). It is a fundamental element of client-centered therapy. Rogers maintained that empathy enables the therapist to enter the client's inner world and genuinely understand their distress.

Its effects on the therapeutic relationship include the following:

- It helps establish strong trust between client and therapist.
- It encourages the client's active engagement in therapy and strengthens commitment to the treatment plan (Elliott et al., 2011).

According to Carl Rogers and Greenberg and Watson, empathy helps strengthen clients' self-awareness and constitutes an essential condition for changing behaviors and feelings.

2.5. Containment

Containment is the therapist's ability to receive the client's negative or difficult feelings without rejecting or judging them, while providing the necessary emotional and psychological support (Bion, 1962). Bion maintained that containment enables clients to release repressed feelings and helps prevent these feelings from developing into behavioral or emotional disturbances.

Its effects on the therapeutic relationship include the following:

- It reduces the client's psychological tension and strengthens their sense of security (Fonagy & Target, 2003), thereby increasing their ability to manage difficult feelings safely and effectively.
- It enables the therapist to provide a safe emotional space in which the client's internal emotional dynamics can be understood and analyzed systematically.

The following section of this article examines each skill in greater depth.

3. Method and Tools

This study adopted the descriptive-analytical method, which is considered suitable for understanding the role of clinical psychological practice in enhancing the effectiveness of the therapeutic relationship through the skills of neutrality, empathy, and containment (Corey, 2017; Rogers, 1961; Hijazi, 2011). The method was based on an analysis of the theoretical content of classical and contemporary psychological literature, including key references in psychoanalysis, humanistic therapy, and cognitive-behavioral therapy, in order to investigate the meanings, relational functions, and practical applications of these skills (Freud, 1912; Bion, 1962; Fonagy & Target, 2003).

A narrative review of the literature was also conducted, covering theoretical and empirical studies addressing the therapeutic relationship and its effectiveness, with particular emphasis on the role of the three humanistic skills in building the therapeutic alliance and improving clients' adherence to treatment (Horvath & Greenberg, 1989; Safran

& Muran, 2000; Al-Zoghbi, 2017; Ben Aissa, 2020).

In addition, the article employed critical conceptual analysis to explore the dimensions of neutrality, empathy, and containment, highlighting their clinical and ethical functions and relating them to the context of actual clinical practice (Gelso & Hayes, 2007; Wampold, 2015; Hijazi, 2011; Khalil, 2019). This methodological framework makes it possible to identify the complementary relationships among the three skills while ensuring a critical examination that highlights the role of clinical psychological practice as a humanistic, relational framework extending beyond purely technical considerations (Rogers, 1957; Ben Zrouk, 2021).

4. Analysis and Discussion

This section analyzes the role of clinical psychological practice in enhancing the effectiveness of the therapeutic relationship. The analysis is organized around three principal dimensions representing the core humanistic skills of clinical practice: neutrality, empathy, and containment. Each skill is examined from a theoretical and analytical perspective, drawing on classical and contemporary literature and relating it to actual clinical practice and practical challenges in both international and Arab studies (Freud, 1912; Rogers, 1961; Gelso & Hayes, 2007; Hijazi, 2011).

The analysis also highlights the ways in which these skills complement one another and how they can be employed to strengthen the therapeutic alliance, improve treatment adherence, and support positive psychological change in clients. This introduction clarifies the theoretical framework guiding the analysis by integrating theoretical concepts with actual clinical practice before examining each skill in detail.

4.1. Neutrality in Clinical Psychological Practice: From Principle to Practice

Professional neutrality is considered one of the fundamental pillars of clinical psychological practice. It enables the therapist to establish a therapeutic relationship based on psychological security and trust while preserving the client's autonomy in expressing feelings and thoughts (Freud, 1912; Safran & Muran, 2000). Historically, the concept emerged within classical psychoanalysis, where Freud emphasized that analytic neutrality was essential for the free expression of unconscious conflicts, without interference from the therapist's personal values or subjective emotions (Freud, 1912). Subsequent studies supported this position, arguing that the absence of neutrality can distort clinical material and reduce the therapist's ability to understand the client's inner experience (Laplanche & Pontalis, 1967).

With the development of humanistic and relational schools, the concept of neutrality began to change. Rogers (1961) noted that interpreting neutrality as complete emotional withdrawal may weaken the therapeutic alliance and make clients feel unaccepted, thereby limiting therapeutic effectiveness. Safran and Muran (2000) found that the inappropriate application of neutrality is a major source of interruptions in the therapeutic process and difficulties in the relationship between therapist and client. In contemporary literature, neutrality is being redefined as a dynamic form of neutrality grounded in self-awareness and the regulation of emotional responses, rather than simply refraining from interaction (Norcross & Lambert, 2019). Gelso and Hayes (2007) emphasize that the therapist's ability to recognize and manage countertransference is a key indicator of professional maturity and competence in maintaining neutrality.

In the Arab context, the practice of neutrality faces additional challenges associated with cultural and social pressures. Therapists are sometimes expected to assume advisory or moral roles that extend beyond the boundaries of professional neutrality (Hijazi, 2011). Studies have found that a client's cultural background is clearly associated with the type of psychotherapy that individuals prefer, and that culture is related to approaches to psychological practice, thereby influencing how neutrality is understood in the therapeutic context ("Study of Cultural Background and Psychotherapy," University of Témouchent, 2022).

Similarly, research on cultural competence in psychological diagnosis and treatment has indicated that understanding clients' cultural backgrounds and values is essential to building an effective therapeutic relationship. This requires therapists to move beyond purely technical concepts toward a deeper understanding of culture and social context (Khodair, 2023).

International studies have also highlighted multicultural competence as an important factor in strengthening the therapeutic alliance. Research has found that training therapists to understand different cultures and examine their own biases is associated with improvements in the quality of the therapeutic relationship and treatment outcomes (Sue

et al., 1992; Nam, 2025). Other research has found that a lack of cultural competence on the part of therapists can result in negative experiences for clients from different racial or cultural backgrounds, adversely affecting the therapeutic alliance and treatment outcomes (Owen et al., 2014). Wang et al. (2010) reported that sessions in which therapists demonstrated high levels of cultural competence received more favorable evaluations from participants, reflecting the importance of cultural sensitivity in strengthening the therapeutic relationship.

A broader analysis of cross-cultural psychotherapy has shown that cultural conversations within therapy sessions provide opportunities to increase understanding between therapist and client, while ignoring these dimensions may weaken therapeutic interaction (Trevino et al., 2021). Accordingly, neutrality cannot be understood separately from cultural and social considerations. Rather, it is a process requiring multicultural awareness and the management of projections and emotions in ways that preserve trust and psychological security between therapist and client. It also requires respecting and incorporating clients' diverse cultural backgrounds into the therapeutic process rather than adhering to a purely technical approach (Hijazi, 2011; Nam, 2025; Owen et al., 2014).

In this regard, critical analysis emphasizes that neutrality functions in an integrated manner with other skills, such as empathy and containment. An imbalance among these skills may lead to an unbalanced therapeutic relationship or excessive direction and advice, thereby limiting the client's opportunities for positive psychological change (Norcross & Lambert, 2019; Hijazi, 2011; Gelso & Hayes, 2007). Dynamic neutrality therefore emerges as a central element in establishing an effective and ethical therapeutic relationship within contemporary clinical psychological practice.

4.2. Clinical Empathy and Its Role in the Effectiveness of the Therapeutic Relationship

Clinical empathy is one of the fundamental pillars of an effective therapeutic relationship and a key means of strengthening the alliance between therapist and client. It can be defined as the ability to understand the client's feelings and inner experience from the client's own perspective while maintaining clarity of professional stance and regulating one's own emotional responses (Rogers, 1957; Elliott et al., 2011). Empathy emerged as a central concept in humanistic psychotherapy, where Carl Rogers (1961) regarded the therapist's ability to empathize with the client as one of the essential conditions for profound psychological change, because it enables the client to feel understood without experiencing threat or rejection.

International literature emphasizes the importance of empathy in building the therapeutic alliance and enhancing the effectiveness of psychological intervention across different therapeutic schools. Horvath and Greenberg (1989) found that the degree of empathy demonstrated by the therapist is directly associated with the strength of the therapeutic alliance. Analyses by Elliott et al. (2011) showed that empathy is one of the common factors that predict treatment outcomes regardless of the theoretical framework. Norcross and Wampold (2018) likewise emphasize that empathy is among the factors most consistently identified in studies assessing the success of psychotherapy and that its role extends to improving clients' adherence to treatment.

In the Arab context, recent studies have reinforced these findings while adding important cultural considerations. A study by Al-Zoghbi (2017) in Jordan indicated that clinical empathy is the factor with the greatest influence on Arab clients' adherence to psychotherapy, particularly during its early stages. In the initial sessions, clients may have difficulty expressing their feelings, and their continued participation in therapy is increasingly associated with the extent to which they feel understood by the therapist without judgment or criticism.

Ben Aissa (2020) also found that low levels of empathy lead to increased therapeutic resistance among clients and weaken the alliance between the two parties, negatively affecting treatment outcomes, particularly in cases involving intense emotional distress. In a critical study, Khalil (2019) focused on the distinction between empathy and pity, arguing that some novice therapists' confusion between the two can lead to unprofessional emotional involvement, reducing the effectiveness of therapy sessions and weakening their ability to facilitate psychological change.

The importance of empathy in practical work becomes apparent in specific therapeutic situations. In individual sessions, the therapist reflects the feelings of anxiety or sadness expressed by the client in a way that demonstrates an understanding of the client's subjective experience, without passing judgment or offering quick solutions. This approach strengthens the client's sense of psychological security and provides space to reflect on personal experiences without feeling threatened (Rogers, 1961). In family therapy, empathy enables the therapist to identify emotional dynamics among family members, helping them express their feelings more clearly and reducing tensions that may

otherwise remain poorly understood (Fonagy & Target, 2003).

The effectiveness of empathy cannot be understood independently of other skills, such as neutrality and containment. When practiced within a framework of regulated professional neutrality, empathy helps the therapist avoid emotional identification with the client while remaining able to monitor their own reactions (Gelso & Hayes, 2007). At the same time, empathy is closely related to psychological containment, which enables the therapist to receive the client's repressed or intense feelings and transform them into discourse that can be understood and analyzed. This strengthens the client's capacity for emotional regulation (Bion, 1962; Fonagy & Target, 2003).

From this integrative perspective, empathy becomes more than an emotional response: it is a strategic therapeutic mechanism employed within a comprehensive relational framework to strengthen treatment adherence and support lasting psychological change.

4.3. Psychological Containment as a Supportive Relational Mechanism

Psychological containment is one of the fundamental pillars of clinical psychological practice. It is defined as the therapist's ability to receive the client's raw and unorganized feelings and transform them into experiences that can be thought about and analyzed, rather than allowing them to remain chaotic or repressed. This concept was emphasized by Wilfred Bion (1962) through his notion of the "container and the contained."

Containment is particularly important in complex cases, such as personality disorders or acute emotional crises, because it enables clients to regulate their internal feelings within a safe therapeutic relationship, thereby strengthening psychological security and trust in that relationship (Fonagy & Target, 2003). Studies have also indicated that containment contributes to the regulation of neural systems associated with stress and emotion, with positive implications for rational thinking and psychological adjustment (Schore, 2012).

Arab literature supports this position. Hijazi (2011) emphasized that psychological containment presents a challenge in the Arab context because of limited cultural acceptance of emotional expression and insufficient specialized training in subtle emotional skills. As a result, some therapists tend to address observable behavior rather than deeper emotional content. Qasim (2018) found that the absence of containment leads to behavioral emotional discharge by clients and reduces the effectiveness of the therapeutic relationship. Meanwhile, an exploratory Algerian study (2022) indicated that therapists with strong containment skills record higher levels of client adherence and continuity in attending sessions, reflecting the contribution of this dimension to strengthening the therapeutic relationship.

The practical importance of psychological containment is evident in different scenarios. For example, during individual sessions with a client experiencing acute anxiety attacks, the therapist receives the client's expressions of fear and repressed feelings in an accepting manner without immediately attempting to calm the client. This gives the client an opportunity to regulate their feelings internally before discussing them cognitively.

In family therapy, the therapist uses containment to reduce the intensity of excessive emotional reactions expressed by a family member and then reformulates these feelings in language that other family members can understand. This enables them to recognize the genuine needs underlying the observable behavior and promotes cooperation within the family.

Psychological containment does not operate independently of other clinical skills; rather, it forms a link between neutrality and empathy. Clinical practice based on containment and neutrality ensures that emotional support remains within a balanced professional framework, without the therapist slipping into identification or personal judgment. When combined with empathy, containment transforms repressed feelings into meanings that the client can engage with, thereby strengthening the therapeutic alliance and increasing the prospects for lasting psychological change. In practical Arab contexts, psychological containment becomes an essential tool for addressing cultural barriers to emotional expression. It provides clients with a safe space in which to disclose their feelings without fear of social judgment, thereby improving the effectiveness and continuity of therapy (Hijazi, 2011; Qasim, 2018).

Accordingly, psychological containment can be regarded as a central supportive relational mechanism in clinical psychological practice. It combines emotional depth with professional security and helps activate other humanistic skills, namely neutrality and empathy, within an integrated therapeutic relationship. This strengthens the prospects for

positive psychological change while ensuring respect for the client's dignity.

4.5. An Integrative Conception of the Therapeutic Relationship in Clinical Psychological Practice

Contemporary trends in clinical psychology indicate that examining the therapeutic relationship through a single, isolated skill is no longer sufficient to understand the complexity of therapeutic interaction and its changing dynamics. Instead, an integrative conception is needed, viewing the therapeutic relationship as a dynamic relational structure in which neutrality, empathy, and containment intersect within a coherent framework.

Norcross and Goldfried (2005) emphasized that the effectiveness of psychotherapy depends less on the techniques used than on the therapist's ability to integrate relational factors flexibly according to the particular characteristics of each case. Wampold (2015) argues that the therapeutic relationship provides the containing framework within which therapeutic interventions acquire their meaning and effectiveness. Without a relationship founded on trust and psychological security, technique alone has no genuine therapeutic value.

Within this framework, neutrality is viewed as a regulatory condition that protects the relationship from projections and value-laden interventions, while empathy facilitates an understanding of the client's subjective experience and containment helps receive and regulate intense feelings. Separating these skills may disrupt the therapeutic relationship: empathy without neutrality may lead to unprofessional emotional identification; neutrality without containment may be perceived as coldness or emotional withdrawal; and containment without conscious empathy may become superficial support lacking therapeutic depth. Gelso and Hayes (2007) found that the integration of therapist self-awareness, regulation of emotional responses, and development of the therapeutic alliance is among the most important indicators of professional maturity and therapeutic success.

In the Arab context, an integrative conception of the therapeutic relationship becomes particularly important because of the cultural and social characteristics that shape clients' perceptions of psychotherapy. Ben Zrouk (2021) noted that integrating neutrality, empathy, and containment helps establish a balanced therapeutic relationship that takes cultural considerations into account and reduces therapeutic resistance arising from fear of stigma or social misunderstanding of psychotherapy. Hijazi (2011) likewise emphasized that clinical practice in Arab societies requires therapists to reconcile professional requirements with cultural norms, maintaining neutrality without eliminating the human dimension and practicing empathy without resorting to preaching or moral direction.

Abd al-Rahman (2017) supports this position, concluding that insufficient integration of relational skills among some Arab therapists leads to a fragile therapeutic relationship characterized either by rigidity or excessive intervention, both of which adversely affect clients' adherence to treatment. Qasim (2020) also found that therapists who adopt an integrative approach to managing the therapeutic relationship report higher levels of client satisfaction and achieve better outcomes in reducing psychological symptoms than those who focus on techniques or skills in isolation.

On this basis, the integrative conception of the therapeutic relationship in clinical psychological practice can be regarded not merely as a theoretical orientation, but as a clinical and ethical necessity, particularly in the Arab context. It enables the establishment of a therapeutic relationship that balances professional regulation with human engagement and enhances the effectiveness of psychological intervention by treating neutrality, empathy, and containment as a unified relational system serving the goal of positive psychological change while respecting the client's dignity and cultural context.

5. Conclusion and Recommendations

This study sought to analyze the role of clinical psychological practice in enhancing the effectiveness of the therapeutic relationship, focusing on three central relational skills: neutrality, clinical empathy, and psychological containment. The review of the theoretical literature showed that clinical psychological practice cannot be reduced to technical procedures or standardized diagnoses. Rather, it is a complex human activity whose essence lies in the therapeutic relationship and its ethical and emotional dimensions. Contemporary psychological literature has demonstrated that the quality of this relationship is one of the most important determinants of psychotherapy effectiveness, regardless of the therapeutic school adopted (Rogers, 1961; Wampold, 2015).

The analysis showed that neutrality, empathy, and containment constitute fundamental pillars in humanizing clinical psychological practice. Professional neutrality provides the psychologist with the ethical distance necessary to protect the therapeutic relationship from value judgments and subjective projections, while preserving respect for the client's dignity and privacy (Norcross & Lambert, 2019; Zahran, 2005). Empathy, in turn, emerged as a central means of understanding the client's distress, enabling the therapist to comprehend the client's inner world without becoming emotionally identified with it. Rogers regarded this capacity as a necessary condition for positive psychological change (Rogers, 1957, 1980).

With regard to psychological containment, the theoretical discussion showed that it provides a supportive framework that gives clients a sense of psychological security and enables them to express their emotions and fears within a safe therapeutic space. This contributes to the regulation of emotional experience and the alleviation of psychological distress (Winnicott, 1965). The absence of containment may also weaken the therapeutic relationship and intensify clients' feelings of anxiety and rejection (Abd al-Sattar, 2010).

This article argues that integrating neutrality, empathy, and containment is not merely a professional option but an ethical and humanistic condition for effective clinical psychological practice. In this context, several Arab researchers have indicated that excluding the human dimension from psychological practice leads to the reproduction of distress rather than its containment. This calls for renewed attention to the humanistic and ethical training of psychologists (Hijazi, 2005, 2011).

In light of these findings, the study recommends strengthening the academic and practical training of psychotherapists in relational skills, with particular attention to professional ethics and awareness of the professional self. It also opens up future research opportunities for empirical studies seeking to measure the effects of integrating neutrality, empathy, and containment on psychotherapy outcomes across different settings. Such research could contribute to the development of more effective and humane clinical psychological practice.

There is little doubt that the integration of neutrality, empathy, and containment in clinical psychological practice is a fundamental factor in strengthening the therapeutic relationship and the effectiveness of psychological intervention. From this perspective, investing in therapists' training in these skills and developing precise assessment tools, while taking cultural context into account, is essential to ensuring effective and sustainable clinical practice.

References

1. *A study of cultural background and psychotherapy among university students*. (2022). University of Tamanrasset Archives.
2. Abd al-Rahman, A. (2015). The impact of psychological practice ethics on the effectiveness of the therapeutic relationship. *Journal of Psychological Sciences, 12*(2), 45–62.
3. Abd al-Rahman, M. (2015). *Ethics of psychological and counseling practice*. Dar Al-Fikr Al-Arabi.
4. Abd al-Sattar, A. (2010). *Foundations of humanistic clinical practice*. Dar Al-Ulum Publishing.
5. Al-Zoghbi, A. (2007). *The therapeutic relationship in psychological counseling*. Dar Al-Masirah.
6. Al-Zoghbi, A. (2017). Empathy and its effect on clients' adherence to psychotherapy in the Arab context. *Journal of Arab Psychotherapy, 9*(2), 33–48.
7. Bateman, A. W., & Fonagy, P. (2016). *Mentalization-based treatment for personality disorders*. Oxford University Press. https://academic.oup.com/book/1358
8. Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Harper & Row. https://www.google.com/books?id=K3hHAAAAMAAJ
9. Ben Aissa, A. (2020). The therapeutic relationship and its role in adherence to psychotherapy. *Journal of Psychological and Educational Sciences, 6*(2), 45–62.
10. Ben Aissa, M. (2020). Clinical empathy and adherence to psychotherapy among Arab clients. *Journal of Applied Psychology, 18*(1), 77–94.

11. Ben Zrouk, F. (2021). Integration of neutrality, empathy, and containment skills in Arab psychological practice. *Journal of Psychological and Social Sciences, 20*(3), 105–122.
12. Ben Zrouk, S. (2021). *The therapeutic relationship in the Arab cultural context*. Dar Al-Huda.
13. Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision*. Pearson.
14. Bion, W. R. (1962). *Learning from experience*. Heinemann. https://www.taylorfrancis.com/books/mono/10.4324/9780429482419
15. Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.
16. Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy, 48*(1), 43–49. https://doi.org/10.1037/a0022187
17. Figley, C. R. (2002). *Compassion fatigue: Psychotherapists' chronic lack of self-care*. Brunner-Routledge.
18. Fonagy, P., & Target, M. (2003). *Psychoanalytic theories: Perspectives from developmental psychopathology*. Whurr. https://psycnet.apa.org/record/2003-88041-000
19. Freud, S. (1900). *The interpretation of dreams*. Macmillan.
20. Freud, S. (1912). The dynamics of transference. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 97–108). Hogarth Press. https://www.gutenberg.org/ebooks/66047
21. Freud, S. (1912). The dynamics of transference. *Standard Edition, 12*, 97–108.
22. Gelso, C. J., & Hayes, J. A. (2007). *Countertransference and the therapist's inner experience: Perils and possibilities*. Lawrence Erlbaum Associates. https://www.taylorfrancis.com/books/mono/10.4324/9781410617281
23. Hijazi, M. (2011). *The wasted human being: A study in the psychology of oppression*. Dar Al-Shorouk.
24. Hijazi, R. (2011). *Clinical skills in psychotherapy: Challenges in the Arab context*. Dar Al-Fikr Al-Nafsi.
25. Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*(2), 223–233.
26. Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*(2), 223–233. https://doi.org/10.1037/0022-0167.36.2.223
27. Khalil, N. (2019). Clinical empathy and the challenges of professional practice. *Journal of Psychological Counseling, 12*(1), 77–95.
28. Khalil, S. (2019). The difference between empathy and pity and its effect on the therapeutic relationship. *Journal of Psychological Sciences, 15*(4), 55–70.
29. Laplanche, J., & Pontalis, J. B. (1967). *The language of psycho-analysis*. Norton. https://wwnorton.com/books/9780393310949
30. Nam, J. E. K. (2025). Multicultural counseling competence for addressing diverse client needs. *Personality and Individual Differences*.
31. Norcross, J. C., & Goldfried, M. R. (2005). *Handbook of psychotherapy integration*. Oxford University Press.
32. Norcross, J. C., & Goldfried, M. R. (2005). *Handbook of psychotherapy integration*. Oxford University Press.
33. Norcross, J. C., & Lambert, M. J. (2019). Psychotherapy relationships. *Psychotherapy, 56*(4), 423–429.
34. Norcross, J. C., & Lambert, M. J. (2019). Psychotherapy relationships that work III. *Psychotherapy, 56*(4), 303–315. https://doi.org/10.1037/pst0000232

35. Owen, J., Tao, K. W., Imel, Z. E., & Wampold, B. E. (2014). Therapeutic alliance, microaggressions, and psychotherapy outcomes. *Psychotherapy Research, 24*(5), 518–531.

36. Qasim, R. (2018). Psychological containment in clinical therapy. *Journal of Contemporary Psychology, 4*(1), 33–50.

37. Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.

38. Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.

39. Rogers, C. R. (1961). *On becoming a person*. Houghton Mifflin.

40. Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.

41. Rogers, C. R. (1980). *A way of being*. Houghton Mifflin.

42. Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. Guilford Press.

43. Schore, A. N. (2012). *The science of the art of psychotherapy*. Norton. https://wwnorton.com/books/9780393706643

44. Skinner, B. F. (1953). *Science and human behavior*. Macmillan.

45. Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse*. Wiley.

46. Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70*(4), 477–486.

47. Trevino, A. Y., et al. (2021). Windows of cultural opportunity: Cultural conversations in psychotherapy. *Psychotherapy, 58*(3), 234–248. https://doi.org/10.1037/pst000032

48. Wampold, B. E. (2015). How important are the common factors? *World Psychiatry, 14*(3), 270–277.

49. Wampold, B. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge.

50. Wampold, B. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge.

51. Wang, S., Kim, B. S. K., et al. (2010). Therapist multicultural competence and counseling process. *Journal of Counseling Psychology, 57*(4), 417–428. https://doi.org/10.1037/a0020280

52. Yalom, I. D. (2002). *The gift of therapy*. Harper Perennial. https://www.harpercollins.com/products/the-gift-of-therapy-irvin-d-yalom

53. Zahran, M. (2005). The therapeutic relationship and clinical psychological practice. *Arab Journal of Psychology, 12*(2), 45–67.

54. Zahran, M. (2007). *Therapist empathy and its effect on therapeutic effectiveness*. Dar Al-Fikr Al-Nafsi.