



The quest for connection in interpersonal and therapeutic relationships

Hadas Wiseman

To cite this article: Hadas Wiseman (2017) The quest for connection in interpersonal and therapeutic relationships, *Psychotherapy Research*, 27:4, 469-487, DOI: [10.1080/10503307.2015.1119327](https://doi.org/10.1080/10503307.2015.1119327)

To link to this article: <http://dx.doi.org/10.1080/10503307.2015.1119327>



Published online: 06 Jan 2016.



[Submit your article to this journal](#)



Article views: 139



[View related articles](#)



[View Crossmark data](#)



Citing articles: 2 [View citing articles](#)

PRESIDENTIAL ADDRESS

The quest for connection in interpersonal and therapeutic relationships

HADAS WISEMAN

Department of Counseling and Human Development, Faculty of Education, University of Haifa, Mount Carmel, Haifa, Israel

(Received 1 May 2015; revised 27 October 2015; accepted 5 November 2015)

Abstract

Objective: This paper focuses on the need for connection as a common core theme at the heart of both close relationships and therapeutic relationships and explores ways to connect these two research domains that have evolved as separate fields of study. Bowlby's attachment theory provides a strong conceptual and empirical base for linking human bonds and bonds in psychotherapy. **Method:** The growing body of research intersecting attachment and psychotherapy (1980–2014) is documented, and meta-analytic studies on attachment–outcome and attachment–alliance links are highlighted. **Results:** Five ways of studying attachment as a variable in psychotherapy are underscored: as moderator, as mediator, as outcome, client–therapist attachment match, and as process. By integrating conceptualizations and methods in studying relational narratives of client–therapist dyads (Core Conflictual Relationship Theme), measures of alliance, and client attachment to therapist during psychotherapy, we may discover unique client–therapist relational dances. **Conclusions:** Future fine-grained studies on how to promote core authentic relational relearning are important to clinicians, supervisors and trainers, who all share the common quest to alleviate interpersonal distress and enhance wellbeing. Directions for advancing research on interpersonal and therapeutic relationships are suggested. Learning from each other, both researchers of close relationships and of psychotherapy relationships can gain a deeper and multidimensional understanding of complex relational processes and outcomes.

Keywords: attachment; alliance; client–therapist relationship; relationship narratives; interpersonal patterns; psychotherapy process

Let me begin by saying “relationships make the world go round” in every-day personal life and in psychotherapy. It is amply documented that day-to-day well-being, overall happiness, psychological adjustment, physical health, and even the length of life itself are all significantly influenced by the quality of our closest relationships (Hazan & Campa, 2013, p. 1). In fact, when suffering from psychological distress, most clients, regardless of diagnosis or presenting problems, may indeed come to psychotherapy because of interpersonal problems; it is these interpersonal problems they seek to alleviate (Bartholomew & Horowitz, 1991). Indeed, much of the talk that goes on in psychotherapy is centered on close relationships with significant others outside of psychotherapy and on the relationship with the therapist in psychotherapy (Luborsky & Crits-Christoph, 1998).

In considering what would count as a beneficial psychotherapy outcome, we as therapists aim to work collaboratively with our clients in order to improve both their self-relatedness and their capacity for intimacy and interpersonal relatedness (Safran & Muran, 2000). In clinical presentations and in informal conversations with other therapists, we often refer to the client's achievements in forming and maintaining satisfying long-term relationships with a partner or becoming a parent as positive outcomes of psychotherapy. Moreover, when we “keep the client in our mind,” we may especially recall our relationship with him/her in key moments in psychotherapy (Schröder, Wiseman, & Orlinsky, 2008). Thus, no wonder clinicians and psychotherapy researchers alike often think of the therapeutic relationship as making the world of psychotherapy go round, or

Correspondence concerning this article should be addressed to Hadas Wiseman, Department of Counseling and Human Development, Faculty of Education, University of Haifa, Mount Carmel, Haifa 3498838, Israel. Email: hadasw@edu.haifa.ac.il

more fittingly “go forward,” as a *key mechanism of change*.

This paper focuses on the two arenas of relationships—interpersonal and therapeutic—and their interface. The first is the arena of *close relationships*, including child–parent attachment and adult attachment; defined more broadly as “the science of relationships” (Reis, 2007), as studied by personal relationship researchers (see Mikulincer & Shaver, 2014). The second is the arena of *therapeutic relationships* that includes the client–therapist relationship, more specifically, the alliance and other elements of the relationship as studied by psychotherapy researchers (e.g., Gelso, 2014; Horvath, 2006; Muran & Barber, 2010; Norcross, 2011; Wampold & Budge, 2012).

The goal of this paper, therefore, is to consider *the quest for connection* in a twofold manner: (a) the need for connection as a fundamental human motivation, or a common core theme at the heart of both close relationships and therapeutic relationships; and (b) a quest or exploration on how to connect these two domains—personal relationships and therapeutic relationships—that have in many ways evolved as separate fields of study. The call for such a connection between domains was articulated as far back as Len Horowitz’s presidential address (1994) and more recently by Castonguay in his presidential address (2011). It fits more broadly to other calls for connection with basic science (e.g., neurobiology) by Caspar (2003), Strauss (2015), and others (see in Strauss, Barber, & Castonguay, 2015).

The Quest for Connection in the Child–Parent Relationship

The *quest for connection* has been postulated by various theorists as a fundamental motivation in human development and personality, together with another fundamental motivation, the need for autonomy. Thus, relatedness does not stand on its own, but rather most often involves the dialectic between *relatedness and autonomy*, or Bakan’s (1966) communion and agency, McAdams’s (1985) intimacy and power, Blatt and Blass’ (1990) relatedness and self-definition, and Bowlby’s (1973) attachment and separation. However, I chose to focus on the wish for connection as a core relational theme in child–parent relationships.

A powerful lens to examine relational processes is through Luborsky’s Core Conflictual Relationship Theme (CCRT) method (Luborsky & Crits-Christoph, 1998) applied to recounted narratives of recalled meaningful interactions with significant others. Using Luborsky’s Relationship Anecdote Paradigm (RAP) interview method, in which

participants are asked to tell relational narratives, enables the identification of core themes in child–parent relationships in childhood. In order to demonstrate the wish for connection as depicted in relational narratives, I chose two narratives from Wiseman and Barber’s (2008) study relating to the daughter–mother relationship in childhood. The relational narratives of these two women can be viewed as representing two sides of the same coin evolving around the *quest for connection and shared understanding*.

Wish for Connection in Relational Narratives

Wish for Connection: The Thirst Story

Hanna: I was a little girl, don’t remember how old 8, 9, 10, and I was very thirsty in the kitchen and my mother was busy with something, and she did not want to give me something to drink. And, I stood there and made all sorts of faces, with all the “poor me” in the world so that she would give me some water. I remember that I stood and I did this with my mouth so that she’d realize that I was very thirsty. I guess that in the end she did give me a drink of water, but it’s interesting that I don’t remember the part where she brought me the glass of water ... instead I remember me standing there, asking for it, and I remember that she got mad at me.

Interviewer: Do you remember how you felt?

Hanna: I don’t remember being hurt, I just simply really wanted to drink; maybe I even wanted more to annoy her just by standing there ... to get a madder response from her. I remember I always wanted to stand on my own, and I never dared to do so with my mother. There was no such thing as saying NO or anything like kids do nowadays. But for me to say NO to my mother?! That word never came out of my mouth, never once with my mother.

Perhaps symbolic of their relationship, the narrative begins with Hanna describing her mother as busy and herself as thirsty. Hanna wishes for connection, for a response from mother, and her attention; she perceives her mother’s response as ignoring her and later being annoyed with her; in response Hanna intensifies her attempt to get what she wants, even to the point of desiring conflict with mother, if only to generate some contact with her. Her thought about wanting to annoy her mother is followed by the statement that she never dared stand up to her. Hanna’s thirst story is about the need to be taken care of and nurtured by her mother and about being able to say to her mother

what she wants, or what she does not want (Wiseman & Barber, 2008, pp. 29–30).

Wish for Connection: The Ice Cream Story

Dorit: I was approximately 5 years old and mother promised she would go with me to buy ice cream. Mother was busy, so she told my sister, who was 6 years older, to go with me instead of my mother in order to buy me the ice cream. But then I got angry and told my mother, “You think I need the ice cream, all the fun is to go out with you to get it.” I remember I said something like that, and that she really went with me. She understood what stood behind it and she went with me.

Interviewer: So at the beginning you were angry that mother wanted to send you to get ice cream with your older sister?

Dorit: You see at first she didn’t understand that the point was not the ice cream. But once she did, then she went with me. It truly gave me the feeling that she really responds to me. She really supports me—and that is a good feeling.

Dorit’s narrative also begins with describing her mother as busy, but her story is of a fulfilled wish. She is clear that this is *not* a story about wanting ice cream and getting it, but rather about mother “going with her” to buy it, which reflects her mother’s understanding and responsiveness (Wiseman & Barber, 2008, pp. 172–173).

Responsiveness, communication and mutuality: Thirst narrative vs. ice cream narrative and the therapeutic relationship. The thirst narrative stands in sharp contrast to the ice cream narrative: Hanna’s wish for connection is frustrated by her mother, who does not understand her, and Hanna feels that her mother is nonresponsive. While Hanna does not articulate verbally her wish for a glass of water, but instead “signs” to her mother with her mouth and with facial expressions (what we called “without words”) and thus remains thirsty, Dorit articulates clearly what she wants from mother. To paraphrase the expression “I scream—for ice cream,” Dorit screams “it is NOT about the ice cream” and her mother understands that Dorit wants her company.

As depicted so clearly in the ice cream narrative, open communication in the context of supportive parents provides a secure base for the child that enables her to discover and correct misunderstandings in parent–child interactions. This is in clear contrast to the thirst narrative, in which open communication is lacking and there is no opportunity

for the mother and daughter to correct or repair their misunderstandings (Wiseman & Barber, 2008). Thus, while Hanna remains thirsty and misunderstood by her mother, Dorit enjoyed a shared understanding with mother and we can speculate that mother also enjoyed a sense of mutuality with her daughter.

In my research with Jacques Barber, we analyzed the narratives of these two women through the CCRT framework to identify relational themes and emotions in children of Holocaust survivors (Wiseman & Barber, 2008). Another framework to analyze relational patterns or schemas is through the lenses of Bowlby’s attachment theory. Indeed, linking our understanding of the nature of human bonds and the development of psychotherapy bonds we can now ask, if these two women were in psychotherapy, how would their relational patterns play out in the therapeutic relationship, and what would be its ups and downs? To explore this link, attachment theory is suggested as a prime framework that is unique in what it has to offer for research on the connection between interpersonal and psychotherapy relationships.

Attachment Theory: Linking Research on Human Bonds and Bonds in Psychotherapy

The Unique Position of Bowlby’s Attachment Theory

Bowlby’s attachment theory has been considered one of the most successful psychological theories of the last 45 years, beginning in 1969 with the first edition of the *Attachment and loss* trilogy (Bowlby, 1969/1982, 1973, 1980) and Ainsworth’s seminal contribution to the establishment of a solid research paradigm to study infant–mother/caretaker attachment (Ainsworth, Blehar, Waters, & Wall, 1978). It has generated thousands of published articles and scores of books. What is remarkable is that it has made its way into so many fields of psychology: developmental, personality and social psychology, clinical, and the study of groups and organizations (Mikulincer & Shaver, 2014). In referring to his own emphasis on developing his theory, Bowlby (1988) quotes Kurt Lewin, who remarked long ago, “There is nothing so practical as a good theory,” and he adds, “and of course, nothing so handicapping as a poor one” (p. 37).

An analysis of what contributed to the prominence of attachment research is beyond the scope of this paper. However, in the quest for “pathways of connections and integration” (Castonguay, 2011), attachment theory and research in many ways provide “a royal road” for exploring the connection between interpersonal and psychotherapy relationships. To name a few of its unique interrelated strengths that make it particularly suitable for this search:

First, attachment theory has an exceptionally strong empirical base, providing a bridge between clinical thinking and empirical research (Mikulincer & Shaver, 2007). Fonagy (2001), in his book *Attachment theory and psychoanalysis*, makes the following observation:

Many have noted the gulf that exists to this day between theories of the mind that have their roots in empirical social science (largely psychological research), and clinical theories that focus on the significance of individual experience in determining life course, including psychopathology. ... Yet attachment theory has a home on both sides of the fault line. (p. 5)

Second, attachment theory has been viewed as offering a strong bridge between psychotherapy orientations (Gold, 2011). Using Bowlby's concept of a secure base, Connors (2011) suggests that attachment theory provides "a secure base for psychotherapy integration," serving as a foundation for assimilative psychotherapy integration. It should be noted in this context that there are a number of impressive models of attachment-based psychotherapy, including mentalization-based treatment approaches (e.g., Bateman & Fonagy, 2011; Midgley & Vrouva, 2012) and models developed for working with families (e.g., Diamond, Diamond, & Levy, 2014). However, my focus is on the growing reliance on attachment-informed conceptualizations to study individual differences and change in psychotherapy, or if you will, attachment-based research in psychotherapy across orientations.

Related to its ability to serve as a foundation for integration is the third point of uniqueness, attachment theory's lifespan developmental approach—"from the cradle to the grave" (Bowlby, 1969/1982); and the fourth strength, that it is a theory of affect regulation and defensive processes (Connors, 2011) with implications for psychopathology and psychotherapy (Mallinckrodt, 2010).

Finally, because attachment theory underscores the centrality of the therapeutic relationship in ways that are both empirically supported and clinically relevant (Eagle & Wolitzky, 2009; Farber & Metzger, 2009; Mikulincer, Shaver, & Berant, 2013), an attachment-based research approach is a potentially powerful means for connecting researchers and clinicians in studying the therapeutic relationship and change.

The Growing Intersection between Research on Attachment and Psychotherapy: Some Observations

In the last two decades, there has been a growing interest in the intersection between studies on

attachment and psychotherapy. To explore the connection between these two research domains, I conducted a very rough survey of the intersection of the attachment domain and the various domains of psychotherapy research. I was inspired by Horvath's (2013, Figure 1, p. 29) figure showing the rise in the number of articles published on the therapy relationship (under the headings transference, Rogerian facilitative conditions, and alliance) spanning the years 1950–2010. In his presidential address entitled "Improving the yield of psychotherapy research," Silberschatz (2013, 2015) added to Horvath's figure the impressive growth of outcome studies spanning the years 1900–2010.

In my search, I focused on the intersection of attachment and research on psychotherapy (the therapy relationship and psychotherapy outcome and processes), in order to observe the trend by years, from 1980 to 2014 (last updated 6 October 2014). The search terms that were included were for attachment: attachment styles, attachment theory, attachment, attachment behavior, and attachment bond; and for the therapy relationship: therapeutic alliance or alliance or therapeutic relationship or client/patient–therapist relationship, transference or countertransference, psychotherapeutic processes, and psychotherapeutic outcome. As can be seen in Figure 1, the yield of the attachment–psychotherapy intersection shows the steady increase in publications, with a marked jump in interest, especially in the last 15 years. It should be noted that there are many ways to conduct a search of this kind and that the search algorithm of databases may change from time to time (S. Bernecker, personal communication, 21 March 2014), however, my aim here was to focus on the trend by years. The results of this exercise show that there is clearly a growing interest in the meeting between studies on attachment, the therapy relationship, and psychotherapy outcome and processes. It is hard to estimate for 2011 through the end of 2015, but given the figures until October 2014, I do not foresee a decrease in interest; on the contrary, we may continue to see a rise.

Links through Meta-Analytic Studies: Alliance–Outcome, Attachment–Outcome and Attachment–Alliance

The meta-analyses most relevant to this article were collected as part of the APA Interdivisional Task Force on Evidence-Based Relationships that focused on identifying what elements of psychotherapy work *in general* and *in particular* (Norcross, 2011; Norcross & Lambert, 2011). Among the elements of the relationship, the component that

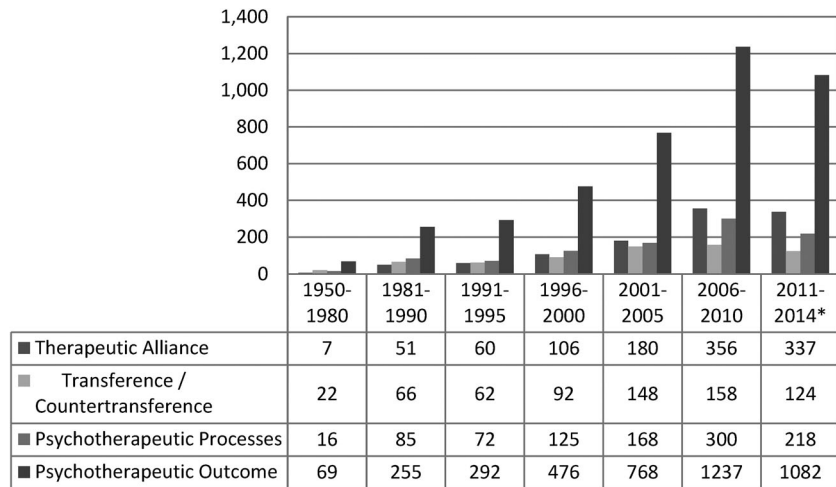


Figure 1. Growth of publications intersecting psychotherapy and attachment (1950–2014).

has received the most attention is the *alliance* and its effect on final outcome.

Alliance–outcome. The major meta-analyses on the alliance–outcome link, beginning with Horvath and Symonds (1991) up to most recently Flückiger, Del Re, Wampold, Symonds, and Horvath (2012) show a moderate but robust effect of the alliance–outcome link—around 6.5% or 7% of the outcome variance. This effect ($r = .275$; in Horvath, Del Re, Flückiger, & Symonds, 2011) was found to be independent of the source of the alliance outcome assessment (i.e., client, therapist, or observer ratings), invariant across different types of treatments, different client problems, and diverse problem severity cases (Horvath, 2013). Flückiger et al. (2012) conducted a multilevel longitudinal meta-analysis that showed convincingly that the effect sizes are not statistically different whether or not the research design was Random Clinical Trials (RCTs), used symptom-specific outcome measures, or the treatment was manually based. Moreover, the results were similar for CBT-based interventions and other types of treatments, and while early alliance–outcome correlations were slightly higher in studies conducted by investigators with specific interest in alliance than in studies conducted by researchers without such an allegiance, over the course of therapy these initial differences disappeared, thus showing no evidence of allegiance effect (Flückiger et al., 2012).

Attachment–outcome and attachment–alliance links. Two types of links with attachment have been examined recently through meta-analyses: the *attachment–outcome link* and the *attachment–alliance link*. The attachment variable in these meta-analytic studies refers to the attachment of the client,

defined as either secure or insecure, or according to the two-dimensional space of attachment anxiety and attachment avoidance, defined as high or low in either dimension or in both. A person’s location in the two-dimensional space defined by attachment avoidance and anxiety reflects both the person’s sense of attachment security and the ways in which he or she deals with threats and distress. Individuals who score low on these dimensions are generally *secure* and tend to employ constructive and effective affect-regulation strategies. Those who score high on either the anxiety or the avoidant dimension (or both) suffer from attachment insecurities and tend to rely on *secondary attachment strategies*—deactivating or hyperactivating their attachment system in an effort to cope with threats. Individuals high on avoidant attachment tend to rely on *deactivating strategies*—trying not to seek proximity, denying attachment needs, and avoiding closeness and interdependence in relationships. These strategies develop in relationships with attachment figures who disapprove of and punish closeness and expressions of need or vulnerability. Individuals high on attachment anxiety tend to rely on *hyperactivating strategies*—energetic attempts to achieve proximity, support, and love combined with lack of confidence that these resources will be provided and anger when they are not. These reactions occur in relationships in which an attachment figure is sometimes responsive but unreliably so, placing the needy person on a partial reinforcement schedule that rewards persistence in proximity-seeking attempts because they sometimes succeed (Mikulincer & Shaver, 2007).

Based on these attachment terms, let us now revisit the daughter–mother dynamics of the two women depicted in the narratives recollected by Hanna and

Dorit. We can perhaps infer that Hanna (thirst narrative) is insecurely attached and developed negative representations (internal working model) of the self and the other, while Dorit (ice cream narrative) is securely attached and developed positive representations of self and other. Given these differences in their attachment style, two questions can be posed: first, which of these two women would benefit more from psychotherapy (outcome); and second, what alliance would each develop with her therapist? The meta-analyses on the attachment–outcome link and attachment–alliance link provide some answers.

Attachment–outcome. The meta-analyses conducted by Levy, Ellison, Scott, and Bernecker (2011) showed that higher attachment security predicted more favorable outcomes ($r = .18$), higher attachment anxiety predicted unfavorable outcomes ($r = -.22$), and attachment avoidance had a negligible overall effect. Levy et al. (2011) concluded that the effect sizes of security and anxiety with treatment outcomes were “in the small but moderate range, but just below those found for the association of therapeutic alliance with outcomes” (p. 201).

Attachment–alliance. In the first meta-analysis on the association between attachment and alliance, Diener and Monroe (2011) found that more securely attached clients have stronger alliances ($r = .17$), whereas more insecurely attached clients have weaker alliances. They concluded, “These findings highlight the relational consistencies across different interpersonal arenas and suggest the potential utility of attending to the therapeutic implications of patient attachment histories” (author’s emphasis, p. 245). Most recently, Bernecker, Levy, and Ellison (2014) conducted a meta-analysis of 24 studies (12 published and 12 unpublished dissertations) that provided additional findings showing that the anxiety and the avoidance dimensions of attachment relate with similar magnitude to the alliance ($r = -.121$, $p < .001$ and $r = -.137$, $p < .001$, respectively). That is, the lower the anxiety, as well as the avoidance, the better the alliance.

To summarize the evidence on attachment–outcome and attachment–alliance links, a growing body of evidence suggests that clients’ attachment anxiety before therapy is negatively associated with both alliance and outcome, whereas clients’ pre-therapy avoidance appears to be related negatively with working alliance, but not outcome. This raises interesting questions about the dynamics of attachment avoidance that will be addressed later.

Nevertheless, it should be noted that though significant, the size of the effects in the attachment–alliance

meta-analyses, show that only about 2% to 3% of the variance in alliance is accounted by attachment. Furthermore, considering the issue of sequence and causality, as in the case of alliance–outcome (Barber, 2009; Barber, Muran, McCarthy, & Keefe, 2013), the challenge is to understand the sources of the relations, since we cannot be confident about the causality. For example, in the Levy et al. (2011) attachment–outcome meta-analysis, post-treatment functioning may have reflected the association between attachment and psychopathology to some degree because the authors could not control for pre-treatment distress. In the attachment–alliance meta-analysis, there could potentially be a third variable that relates to both attachment and alliance, such as symptom severity or deficits in mentalization (Bernecker et al., 2014).

Alliance researchers have been challenging us to go beyond the alliance–outcome link (Castonguay, Constantino, & Holtforth, 2006; Horvath, 2006; Safran & Muran, 2006) and this has led to innovative studies that examined more complex links and investigated various relationship mechanisms as they relate to change processes and outcomes (e.g., DeRubeis, Gelfand, German, Fournier, & Forand, 2014; Falkenström, Granström, & Holmqvist, 2014; Hill et al., 2014; Safran et al., 2014; Wiseman & Tishby, 2014a; Zilcha-Mano, Dinger, McCarthy, & Barber, 2014). Similarly, the time has come to paraphrase Castonguay et al.’s (2006) question regarding the alliance (“The working alliance: Where are we and where should we go?”) with respect to moving forward attachment–relationship–change research.

Attachment–Relationship–Change Research: Where Are We and Where Should We Go?

There are at least five ways in which attachment as a variable has been investigated in research designs in psychotherapy: as moderator, as mediator, as outcome, client–therapist attachment match, and as process. Each of these investigative avenues addresses a different question about the role of attachment in the process and outcome of psychotherapy. The following review, which is organized accordingly, is intended to highlight the remarkable developments in the application of attachment in psychotherapy research, especially in the last decade, and its promising potential for future studies. As such, however, it is not intended as an exhaustive review of this growing literature.

Attachment as moderator. Client attachment as a moderator of treatment outcome was the first and most common way in which attachment was included in psychotherapy research. Attachment as a client

variable appeared first in the fifth edition of the *Handbook of psychotherapy and behavior change* (Clarkin & Levy, 2004), and most recently in the sixth edition (Bohart & Wade, 2013). Of the studies reviewed in the handbook and those included in the meta-analytic studies, a few representative studies that examined the effects of client attachment on outcome and process are highlighted below.

Fonagy et al. (1996) were the first to conduct a treatment study with the Adult Attachment Interview (AAI) examining attachment classifications and outcome on the Global Assessment of Functioning scale. In their study of nonpsychotic inpatients diagnosed with borderline personality disorder (BPD) (treated with psychoanalytically oriented therapy), individuals classified as insecure-dismissing were more likely to obtain clinically significant improvement compared to the other attachment classifications. It has been argued that this surprising finding is difficult to interpret because patients' psychopathology and treatment and other descriptive details were missing (Levy et al., 2011); nevertheless, this original study in many ways marked the beginning of investigating attachment patterns in psychotherapy.

Subsequent studies that assessed attachment on self-report questionnaires found that secure attachment predicted better outcomes in group therapy (Strauss et al., 2006) and in individual therapy in a university context (Sauer, Anderson, Gormley, Richmond, & Preacco, 2010). Effects of client attachment on alliance have shown that secure attachment is advantageous for the client-rated alliance and therapist-rated early alliance, while fearful avoidant attachment was related to lower levels of alliance. Therapist-reported alliance ruptures were associated more with preoccupied (hyperactivating) and less with dismissing (deactivation) attachment style (Eames & Roth, 2000). Studies on the effects of client attachment on in-therapy behavior showed that, as expected, secure attachment to the therapist was positively associated with increased self-disclosure (Saypol & Farber, 2010). In the same vein, attachment security was associated with greater exploration and session depth (Romano, Fitzpatrick, & Janzen, 2008). Specifying and refining further the links between client attachment styles and the alliance over time, in-therapy behaviors and final outcome are important directions for future research.

Therapist attachment as a therapist variable that may predict outcome and alliance made its way into studies some years later than studies on client attachment. As with client attachment, some studies assessed therapists' attachment with the AAI and others with self-report measures of attachment anxiety and avoidance. Employing the AAI,

Schauenburg et al. (2010) found that higher attachment security was associated both with better therapy outcomes and better working alliances, but only in a subsample of severely impaired clients. However, in another study, no direct association was found between therapist-attachment security and client-rated alliance (Petrowski, Pokorny, Nowacki, & Buchheim, 2013). In a study that included weekly client ratings of the alliance, therapists' higher attachment anxiety was associated with lower client ratings of the working alliance throughout, as well as with a greater decline in alliance over the course of therapy (Dinger, Strack, Sachsse, & Schauenburg, 2009).

Assessing therapist attachment by self-report after the first session of therapy and working alliance after the first, fourth, and seventh sessions, Sauer, Lopez, and Gormley (2003), using hierarchical linear modeling, found that anxiously attached therapists led to higher initial working alliance (after the first session) and contributed to a lower working alliance score over time. These authors suggested that while anxiously attached therapists may initially develop strong working alliances through attending to client needs in a careful and/or exaggerated manner, they may have difficulty sustaining the alliance, thereby failing to provide clients a secure base. Moreover, this attachment anxiety alliance pattern may be especially true with less experienced therapists.

Attachment as mediator of change. Mediators are variables that serve to explain the "how" and "why," elucidating the mechanism by which the treatment (independent variable) impacts treatment-related changes (Comer & Kendall, 2013). Watson, Steckley, and McMullen's (2014) study provides an example of a research design in which the mediator effect of attachment on psychotherapy outcome was examined through data derived from an RCT comparing Emotion-Focused Therapy-Process-Experiential and CBT in the treatment of depression. Focusing on therapist empathy, the study set out to address how empathy facilitates client change in psychotherapy. The model tested both direct effects of client's perceived therapist empathy on client outcome, as well as indirect effects through mediation of changes in interpersonal (improvement in attachment insecurity) and intrapersonal (decreases in negative self-treatment) functioning at the end of therapy. The study relied on a comprehensive assessment that consisted of clients' self-report of attachment, an observer process measure of client's treatment of self that was applied to transcripts of therapy sessions (Structural

Analysis of Social Behavior, SASB-Introject) and an extensive battery of outcome measures. The mediation analysis provided evidence that clients' attachment styles as well as their ways of treating their inner experience mediated the relationship between empathy and outcome. In other words, empathy predicted outcome through changes in attachment insecurity and negative self-treatment (from intake to post-therapy while taking into account initial security) over and above the alliance, demonstrating the role of empathy as a mechanism of change. The conceptualization and mediation effects tested in this study provide an example of how testing "how" questions through mediation effects can be applied to other elements of the therapeutic relationship and other treatment orientations. True mediation that would take time and sequence into account would need to include changes in attachment insecurity, assessed before final outcome or follow-up were assessed.

Attachment as outcome. Can attachment change or be modified during treatment? It has been suggested that change in attachment can be conceptualized as a proximal outcome, not just a predictive client characteristic, but also as an outcome variable in and of itself (Bohart & Wade, 2013; Levy et al., 2011). Levy et al. (2006) assessed change in attachment organization (on the AAI and Reflective Function scale) in an RCT with BPD patients assigned to one of three 12-month treatments: transference-focused therapy (TFP), dialectical behavior therapy, or psychodynamic supportive therapy. A significant increase after 12 months was found in the number of patients classified as secure in the TFP group, but not in the other two treatment groups. Tasca, Balfour, Ritchie, and Bissada (2007) conducted an RCT study comparing CBT with Psychodynamic Interpersonal Psychotherapy delivered in a 16-session group format to women with Binge Eating Disorder. Relying on a self-report measure of attachment, they found decreases in insecurity (medium to large effect sizes) following both treatments.

In contrast, Strauss, Mestel, and Kirchmann (2011) found that following a time-limited psychological treatment (7-week treatment) for female inpatients with BPD and avoidant personality disorder attachment orientations assessed using the adult attachment prototype rating (based on an interview similar to the AAI) did not change dramatically (they did not find many women classified as secure at the end of their therapy). Interestingly, for women with BPD, changes from ambivalent to avoidant attachment were linked with better outcome

after seven weeks of inpatient therapy. Finally, Kirchmann et al. (2012) studied changes in attachment characteristics in a relatively large sample of patients undergoing inpatient group psychotherapy in routine care. Relying on three different multi-item attachment questionnaires, they found a moderate increase in attachment security.

In line with this research investigating change in attachment during psychotherapy, Taylor, Rietzschel, Danquah, and Berry (2015) most recently conducted a systematic review of 14 studies that assessed changes in attachment (9 used self-report and 5 used interviews). In 11 of the 14 reviewed studies, there was evidence for some form of improvement in attachment representations following therapy: attachment security increased, whereas attachment anxiety decreased (findings on attachment avoidance were unclear). With regard to the issue of time in therapy, the studies varied in length of therapy, ranging from a three-day weekend to one year; thus, questions such as the feasibility of changing attachment predisposition and the time needed to achieve such changes and how this can be achieved remain open. In order to attribute changes in attachment to treatment, more research is needed that will include control groups and will take into account various confounding variables.

Client-therapist attachment match. The attachment framework may be especially applicable to the long history of the idea that the client-therapist match may account for outcome beyond any single client or therapist variable (Berzins, 1977). Bernier and Dozier (2002) suggested that contrasting relational styles (mismatch) are optimal for treatment, suggesting that dissimilarity in reliance on attachment strategies, hyperactivation, or deactivation was advantageous, while others found that dissimilarity was related to negative aspects of the counseling process, thereby not supporting the superiority of a mismatch (Eagle & Wolitzky, 2009). Studies have examined the benefit of client-therapist attachment match versus mismatch with respect to a wide range of process variables such as alliance, exploration (Romano et al., 2008) and countertransference behavior (Mohr, Gelso, & Hill, 2005). Studying the impact of the client-therapist attachment match on outcome, we found that low-avoidant client-therapist attachment match led to a greater decrease in symptom distress than when a low-avoidant therapist treated a high avoidant client. These findings suggest the importance of considering client-therapist attachment matching and the need to pay attention to the special challenges involved in treating avoidant

clients in order to facilitate progress in psychotherapy (Wiseman & Tishby, 2014b).

The divergent findings on matching in attachment appear to depend on (a) what we are trying to predict (alliance, exploration, and outcome), (b) the stage in therapy (early in therapy versus later), and (c) the professional background (case managers, counselors) and training level of the therapists (students in-training, advanced interns, or experienced therapists).

Attachment as process. Psychotherapy researchers have developed psychotherapy-specific attachment measures for assessing in-session process and change (e.g., Lilliengren et al., 2014; Mallinckrodt, Gantt, & Coble, 1995; Talia et al., 2014). Accordingly, this is the place to make a point about attachment assessment. To paraphrase Horvath (2011), “Will the ‘real alliance’ (measure) please stand up,” this is no less an issue, if not more of one, when it comes to measuring attachment—“Will the ‘real attachment’ (measure) please stand up.” This is partly due to the various attachment measures that grew out of divergent research communities, and especially the divide between those in developmental psychology versus social psychology. To these we can add important measures of attachment developed within our own community of psychotherapy researchers, including the new development of transcript-based observer-rated scales. These recent scales include the Patient Attachment to Therapist-rating scale (PAT-RS) applied to patient narratives shortly after termination (Lilliengren et al., 2014) and the Patient Attachment Coding System (PACS) designed to assess clients’ in-session attachment based on clients’ discourse during the session (Talia et al., 2014).

In order to study the client–therapist relationship as an attachment bond, Mallinckrodt et al. (1995) developed the Client Attachment to the Therapist Scale (CATS). This client self-report measure was designed in accordance with Bowlby’s (1988) model of the therapeutic relationship. Farber, Lippert, and Nevas (1995) argued that therapists generally fulfill the functions of an attachment figure for their clients, providing a *secure base* for exploration, *safe haven* in times of upset and stress, *proximity seeking* (wanting to be with the therapist), and *separation anxiety* (in times of separation and termination), and the therapist as *stronger and wiser* (Mallinckrodt, 2010). However, at the same time, it has been rightfully argued that the client–therapist dyad is significantly different from that of primary attachment figures (parents and romantic partners) because the therapeutic relationship is defined by “unique temporal, financial, logistic, and ethical boundaries” (Farber et al., 1995, p. 205).

In a recent meta-analysis of the CATS and client-rated alliance, Mallinckrodt and Jeong (2015) found that CATS Secure was strongly positively correlated with total working alliance ($r = .76$), CATS Avoidant was negatively correlated with total working alliance ($r = -.63$), and CATS Preoccupied was not significantly associated with working alliance. I will demonstrate below variations in the client’s attachment to the therapist over time as played out in different forms of client–therapist relational dances.

Client–Therapist Relational Dances: Interplay of Client and Therapist Interpersonal Patterns, Working Alliance, and Change

Psychotherapy is a dyadic relationship consisting of a client and therapist engaged in an ongoing relational “dance.” Therapy technique is applied and received in the context of this ongoing interaction between the two persons who perceive each other and respond to one another through the lenses of their characteristic relational representations and interpersonal patterns. Integrating theory and research on transference that relies on the CCRT method with attachment theory and research, we studied interpersonal themes of clients and therapists with significant others and with each other at several points throughout therapy and their associations with alliance and outcome (Tishby & Wiseman, 2014; Wiseman & Tishby, 2011).

Using the RAP to Study Recalled Client–Therapist Interactions in Ongoing Psychotherapy

In our study, client–therapist relational patterns during psychodynamic therapy at a university counseling center were studied with the CCRT method. Both client and therapist underwent RAP interviews during which they told relational narratives about significant others and narratives about each other (the client about the therapist and the therapist about this client). The interviews were conducted separately with client and their therapist at three time points: early phase (after session five), middle phase (after session 15), and later phase (after session 28) during open-ended therapy that usually lasted about one year.

In order to study in-depth different *relational matrixes* that developed between client and therapist during psychotherapy, I chose three client–therapist dyads from the larger study ($n = 69$), each depicting a different *relational dance*. For each dyad, I will first

present the relational narratives the client told about the therapist and the therapist told about the client. These narratives were related independently in separate RAP interviews (with different interviewers for client and therapist) after session 28. Second, scores on self-report measures of the working alliance completed by clients and therapists, and of the CATS completed by the client augment the picture of the relational dynamics that evolved over time in these dyads.

Dyad 1. Termination Dyad

Client: I told her I want to terminate and then in the next session she said, “Okay, I will tell you things, that if we were to continue maybe I would say them at a later stage.” But then she said, “And you’re not connected to your femininity, but we don’t have time to talk about it.” She started to explain, but then she said, “Okay, it’s better we focus on what we already talked about, rather than start something new.” A lot of what she said seemed like she was throwing things at me. It felt she was trying to show me what I’m missing by terminating. And then I tried all the time to understand what it means that I’m not connected to my femininity, what, because I don’t use nail polish (laughs)?

Therapist: She began the session by saying she wanted to end therapy, and it was a difficult moment because I felt she had already decided and no matter what I said I wouldn’t be able to change her decision. I debated whether to try to convince her to stay and to convey I wanted to continue. I felt helpless. She didn’t leave me anything to hang on to. I sensed a missed opportunity. It was really painful for me. On the one hand, I understood she had developed and made progress and could say “I am terminating,” but on the other, it’s too bad she’s terminating at this stage when I have so much to give her and she has so much to gain. [Interviewer: You said she made the decision on her own?] I felt somehow cheated that she came and said “here is my conclusion.” It met my own issues. Not to honor some basic alliance, and suddenly to discover it was not really what I thought.

Dyad 2. Carpet Dyad

Client: One time I came and I didn’t agree to sit in the chair, and I looked for a corner in the room where I could sit. In the end I sat on

the carpet. She asked: “Do you want me to sit with you on the carpet?” I answered, “No, I just feel comfortable sitting on the floor, it calms me down. I don’t want you to sit on the floor if it is not comfortable for you. I don’t want you to do something that you don’t want.” ... And she sat with me and we sat together, and it calmed me and also I guess it drew us closer. I felt I can trust her, that she is trying to get close to me. She’s trying to adapt herself to me. It gave me a sense of security, it’s like giving a hand. I felt a bit uncomfortable that may be I’m making her do something she doesn’t really want, but then she probably wouldn’t have done it. It gives me a good feeling when someone is really trying. I would like her to be the responsible one that I look up to (from the floor), but I also want to talk at the same eye level.

Therapist: She came in and looked around, she decided to sit on the floor. I deliberated with myself over where I should sit, so I asked her: “Where do you want me to sit”? She said, “It is up to you, I won’t tell you where to sit.” I felt uncomfortable, embarrassed, as it is not clear what is appropriate. So I decided I would sit with her on the floor, on the carpet. It opened up a new kind of relationship between us. She told me more things, and talked about her problems in relationships and with men. We both sat on the carpet and there was a feeling of closeness, pleasant, it was a good session, that we could talk, and get connected, and look together, and ask questions and explore, something that isn’t always possible with her. I wanted to be with her ... it was like sitting with a little girl on the carpet.

Self-report measures Dyad 1 versus Dyad 2.

In Dyad 1, the client alliance ratings (see [Figure 2](#)) were relatively unchanged from session 5 to session 15, but decreased from session 15 to session 28, which is the time point recounted in the termination narratives. The therapist’s alliance ratings show a gradual decrease from session 5 through sessions 15–28. Moreover, from session 5 and throughout, the therapist alliance ratings were higher than those of the client, suggesting that the therapist overestimated the alliance between them. Indeed, the therapist acknowledged this discrepancy in her narrative (“suddenly to discover that it was not really what I thought”). In contrast, in Dyad 2 the ratings of client and therapist corresponded almost perfectly, as they see the alliance eye-to-eye in terms of both the decrease in session 15 and the increase in session 28, with the client’s alliance somewhat higher (see [Figure 2](#)).

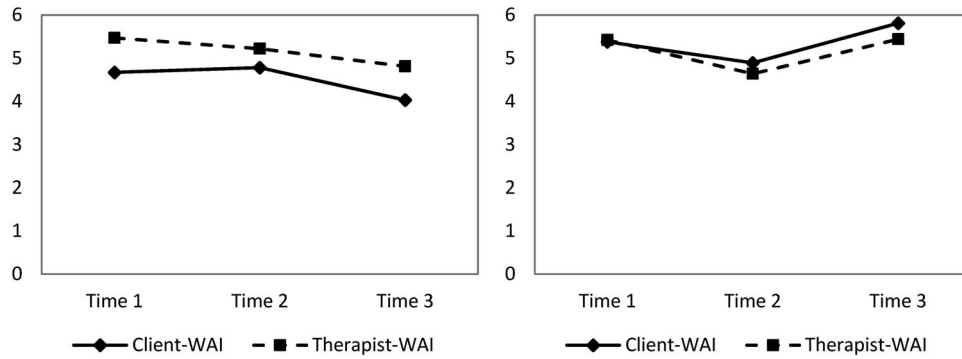


Figure 2. Dyads 1 and 2: client and therapist alliance ratings.

The client’s ratings on the CATS provide a differentiation between security and avoidance (see Figure 3). In Dyad 1, the security with the therapist decreased in a way that matched the client’s alliance ratings, while her avoidance increased in a way that corresponded with the ultimate distancing from the therapist to the point of her unilateral termination. The opposite pattern is evident in Dyad 2, in which the client’s CATS revealed growing security from the beginning to session 28, whereby the client felt more secure with the therapist, as she stated in her narrative (“It gave me a sense of security, it is like giving a hand”). Moreover, the client reported a dramatic drop in avoidance as she is able to feel closer to the therapist (client: “Also, I guess it drew us closer”; therapist: “There was feeling of closeness”).

Client-therapist dyad specificity: Comparison between Dyad 1 and Dyad 2. After presenting these two dyads, this is the place to disclose that in fact, these are two different clients *treated by the same therapist*. We can see that the relational meeting was very different, underscoring the dyadic nature of the therapeutic relationship. This kind of comparison between two cases seen by the same therapist that follows Strupp’s (1980) seminal “Success and failure in time-limited psychotherapy: A systematic comparison between two cases” from

the Vanderbilt Project, is especially powerful in reaching a deep understanding of in-therapy process and different outcomes (e.g., Wiseman, Shefler, Caneti, & Ronen, 1993).

In the termination dyad, the therapist’s emphasis on closeness was met by the client wanting to distance. The therapist failed the client’s need for growing autonomy and the client felt misunderstood and wanted to terminate. This dance can be defined as “stepping on each other’s toes” and is disharmonious and lacking in synchrony. In the carpet dyad, however, the same therapist is aware of the dynamic of “dancing too close versus too far” as she moves together with the client towards a more harmonious dance. They had to sit down on the carpet as part of the dance before the client could rely on the therapist as a secure base to freely explore and then they could begin to dance in improved synchrony.

The third client-therapist dyad, with a different therapist, depicts a third dance.

Dyad 3. Necklace Dyad

Client: I came to the session wearing a beautiful necklace of a friend of mine, and my therapist complimented me about it. Then during the session she said that I was intelligent, and

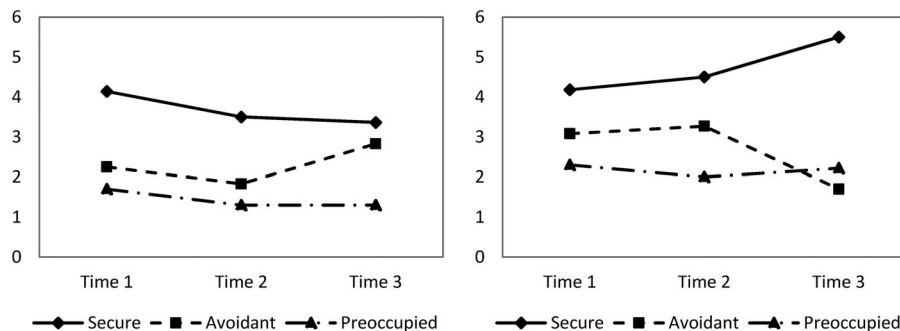


Figure 3. Dyads 1 and 2: client attachment to therapist (CATS).

stuff like that, and it was really strange. Because it connected with a conversation I had with some friends about some therapy technique and I wondered whether the compliment about the necklace is part of that technique. At the beginning I was really happy with the compliment, but then when I left the building, I had this feeling that, is it real? That she doesn't really mean it, that it's only part of the technique. So I stayed with it until the following week and then I decided to talk to her about it that it felt strange. I wanted it to be something real, and also that I could believe her. It was pleasant that she saw me as good and it made me feel good, but then I thought, she is my psychologist, so what can she say? [Interviewer: What did you feel?]. I felt confused, so we talked about it. You see I feel comfortable with her, and I feel I can talk to her. She responds to things I tell her. She remembers what I said in the last session, she remembers things about my life. So it makes me feel really good with her.

Therapist: She showed me a necklace that she made, and I told her that it was very beautiful, and I also said something about her being very intelligent, so the next session she told me that she's sure I did so as a therapy technique. That I need to compliment my clients and strengthen their self-confidence. I took it hard that she told me this. I felt that she really didn't trust me. She doesn't believe in the authenticity of what I feel towards her, the possibility that I would mean something good. It's really frustrating, because whatever I say you can always say that it is a "technique of psychologists." I think she was authentic in not believing I could love her, or value things to do with her. I suddenly asked myself whether I was authentic. Maybe I only said it to make her feel good? So some guilt came in about how I said it, that it wasn't true enough. But I also valued and loved her for saying that she doesn't believe, that she brought it up. She shared it with me, even though it was uncomfortable. Her courage also gives me courage, that it's possible to talk about it. She came and told me in a true and sincere way what she felt during the week, so I also could be open and say what I feel. It released something.

Self-report measures Dyad 3. The client's Working Alliance Inventory remained high throughout and this therapist underestimated the alliance (the more usual pattern). Compared to the other two clients, this client begins therapy with higher CATS security (it increases somewhat), and her

avoidance and preoccupation remain low, throughout psychotherapy (see Figure 4).

"It takes two to tango". Dyad 3 demonstrates the process of client and therapist dancing in growing synchrony in which meta-communication enables negotiation about authenticity (Muran, 2002; Safran & Muran, 2000). The client shifted from mistrust to authentic relatedness and the meeting created something new for both participants, as well as growing mutuality (Aron, 1996).

Corrective Experiences: Core Mechanism of Therapeutic Change

In considering the dyads in which there was a move to greater synchrony (dyads 2 and 3), it appears that we can consider each as experiencing, to a certain extent, a corrective emotional experience (see Castonguay & Hill, 2012). In attachment terms, a corrective emotional experience is provided by a therapist who is able to build a therapeutic relationship that furnishes both a secure base and safe haven for clients (Bowlby, 1988; Mallinckrodt, 2010). Through the collaborative work of therapy, the client comes to rely more on security-based strategies to regulate affect and develops more effective social competencies that enhance satisfying relationships. In contemporary psychoanalytic relational terms, a corrective emotional experience entails the process by which therapist and client work collaboratively to make a sense of what is taking place in the therapeutic relationship by recognizing and exploring enactments, or interpersonal dances, that are unique to each dyad (Christian, Safran, & Muran, 2012, p. 62; Safran, 2012; Wiseman, Tishby, & Barber, 2012). Future in-depth analyses of unique dyadic processes may enable greater specificity regarding how to understand and work with various client-therapist relational dances leading to change in interpersonal relationships.

Learning from the Past, Looking to the Future: Visions for Connecting Relationships and Psychotherapy

In considering the quest for connecting research on relationships with psychotherapy research, some lessons from the past and visions for the future are offered. I grouped them under five broad spheres or issues: (a) integration between domains in psychology; (b) integration between schools of psychotherapy; (c) building bridges from research to practice and back, (d) methodological pluralism; and (e)

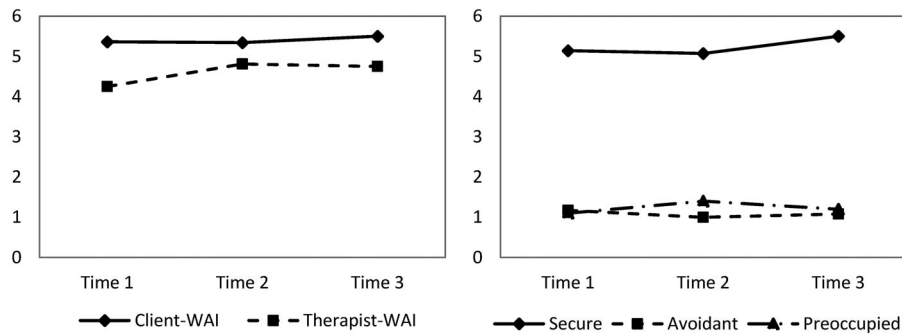


Figure 4. Dyad 3: alliance and client attachment to therapist ratings.

training, supervision, and mentoring. All five share virtues and challenges in building connections between domains, psychotherapy schools, research and practice, methodologies, and in building relationships in training, supervision, and mentoring.

Integration between Domains in Psychology

The need for integration between domains, such as developmental psychology, personality, social psychology, and neuroscience, has been gaining recognition, leading to genuine steps in this direction. Within developmental psychology, an early innovative attempt of this kind appeared in a special issue of *Infant Mental Health Journal* entitled “Interventions that effect change in psychotherapy: A model based on infant research” (Tronick (1998) with contributions from members of the Boston Process of Change Study Group and commentaries by Fonagy, Modell, and Beebe. Stern (1998), for example, offered developmental observations for adult psychotherapy in relation to the process of therapeutic change involving implicit knowledge. These ideas were incorporated and developed in Safran and Muran’s writings on relational knowing in the therapeutic relationship. A recent initiative to integrate child psychology into research on psychotherapy was the establishment in 2012 of a new special interest section in the Society for Psychotherapy Research (SPR), called Child and Family Therapy Research (CaFTR). Focusing on the study of psychotherapy with children and adolescence in different modalities, individual and family, speaks to this kind of integration (e.g., Diamond et al., 2014; Midgley & Vrouva, 2012).

Within personality and social psychology, as I have shown, attachment research has been applied in the study of the therapeutic relationship. In turn, attachment researchers no doubt have much to gain from psychotherapy research in general and research on interpersonal relationships in psychotherapy in

particular. An example of such a fruitful connection is a study of dream narratives that applied the CCRT method to validate individual differences in adult attachment (Mikulincer, Shaver, & Avihou-Kanza, 2011). The researchers were able to show that attachment avoidance predicted avoidant wishes and negative representations of others in dreams, while attachment anxiety predicted wishes for interpersonal closeness and negative representations of others in dreams following more distressing days.

Another ground for potential integration is Reis’ (2013) interpersonal model of responsiveness in couple relationships, which consists of three dimensions—understanding, validating, and caring—viewed as essential for well-being. Psychotherapy researchers have much to say about responsiveness as a construct worthy of measurement, as can be learned from the work of Stiles, Honos-Webb, and Surko (1998), Elkin et al. (2014), and Silberschatz (2012), each of whom used a somewhat different framework to study this process. Hence, responsiveness appears to be key to achieving relatedness in close relationships and therapeutic relationships. Moreover, Bowlby’s hypothesis that corrective experiences contribute to the revision of working models (representations) of self and other provides an impetus for studies in both developmental/personality/social psychology and in psychotherapy. The focus of the former research would be on corrective interpersonal experiences that disconfirm early working models through new close relationships and life events, while the focus of the latter would be on corrective interpersonal experiences provided through the therapeutic relationship. A closer connection between researchers in these fields would involve greater reciprocity in exploring theoretical models, in adapting measures, and in research methods.

Finally, it is important to consider that culture and ethnicity serve as important milieu that affects relationships and psychotherapy. Cross-cultural studies of attachment, for example, investigate the universal

and contextual (culture-specific) dimensions (Van IJzendoorn & Sagi-Schwartz, 2008). In order to advance the study of cultural aspects in psychotherapy, the SPR Interest Section on Culture and Psychotherapy provides a forum for researchers from different countries and cultures around the world. Relationships in psychotherapy between clients and therapists from different cultures, ethnic backgrounds, languages, and countries are among the issues addressed (e.g., Moodley, Gielen, & Wu, 2013).

Integration between Schools of Psychotherapy

The integration movement in psychotherapy is another form of connection between pathways (Castonguay, 2011; Gold, 2011) especially pertinent to research on psychotherapy relationships. Incorporation of humanistic, interpersonal, and psychodynamic approaches into cognitive therapy in order to improve psychotherapy outcomes drew on the possible centrality of processes of ruptures in the patient–therapist collaboration and their resolution (Safran & Muran, 2011). Applying the use of specific strategies such as meta-communication to resolve alliance ruptures in Integrative Cognitive Therapy for depression (Castonguay, 2011) is another example of an innovative development that grew out of the understanding of relational processes. Further research into repair processes associated with positive outcome can be integrated into other schools of psychotherapy by exploring ways therapists can collaborate with their patients to explore relational themes associated with ruptures, linking them to common relational patterns in their patients’ lives and providing them with corrective relational experiences.

Building Bridges from Research to Practice and Back

Bridging the gap between research and practice has been pursued as far back as the establishment of clinical training according to the scientist–practitioner Boulder model, by which most of us at SPR were trained. Within SPR, the luminaries in our field originated innovative ways of studying psychotherapy process and outcome (see Castonguay et al., 2010), intending to have their empirical findings utilized by psychotherapy practitioners (Morrow-Bradley & Elliott, 1986). However, specific research efforts to actively foster and sustain collaboration between researchers and clinicians have only recently gained recognition (Castonguay, Barkham, Lutz, & McAleavey, 2013; Castonguay, Youn, Xiao, Muran, & Barber, 2015). A new type of research called

practice-oriented research (POR) offers various forms of partnerships that connect communities of clinicians and researchers. The challenge that POR offers is in building collaborations through thoughtful and pragmatic programs that appear to entail a more egalitarian and reciprocal relationship between researchers and practitioners. This means that researchers do not simply conduct their research by soliciting the engagement of clinicians and hope they will read their articles. Instead, researchers also explore with clinicians what aspects of psychotherapy they have interest in studying and involve them in various steps of the research, finally leading to collaborative publications.

The therapeutic relationship is by and large an arena that has always attracted clinicians and one I have personally found highly relevant in my own clinical practice. Moreover, in the movement from clinicians’ practical wisdom *back* to research, it has been our experience that when the dances we studied were presented to clinicians, they had much to offer us in refining and triangulating our research on relationships in psychotherapy. For example, in presenting the “necklace dyad” to clinicians, they raised questions as to what transference-countertransference dynamics led the therapist to compliment her client in the first place. This suggests to us as researchers the need to understand chains of events leading to specific client–therapist enactments.

Methodological Pluralism

Pluralism of research paradigms and multiple methods is needed to study such complex phenomena as human relationships and therapeutic change. Alongside sophisticated quantitative approaches, the benefits of qualitative and narrative approaches are winning a more central place. We need both macro and micro studies; big O and small O; RCTs and sophisticated single case studies, including theory-building case studies (Stiles, 2009); hermeneutic single case efficacy designs (Elliott et al., 2009); pragmatic case studies (Fishman, 1999); and mixed-method consensual qualitative research (CQR) case studies (Hill, 2012). As I have shown, combining conceptualizations of interpersonal relationships and applying mixed methods that include reliable and valid measures and qualitative–narrative analysis of dyads drawn from a larger study tackles some of the challenges in studying the client–therapist dance and its relation to therapeutic change. Moreover, the advancement of new attachment-informed process measures such as the PACS (Talia et al., 2014), which will enable investigation of in-session attachment over the course of psychotherapy, has

the potential to open new avenues for process-outcome studies of relational change.

The fruits of methodological pluralism are demonstrated in the recent special issue on the therapeutic relationship, which assembles articles by researchers applying a wide array of state-of-the-art methods (Wiseman & Tishby, 2014a). These include multiple measures, research designs, and quantitative and qualitative studies ranging from studies conducted in the context of RCTs, data simulations of “variance accounted,” medium to small samples, intensive micro-analysis of single cases, event analysis and consensual qualitative research analysis, and an on-line survey (see also Wiseman & Tishby, 2015).

Training, Supervision and Mentoring

Research on training and supervision in psychotherapy addresses the important questions about how to train effective therapists, how trainees change, and the effectiveness of supervision and what makes it effective (see review Hill & Knox, 2013). Both training and supervision involve relationships with trainers and supervisors, with both focusing to various degrees on enhancing trainees and supervisees’ empathy, fostering alliance, and resolving ruptures with their clients (Crits-Christoph, Crits-Christoph, & Connolly Gibbons, 2010; Muran, Safran, & Eubanks-Carter, 2010).

Therapists’ relationships with close significant others, with their clients, and with their own therapists and supervisors are all part of the complex arena of relationships in which therapists develop and practice. The international research program on the work and development of psychotherapists by Orlinsky and Rønnestad (2005) and the SPR Collaborative Research Network (CRN) have been investigating the personal and professional development of psychotherapists. Data from over 11,000 therapists in more than 24 countries were collected using the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which has been translated to more than 20 languages. The DPCCQ surveys a broad range of therapists’ professional and personal characteristics and work experiences, including scales that focus on therapists’ ways of being in relationships with their clients and in their personal close relationships (Orlinsky & Rønnestad, 2013). Within this framework, my interest in the impact of personal therapy on therapists’ development offers a special case of the meeting between the personal and professional lives of psychotherapists and the mutual connection between these two spheres (Geller, Norcross, & Orlinsky,

2005; Rønnestad, Orlinsky, & Wiseman, in press; Wiseman & Shefler, 2001).

A multisite longitudinal research program on training and development is currently being launched through the SPR Interest Section on Therapist Training and Development (SPRISTAD). Such assessments of the effects of training and supervision should take into account other sources of influence, including personal relationships, personal therapy, and major life events.

Finally, the focus on relationships has implications for building mentoring relationships and collaboration among psychotherapy researchers. Mentoring is a special kind of personal relationship between a more experienced (usually older) mentor and a less experienced (usually younger) mentee for the purpose of helping and developing the mentees career (Maysseless, 2015). Mentoring and collaboration may go hand-in-hand with established colleagues making way for students and early-career researchers. I can attest to this from my own key formative experiences with the mentors and collaborators I have been most fortunate to have had throughout the years of my own professional development, as well as from my efforts to mentor my students. Such mentoring relationships and collaborations, many of which were developed within SPR, have been offering generations of psychotherapy researchers around the world a professional home for development, empowerment, sharing, and a sense of belonging to a lively community. I remember being impressed by the idea that SPR was born out of the special relationship between its founders, Ken Howard and David Orlinsky. In describing how their ideas came about in the 1960s, they wrote: “Especially the bowls of soup that we shared ... gave us a chance to keep a good friendship growing” (Orlinsky & Howard, 1986, p. 477). This legacy of our founders, together with the leadership and contributions of those that followed continue to be key to enhancing our field and to moving it forward to a promising future.

Conclusion

Attachment theory and research on the formation and maintenance of human bonds across the lifespan provides a compelling framework for understanding clients’ interpersonal worlds outside of psychotherapy, as well as in their relationships with the therapist in psychotherapy. More broadly, by learning from each other, both researchers of close relationships and of psychotherapy relationships can gain a deeper and multidimensional understanding of complex relational processes and outcomes. As I

have shown, connecting conceptualizations, measures, and methodologies from both fields of study may yield refined ways to formulate and address new questions on the mutual contributions of client and therapist relational dynamics to the unique meeting between them that facilitates or hinders change. Future fine-grained investigations on how to promote core authentic relational relearning are important to clinicians, supervisors, and trainers, who all share the common quest to alleviate interpersonal distress and enhance well-being.

Acknowledgements

I would like to acknowledge with gratitude the support and collaboration of mentors, colleagues, and students, especially: Jacques Barber, Louis Castonguay, Adi Duchin, Irene Elkin, Robert Elliott, Les Greenberg, Clara Hill, Len Horowitz, Adam Horvath, Ruthellen Josselson, Amia Lieblich, Ofra Mayseless, Chris Muran, David Orlinsky, Alon Raz, Helge Rønnestad, Jeremy Safran, Miri Scharf, Margot Schofield, Thomas Schröder, Ruth Sharanbany, Gaby Shefler, Sharon Snir, Bernhard Strauss, Orya Tishby, Miri Vered, Jeanne Watson, and Ulrike Willutzki; and to deeply acknowledge the memory of my mentor Laura Rice.

References

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: Psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Aron, L. (1996). *A meeting of minds: Mutuality in psychoanalysis*. Hillsdale, NJ: The Analytic Press.
- Bakan, D. (1966). *The duality of human existence*. Chicago: Rand McNally.
- Barber, J. P. (2009). Toward a working through of some core conflicts in psychotherapy research. *Psychotherapy Research, 19*, 1–12. doi:10.1080/10503300802609680
- Barber, J. P., Muran, C. J., McCarthy, K. S., & Keefe, J. R. (2013). Research on dynamic therapies. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 443–494). New York, NY: Wiley.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61*, 226–244. doi:10.1037/0022-3514.61.2.226
- Bateman, A., & Fonagy, P. (2011). *Handbook of mentalizing in mental health practice*. Washington, DC: American Psychiatric Publishing.
- Bernecker, S. L., Levy, K. N., & Ellison, W. D. (2014). A meta-analysis of the relation between patient adult attachment style and the working alliance. *Psychotherapy Research, 24*, 12–24. doi:10.1080/10503307.2013.809561
- Bernier, A., & Dozier, M. (2002). The client–counselor match and the corrective emotional experience: Evidence from interpersonal and attachment research. *Psychotherapy: Theory, Research, Practice, Training, 39*, 32–43. doi:10.1037//0033-3204.39.1.32
- Berzins, J. I. (1977). Therapist–patient matching. In A. S. Gurman & A. M. Razin (Eds.), *Effective psychotherapy. A handbook of research* (pp. 222–251). Oxford: Pergamon.
- Blatt, S. J., & Blass, R. B. (1990). Attachment and separateness: A dialectic model of the products and processes of development throughout the life cycle. *Psychoanalytic Study of the Child, 44*, 107–127.
- Bohart, A. C. & Wade, A. G. (2013). The client in psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 219–257). New York, NY: Wiley.
- Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Sadness and depression*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
- Caspar, F. (2003). Psychotherapy research and neurobiology: Challenge, chance, or enrichment?. *Psychotherapy Research, 13*, 1–23.
- Castonguay, L., Barkham, M., Lutz, W., & McAleavey, A. (2013). Practice-oriented research approaches and applications. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 85–133). New York, NY: Wiley.
- Castonguay, L. G. (2011). Psychotherapy, psychopathology, research and practice: Pathways of connections and integration. *Psychotherapy Research, 21*, 125–140. doi:10.1080/10503307.2011.563250
- Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy: Theory, Research, Practice, Training, 43*, 271–279. doi:10.1037/0033-3204.43.3.271
- Castonguay, L. G., & Hill, C. E. (Eds.). (2012). *Transformation in psychotherapy: Corrective experiences across cognitive behavioral, humanistic and psychodynamic approaches*. Washington, DC: APA Books. doi:10.1037/13747-000
- Castonguay, L. G., Muran, C. J., Angus, L., Hayes, J., Ladany, N., & Anderson, T. (Eds.). (2010). *Bringing psychotherapy research to life: Understanding change through the work of leading clinical researchers*. Washington, DC: American Psychological Association.
- Castonguay, L. G., Youn, S. J., Xiao, H., Muran, J. C., & Barber, J. P. (2015). Building clinicians–researchers partnerships: Lessons from diverse natural settings and practice-oriented initiatives. *Psychotherapy Research, 25*(1), 166–184. doi:10.1080/10503307.2014.973923
- Christian, C., Safran, J. D., & Muran, J. C. C. (2012). The corrective emotional experience: A relational perspective and critique. In L. G. Castonguay & C. E. Hill (Eds.), *Transformation in psychotherapy: Corrective experiences across cognitive behavioral, humanistic, and psychodynamic approaches* (pp. 51–67). Washington, DC: American Psychological Association. doi:10.1037/13747-004
- Clarkin, J. F. & Levy, K. N. (2004). The influence of client variables on psychotherapy. In M. Lambert (Ed.), *Bergin & Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 194–226). New York: Wiley.
- Comer, J. S., & Kendall, P. C. (2013). Methodology, design, and evaluation in psychotherapy research. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 21–48). New York, NY: Wiley.
- Connors, M. E. (2011). Attachment theory: A “secure base” for psychotherapy integration. *Journal of Psychotherapy Integration, 21*(3), 348–362. doi:10.1037/a0025460
- Crits-Christoph, P., Crits-Christoph, K., & Connolly Gibbons, M. B. (2010). Training in alliance-fostering techniques. In J. C. Muran & J. P. Barber (Eds.), *The therapeutic alliance: An*

- evidence-based guide to practice (pp. 304–319). New York: Guilford Press.
- DeRubeis, R. J., Gelfand, L. A., German, R. E., Fournier, J. C., & Forand, N. R. (2014). Understanding processes of change: How some patients reveal more than others—and some groups of therapists less—about what matters in psychotherapy. *Psychotherapy Research, 24*, 419–428. doi:10.1080/10503307.2013.838654
- Diamond, G. S., Diamond, G. M., & Levy, S. A. (2014). *Attachment-based family therapy for depressed adolescents*. Washington, DC: American Psychological Association. doi:10.1037/14296-000
- Diener, M. J., & Monroe, J. M. (2011). The relationship between adult attachment style and therapeutic alliance in individual psychotherapy: A meta-analytic review. *Psychotherapy, 48*, 237–248. doi:10.1037/a0022425
- Dinger, U., Strack, M., Sachsse, T., & Schauenburg, H. (2009). Therapists' attachment, patients' interpersonal problems and alliance development over time in inpatient psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 46*, 277–290.
- Eagle, M., & Wolitzky, D. L. (2009). Adult psychotherapy from the perspectives of attachment theory and psychoanalysis. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (pp. 379–409). New York, NY: Guilford Press.
- Eames, V., & Roth, A. (2000). Patient attachment orientation and the early working alliance: A study of patient and therapist reports of alliance quality and ruptures. *Psychotherapy Research, 10*(4), 421–434. doi:10.1093/ptr/10.4.421
- Elkin, I., Falconnier, L., Smith, Y., Canada, K. E., Henderson, E., Brown, E. R., & McKay, B. M. (2014). Therapist responsiveness and patient engagement in therapy. *Psychotherapy Research, 24*, 52–66. doi:10.1080/10503307.2013.820855
- Elliott, R., Partyka, R., Alperin, R., Dobrenski, R., Wagner, J., Messer, S. B., ... & Castonguay, L. G. (2009). An adjudicated hermeneutic single-case efficacy design study of experiential therapy for panic/phobia. *Psychotherapy Research, 19*, 543–557. doi:10.1080/10503300902905947
- Falkenström, F., Granström, F., & Holmqvist, R. (2014). Working alliance predicts psychotherapy outcome even while controlling for prior symptom improvement. *Psychotherapy Research, 24*(2), 146–159. doi:10.1080/10503307.2013.847985
- Farber, B. A., Lippert, R. A., & Nevas, D. B. (1995). The therapist as attachment figure. *Psychotherapy: Theory, Research, Practice, Training, 32*(2), 204–212. doi:10.1037/0033-3204.32.2.204
- Farber, B. A., & Metzger, J. A. (2009). The therapist as secure base. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (pp. 46–70). New York, NY: Guilford Press.
- Fishman, D. B. (1999). *The case for pragmatic psychology*. New York: New York University Press.
- Flückiger, C., Del Re, A., Wampold, B. E., Symonds, B. D., & Horvath, A. O. (2012). How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology, 59*, 10–17. doi:10.1037/a0025749
- Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York: Other Press.
- Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., Mattoon, G., ... Gerber, A. (1996). The relation of attachment status, psychiatric classification, and response to psychotherapy. *Journal of Consulting and Clinical Psychology, 64*, 22–31.
- Geller, J. D., Norcross, J. C., & Orlinsky, D. E. (Eds.). (2005). *The psychotherapist's own psychotherapy: Patient and clinician perspectives*. New York: Oxford University Press.
- Gelso, C. (2014). A tripartite model of the therapeutic relationship: Theory, research, and practice. *Psychotherapy Research, 24*(2), 117–131. doi:10.1080/10503307.2013.845920
- Gold, J. (2011). Attachment theory and psychotherapy integration: An introduction and review of the literature. *Journal of Psychotherapy Integration, 21*(3), 221–231. doi:10.1037/a0025490
- Hazan, C., & Campa, M. I. (Eds.). (2013). *Human bonding: The science of affectional ties*. New York: Guilford Press.
- Hill, C., & Knox, S. (2013). Training and supervision in psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 775–811). New York, NY: Wiley.
- Hill, C. E. (Ed.). (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC: American Psychological Association.
- Hill, C. E., Gelso, C. J., Chui, H., Spangler, P. T., Hummel, A., Huang, T., ... & Miles, J. R. (2014). To be or not to be immediate with clients: The use and perceived effects of immediacy in psychodynamic/interpersonal psychotherapy. *Psychotherapy Research, 24*, 299–315. doi:10.1080/10503307.2013.812262
- Horowitz, L. (1994). Schemas, psychopathology, and psychotherapy research. *Psychotherapy Research, 4*(1), 1–19.
- Horvath, A. (2011). *The complex world of alliance assessments: Will the "real alliance" please stand up?* Paper presented at the Annual Meeting of the Society for Psychotherapy Research, Bern, Switzerland.
- Horvath, A. (2013). You can't step into the same river twice, but you can stub your toes on the same rock: Psychotherapy outcome from a 50-year perspective. *Psychotherapy, 50*(1), 25–32. doi:10.1037/a0030899
- Horvath, A. O. (2006). The alliance in context: Accomplishments, challenges and future directions. *Psychotherapy: Theory, Research, Practice, Training, 43*(3), 258–263. doi:10.1037/0033-3204.43.3.258
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, B. D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*, 9–16. doi:10.1037/a0022186
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*, 139–149. doi:10.1037/0022-0167.38.2.139
- Kirchmann, H., Steyer, R., Mayer, A., Joraschky, P., Schreiber-Willnow, K., & Strauss, B. (2012). Effects of adult inpatient group psychotherapy on attachment characteristics: An observational study comparing routine care to an untreated comparison group. *Psychotherapy Research, 22*, 95–114. doi:10.1080/10503307.2011.626807
- Levy, K. N., Ellison, W. D., Scott, L. N., & Bernecker, S. L. (2011). Attachment style. *Journal of Clinical Psychology, 67*(2), 193–203. doi:10.1002/jclp.20756
- Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J. S., Clarkin, J. F., & Kernberg, O. F. (2006). Change in attachment patterns and reflective function in a randomized control trial of transference focused psychotherapy for borderline personality disorder. *Journal of Consulting and Clinical Psychology, 74*, 1027–1040. doi:10.1037/0022-006X.74.6.1027
- Lilliengren, P., Werbart, A., Mothander, P. R., Ekström, A., Sjögren, S., & Ögren, M. (2014). Patient attachment to therapist rating scale: Development and psychometric properties. *Psychotherapy Research, 24*, 184–201. doi:10.1080/10503307.2013.867462
- Luborsky, L., & Crits-Christoph, P. (1998). *Understanding transference: The core conflictual relationship theme method*. Washington, DC: American Psychological Association.
- Mallinckrodt, B. (2010). The psychotherapy relationship as attachment: Evidence and implications. *Journal of Social and Personal Relationships, 27*, 262–270. doi:10.1177/0265407509360905
- Mallinckrodt, B., Gantt, D. L., & Coble, H. M. (1995). Attachment patterns in the psychotherapy relationship:

- Development of the Client Attachment to Therapist Scale. *Journal of Counseling Psychology*, 42, 307–317. doi:10.1037/0022-0167.42.3.307
- Mallinckrodt, B., & Jeong, J. S. (2015). Meta-analysis of client attachment to therapist: Associations with working alliance and client pre-therapy attachment. *Psychotherapy*, 52(1), 134–139. doi:10.1037/a0036890
- Maysless, O. (2015). *The caring motivation: An integrated theory*. New York: Oxford University Press.
- McAdams, D. P. (1985). *Power, intimacy, and the life story: Personological inquiries into identity*. Homewood, IL: Dorsey Press.
- Midgley, N., & Vrouva, L. (Eds.). (2012). *Minding the child: Mentalization-based interventions with children, young people and their families*. New York: Routledge/Taylor & Francis Group.
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York: Guilford Press.
- Mikulincer, M., & Shaver, P. R. (Eds.). (2014). *Mechanisms of social connection: From brain to group*. Washington, DC: American Psychological Association.
- Mikulincer, M., Shaver, P. R., & Avihou-Kanza, N. (2011). Individual differences in adult attachment are systematically related to dream narratives. *Attachment & Human Development*, 13, 105–123.
- Mikulincer, M., Shaver, P. R., & Berant, E. (2013). An attachment perspective on therapeutic processes and outcomes. *Journal of Personality*, 81(6), 606–616. doi:10.1111/j.1467-6494.2012.00806.x
- Mohr, J. J., Gelso, C. J., & Hill, C. E. (2005). Client and counselor trainee attachment as predictors of session evaluation and countertransference behavior in first counseling sessions. *Journal of Counseling Psychology*, 52, 298–309. doi:10.1037/0022-0167.52.3.298
- Moodley, R., Gielen, U. P., & Wu, R. (Eds.). (2013). *Handbook of counseling and psychotherapy in an international context*. New York: Routledge.
- Morrow-Bradley, C., & Elliott, R. (1986). The utilization of psychotherapy research by practicing psychotherapists. *American Psychologist*, 41, 188–197.
- Muran, J. C. (2002). A relational approach to understanding change. Plurality and contextualism in a psychotherapy research program. *Psychotherapy Research*, 12, 113–138.
- Muran, J. C., & Barber, J. P. (Eds.). (2010). *The therapeutic alliance: An evidence-based guide to practice*. New York: Guilford Press.
- Muran, J. C., Safran, J. D., & Eubanks-Carter, C. (2010). Developing therapist abilities to negotiate alliance ruptures. In J. C. Muran, & J. P. Barber (Eds.), *The therapeutic alliance: An evidence-based guide to practice* (pp. 320–340). New York: Guilford Press.
- Norcross, J. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). New York: Oxford University Press.
- Norcross, J. C., & Lambert, M. J. (2011). Psychotherapy relationships that work II. *Psychotherapy*, 48, 4–8. doi:10.1037/a0022180
- Orlinsky, D. E., & Howard, K. I. (1986). The psychological interior of psychotherapy: Explorations with the therapy session reports. In L. S. Greenberg, & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 477–501). New York, NY: Guilford Press.
- Orlinsky, D. E., & Rønnestad, M. H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American Psychological Association.
- Orlinsky, D. E., & Rønnestad, M. H. (2013). Positive and negative cycles of practitioner development: Evidence, concepts, and implications from a collaborative quantitative study of psychotherapists. In M. H. Rønnestad, & T. M. Skovholt, *The developing practitioner: Growth and stagnation of therapists and counselors* (pp. 265–290). New York: Routledge.
- Petrowski, K., Pokorny, D., Nowacki, K., & Buchheim, A. (2013). The therapist's attachment representation and the patient's attachment to the therapist. *Psychotherapy Research*, 23(1), 25–34. doi:10.1080/10503307.2012.717307
- Reis, H. T. (2013). Relationship well-being: The central role of perceived partner responsiveness. In C. Hazan, & M. I. Campa (Eds.), *Human bonding: The science of affectional ties* (pp. 283–307). New York: Guilford Press.
- Reis, H. T. (2007). Steps toward the ripening of relationship science. *Personal Relationships*, 14, 1–23.
- Romano, V., Fitzpatrick, M., & Janzen, J. (2008). The secure-base hypothesis: Global attachment, attachment to counselor, and session exploration in psychotherapy. *Journal of Counseling Psychology*, 55, 495–504. doi:10.1037/a0013721
- Rønnestad, M. H., Orlinsky, D. E., & Wiseman, H. (in press). Professional development and personal therapy. In J. Norcross (Ed.), *Handbook in Clinical Psychology, Vol. 5*. New York: American Psychological Association.
- Safran, J., Muran, J. C., DeMaria, A., Boutwell, C., Eubanks-Carter, C., & Winston, A. (2014). Investigating the impact of alliance-focused training on interpersonal process and therapists' capacity for experiential reflection. *Psychotherapy Research*, 24, 269–285. doi:10.1080/10503307.2013.874054
- Safran, J. D. (2012). *Psychoanalysis and psychoanalytic therapies*. Washington, DC: American Psychological Association.
- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York, NY: Guilford Press.
- Safran, J. D., & Muran, J. C. (2006). Has the concept of the therapeutic alliance outlived its usefulness? *Psychotherapy: Theory, Research, Practice, Training*, 43, 286–291. doi:10.1037/0033-3204.43.3.286
- Safran, J. D., & Muran, J. C. (2011). Repairing alliance ruptures. *Psychotherapy*, 48, 80–87. doi:10.1037/a0022140
- Sauer, E. M., Anderson, M. Z., Gormley, B., Richmond, C. J., & Preacco, L. (2010). Client attachment orientations, working alliances, and responses to therapy: A psychology training clinic study. *Psychotherapy Research*, 20(6), 702–711. doi:10.1080/10503307.2010.518635
- Sauer, E. M., Lopez, F. G., & Gormley, B. (2003). Respective contributions of therapist and client adult attachment orientations to the development of the early working alliance: A preliminary growth modeling study. *Psychotherapy Research*, 13(3), 371–382. doi:10.1093/ptr/kpg027
- Saypol, E., & Farber, B. A. (2010). Attachment style and patient disclosure in psychotherapy. *Psychotherapy Research*, 20, 462–471. doi:10.1080/10503301003796821
- Schauenburg, H., Buchheim, A., Beckh, K., Nolte, T., Brenk-Franz, K., & Leichsenring, F. (2010). The influence of psychodynamically oriented therapists' attachment representations on outcome and alliance in inpatient psychotherapy. *Psychotherapy Research*, 20, 193–202. doi:10.1080/10503307.2010.481516
- Schröder, T. A., Wiseman, H., & Orlinsky, D. (2008). 'You are always on my mind:' Therapists' intersession experiences and practice, profession, and person correlates. *Psychotherapy Research*, 18(6), 1–12.
- Silberschatz, G. (2012). Therapist responsiveness predicts psychotherapy process and outcome. Paper presented at the Annual Meeting of the Society for Psychotherapy Research, Virginia Beach, VI.
- Silberschatz, G. (2013). Improving the yield of psychotherapy research. Presidential address presented at the Annual Meeting of the Society for Psychotherapy Research, Brisbane, Australia.

- Silberschatz, G. (2015). Improving the yield of psychotherapy research. *Psychotherapy Research*. doi:10.1080/10503307.2015.1076202
- Stern, D. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19, 300–308.
- Stiles, W. B. (2009). Logical operations in theory-building case studies. *Pragmatic Case Studies in Psychotherapy*, 5(3), 9–22.
- Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice*, 5, 439–458. doi:10.1111/j.1468-2850.1998.tb00166
- Strauss, B. M. (2015). Leaving “splendid isolation”: Why psychotherapy trainees and researchers should communicate with each other. In B. M. Strauss, J. P. Barber, & L. G. Castonguay (Eds.), *Visions in psychotherapy research and practice: Reflections from presidents of the Society for Psychotherapy Research* (pp. 329–346). New York: Routledge.
- Strauss, B. M., Barber, J. P., & Castonguay, L. G. (Eds.). (2015). *Visions in psychotherapy research and practice: Reflections from presidents of the Society for Psychotherapy Research*. New York: Routledge.
- Strauss, B. M., Kirchmann, H., Eckert, J., Lobo-Drost, A. J., Marquet, A., Papenhausen, R., & Hoger, D. (2006). Attachment characteristics and treatment outcome following inpatient psychotherapy: Results of a multisite study. *Psychotherapy Research*, 16, 579–594. doi:10.1080/10503300600608322
- Strauss, B. M., Mestel, R., & Kirchmann, H. A. (2011). Changes of attachment status among women with personality disorders undergoing inpatient treatment. *Counseling & Psychotherapy Research*, 11(4), 275–283. doi:10.1080/14733145.2010.548563
- Strupp, H. H. (1980). Success and failure in time-limited psychotherapy: A systematic comparison of two cases (Comparison 1). *Archives of General Psychiatry*, 37, 595–603.
- Talia, A., Daniel, S. I. F., Miller-Bottome, M., Brambilla, D., Miccoli, D., & Safran, J. D. (2014). AAI predicts patients’ in-session interpersonal behavior and discourse: A “move to the level of the relation” for attachment-informed psychotherapy research. *Attachment & Human Development*, 16(2), 192–209. doi:10.1080/14616734.2013.859161
- Tasca, G., Balfour, L., Ritchie, K., & Bissada, H. (2007). Change in attachment anxiety is associated with improved depression among women with binge eating disorder. *Psychotherapy: Theory, Research, Practice, Training*, 44(4), 423–433. doi:10.1037/0033-3204.44.4.423
- Taylor, P., Rietzschel, J. Danquah, A., & Berry, K. (2015). Changes in attachment representations during psychological therapy. *Psychotherapy Research*, 25(2), 222–238. doi:10.1080/10503307.2014.886791
- Tishby, O., & Wiseman, H. (2014). Types of countertransference dynamics: An exploration of their impact on the client–therapist relationship. *Psychotherapy Research*, 24(3), 360–375. doi:10.1080/10503307.2014.893068
- Tronick, E. Z. (1998). Interventions that effect change in psychotherapy: A model based on infant research. *Infant Mental Health Journal*, 19, 277–279.
- Van IJzendoorn, M. H., & Sagi-Schwartz, A. (2008). Cross-cultural patterns of attachment: Universal and contextual dimensions. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (2nd ed., pp. 880–905). New York: Guilford.
- Wampold, B. E., & Budge, S. L. (2012). The 2011 Leona Tyler Award Address: The relationship—And its relationship to the common and specific factors of psychotherapy. *The Counseling Psychologist*, 40(4), 601–623. doi:10.1177/0011000011432709
- Watson, J. C., Steckley, P. L., & McMullen, E. J. (2014). The role of empathy in promoting change. *Psychotherapy Research*, 24(3), 286–298.
- Wiseman, H., & Barber, J. P. (2008). *Echoes of the trauma: Relational themes and emotions in children of Holocaust survivors*. New York, NY: Cambridge University Press. doi:10.1017/CBO9780511500053
- Wiseman, H., & Shefler, G. (2001). Experienced psychoanalytically oriented therapists’ narrative accounts of their personal therapy: Impacts on professional and personal development. *Psychotherapy: Theory, Research, Practice, Training*, 38(2), 129–141.
- Wiseman, H., Shefler, G., Caneti, L., & Ronen, Y. (1993). A systematic comparison of two cases in Mann’s time-limited psychotherapy: An events approach. *Psychotherapy Research*, 3(4), 227–244. doi:10.1080/10503309312331333819
- Wiseman, H., & Tishby, O. (2011). *The Client–therapist ‘dance’: Interplay of client and therapist interpersonal patterns, working alliance and psychotherapy outcome*. Final Scientific Research Report: Israel Science Foundation (ISF) [Grant No. 187/07].
- Wiseman, H., & Tishby, O. (2014a). The therapeutic relationship: Multiple lenses and innovations. Introduction to special section. *Psychotherapy Research*, 24(3), 251–256. doi:10.1080/10503307.2014.892648
- Wiseman, H., & Tishby, O. (2014b). Client attachment, attachment to the therapist and client–therapist attachment match: How do they relate to change in psychodynamic psychotherapy? *Psychotherapy Research*, 24(3), 392–406. doi:10.1080/10503307.2014.892646
- Wiseman, H., & Tishby, O. (Eds.). (2015). *The therapeutic relationship: Innovative investigations*. New York: Routledge.
- Wiseman, H., Tishby, O., & Barber, J. P. (2012). Collaboration in psychodynamic psychotherapy. *Journal of Clinical Psychology: In Session*, 68(2), 136–145.
- Zilcha-Mano, S., Dinger, U., McCarthy, K. S., & Barber, J. P. (2014). Does alliance predict symptoms throughout treatment, or is it the other way around? *Journal of Consulting and Clinical Psychology*, 82(6), 931–935. doi:10.1037/a0035141