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Elaboration of Countertransference Experience and the Workings of the Working Alliance

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Alliance may impact psychotherapy outcomes both as a precondition that enables therapeutic work and an evolving process that is therapeutic in itself. This study examined the participation of the elaboration of countertransference experience (ECE) in alliance variation between therapist–client dyads early in therapy and within dyads over time. A total of 44 session assessments nested within 12 dyads were modeled through longitudinal multilevel analyses and utilized to examine the associations between the ECE dimensions of *Immersion* and *Reflection* and alliance components across 4 time points within the first 10 sessions of psychotherapy. Results supported the importance of initial ECE to explain differences in alliance between dyads, the particular relevance of ECE with clients presenting lower levels of personality organization, and the effect of personality difficulties on alliance change. Unexpected results were found concerning the correlations between ECE and alliance and their covariation over time. In conclusion, ECE dimensions appear to be involved in alliance formation, both in initial differences between dyads and in changes over time within the same case. ECE seems particularly important with more personality-disturbed clients. Future research should disentangle therapist and client contributions and examine the participation of ECE in the resolution of alliance ruptures.

Clinical Impact Statement

Question: Is alliance formation associated with the psychological processes that therapists use in making sense of their experiences with clients, defined as the elaboration of countertransference experience (ECE)? ***Findings:*** Therapists' engagement in their subjective experience (Immersion) in the beginning of psychotherapy is higher in dyads with a better emotional bond. With clients with personality difficulties, therapists' explicit meaning-making (Reflection) may benefit clients' sense of collaboration and goal consensus. ***Meaning:*** In practice and in training, therapists should be helped to understand how to make use of what they experience in and between sessions in ways that improve psychotherapeutic processes and outcomes. ***Next Steps:*** Future research should disentangle therapist and client contributions to ECE and examine its participation in the resolution of alliance ruptures.

Keywords: countertransference, alliance, therapist factors, mentalization, longitudinal multilevel analysis

Although the association between alliance and outcome is among the most robust findings in psychotherapy research (Flückiger, Del Re, Wampold, & Horvath, 2018), there is still room for different understandings of the mechanisms underlying this association. Recently, Zilcha-Mano (2017) distinguished between a *trait-like component of alliance*, the client's general ability to form satisfactory relationships with others, manifested in a strong alliance and simultaneously influencing the capacity to benefit from treatment, and a *state-like component of alliance*, referring to changes in alliance that bring about therapeutic change. As the author observed, although the former component may work as a precondition that enables therapy to be effective, the latter establishes alliance, especially its *bond* component, as a therapeutic ingredient in itself, capable of producing changes.

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The notion of changes in alliance being a therapeutic mechanism is consistent with Safran and Muran's (2000) view of alliance as a dynamic process of negotiation and the growing tendency to investigate alliance ruptures and resolutions as central aspects of therapeutic work (Lingiardi & Colli, 2015). Changes in alliance may be particularly therapeutic with clients presenting more severe interpersonal difficulties and more problematic self-other representations or lower quality of object relations (Zilcha-Mano, 2017). Falkenström, Granström, and Holmqvist (2013) found the alliance to have a six times stronger impact on subsequent symptom change in a group of clients with personality problems compared with a group without personality problems. Zilcha-Mano and Errázuriz (2015) showed that changes in the alliance predicted symptoms for clients with low, but not with high, pretreatment psychological functioning.

It may be, then, that some clients require more relational work than others. In these cases, therapist factors appear to be especially critical for the therapeutic outcomes. It is known that some therapists have consistently better results than others—according to a recent meta-analytic study, therapist effects account for about 5% of the variance in psychotherapy outcomes (Baldwin & Imel, 2013). This estimation varies substantially as a function of study characteristics (e.g., naturalistic vs. clinical trial, and outcome measure) and, importantly, clients' variables, with greater effects for more severe cases (Saxon & Barkham, 2012). In the specific case of personality difficulties, the challenges brought to the alliance by clients' emotional lability or constriction and the restricted range of interpersonal behavior they entail (Tufekcioglu, Muran, Safran, & Winston, 2013) may magnify differences between therapists that depend on their ability to work through relational strains.

Therapist Mentalization and the Elaboration of Countertransference Experience

For the reasons stated earlier, therapist factors and processes involved in the formation of alliances may be at the core of differences in effectiveness, particularly with clients presenting greater interpersonal difficulties and, thus, trait-like tendencies for weaker alliances. Trying to add to the understanding of these processes, we recently used the term *elaboration of countertransference experience* (ECE; Barreto & Matos, 2018) to designate the implicit/spontaneous and explicit/reflective psychological processes through which therapists make sense of their experiences with clients, in and between sessions.[1] ECE can be viewed as a particular type of mentalization (Fonagy, Bateman, & Luyten, 2012), more directed toward self (therapists/countertransference experience) than others (clients). It has been our claim that, to the extent that most of the studied common factors explicitly involve therapists handling emotional states and relational processes in session (e.g., alliance development and rupture repairing, empathy, positive regard, congruence, and countertransference management), the type of psychological work depicted in the ECE construct is involved (Barreto & Matos, 2018).

To study ECE, we created a rating system intended to be applied to therapists' postsession comments, which are suited to naturalistic and longitudinal research while warranting access to therapists' experiences and elaborative processes. The model comprises two primary independent dimensions and five complementary dimensions or axes of elaboration (Table 1).[2]

Preliminary results with the ECE rating system (Barreto, Saraiva, & Matos, 2019) showed mostly good-to-excellent interrater reliability and suggest that the seven dimensions may be organized in two latent orthogonal factors accounting for 78.8% of the variance. The first factor (F1, labeled Immersion in/Containing of Subjective Experience) represents the therapist experiential engagement and acceptance of experience, expressed through inward attention and treating one's own feelings and ideas as both clinically relevant and subjective productions. It can be seen as a form of *implicit* elaboration. The second factor (F2, labeled Reflection/Conjecture) represents a more *explicit* type of meaning-making, manifested in a search for explanations and complex accounts of internal and relational dynamics. Initial results suggest that therapist, client, and dyadic attachment dimensions all seem to impact ECE dimensions, particularly those more representative of Immersion.

So far, very few studies have investigated the impact of therapist mentalization on psychotherapy with real clients. Diamond, Stovall-McClough, Clarkin, and Levy (2003) assessed therapists' and clients' reflective functioning—an operationalization of mentalizing as the process by which people implicitly and explicitly make sense of each other and themselves in terms of subjective states and mental processes (Bateman & Fonagy, 2010)—regarding the therapeutic relationship and their impact over the course of 1 year in transference-focused psychotherapy. Results suggested that clients benefit when therapists are one step ahead in reflective functioning but are able to adjust their own level of mentalization to that of the clients. Later, Goodman (2010) reanalyzed these results and found evidence that therapists used a highly sophisticated and complex reflective functioning when facing traumatized clients, probably as a protection from feeling too overwhelmed. This analysis may support a view of reflective functioning as a relevant dimension in dealing with countertransference phenomena. With a slightly different emphasis, Diamond et al. (2003) had already suggested that therapists' level of reflective functioning might reflect a countertransference factor that could either curtail or enhance their capacity to mentalize.

A few years later, Reading (2013) scored therapists' reflective functioning from semistructured interviews about specific clients receiving brief relational therapy. She found that therapists' reflective functioning can predict relevant process dimensions (namely, addressing and resolving alliance ruptures) and therapeutic results reported at 6-month follow-ups.

More recently, Cologon, Schweitzer, King, and Nolte (2017) studied 1,001 clients treated by 25 therapists and found that therapists' overall reflective functioning could predict therapeutic change. More

[1] We view countertransference as a ubiquitous phenomenon in psychotherapy. Our model echoes a "totalistic" position on countertransference experience in the sense that it involves therapist's experiences as a whole. However, it discriminates four experiential components, derived from previous literature, to which different therapists may assign distinct clinical value: subjective countertransference, objective countertransference, therapeutic attitude, and emerging experience (Barreto & Matos, 2018).

[2] In combination, the primary dimensions also allow a distinction between diversely mentalized *countertransference positions* that are intended to represent a therapist's predominant attitude towards his/her current experience of a given session (for a detailed presentation of the model and its foundations in psychotherapy literature of diverse backgrounds, the reader is referred to Barreto & Matos, 2018).

Table 1
Dimensions of Elaboration in the Elaboration of Countertransference Experience Rating System

Dimension	Description and rating				
Experiencing[a]	Increasing subjectivation, ownership, appropriation, or containment of immediate experience				
	0 = *Detached*	1	2 = *Disruptive*	3	4 = *Containing*
Reflective Elaboration[a]	Effort to explain, organize, or make sense (facts, ideas, and experiences)				
			Active meaning-making		
	0 = *Description/expression*	1	2 = *Simple explanation*	3	4 = *Investigation/exploration*
Epistemic Position	Experienced relation between therapist's psychic reality and external reality (therapeutic process and client)				
	0 = *Equation*	1	2 = *Separation/isolation*	3	4 = *Dialectic*
Experiential Groundedness	Extent to which therapist's observations process/integrate and are anchored in concrete aspects of experience				
	0 = *Absent*	1	2 = *Diffuse*	3	4 = *Vivid*
Emotional Differentiation	Complexity and discriminative capacity with which emotional themes (from therapist and/or client) are treated				
	0 = *Diffuse/absent*	1	2 = *Simple*	3	4 = *Complex*
Temporal Focus	Articulation of past and immediate perspectives and differentiation and integration between past protagonist and present narrator perspectives				
	0 = *Past*	1	2 = *Present*	3	4 = *Present-past*
Internal Focus	Extent to which internal experience is attended to and explored				
	0 = *Absent*	1	2 = *Implicit*	3	4 = *Explicit*

Note. Scores 1 and 3 are used to rate intermediate processes lying between level descriptions.
[a] Primary dimensions.

specifically, the authors estimated that 70.5% of the variance in therapist effectiveness was accounted for by reflective functioning. An interaction between therapists' reflective functioning and attachment was also found, such that reflective functioning seemed to compensate for higher attachment anxiety, and lower reflective functioning was compensated by attachment security in therapists.

In sum, the existing evidence suggests that therapist mentalization, either as a general trait or a case-specific state, is positively associated with process and outcome measures. Research on countertransference management, a construct that overlaps but does not equate ECE (Barreto & Matos, 2018), is limited, but the available evidence suggests that it is positively associated with psychotherapy outcomes (for a review, see Hayes, Gelso, Goldberg, & Kivlighan, 2018).

The Present Study

In this study, we want to examine the associations between the ECE factors described earlier (for ease of reference, henceforth called Immersion and Reflection) and alliance assessed by clients at onset and across four moments within the first 10 sessions. In all, we believe ECE dimensions may be related to alliance in more than one way. As therapist trait-like attributes, they may be involved in differences in therapists' ability to form alliances across clients. At the case level, they may be related to the success of particular dyads in forming an alliance. As session-specific therapist activities, they may moderate the impact of client, therapist, or dyadic characteristics that would otherwise be likely to hinder the alliance, such as personality and interpersonal difficulties, or they may be negatively affected by those same characteristics, therefore simply mediating their detrimental impact on alliance. Albeit assessed as reflective functioning, as seen earlier, evidence of therapist mentalization compensating for preexisting difficulties in clients and therapists (Cologon et al., 2017; Goodman, 2010), as well as a positive impact on addressing and repairing alliance ruptures (Reading, 2013), has been reported before.

Using a naturalistic longitudinal design and approaching our data with multilevel modeling of time waves (Level 1) nested within dyads (Level 2), we will (a) examine the linear change over time of alliance dimensions, testing therapist ECE and client personality difficulties as moderators of the effect of time on alliance; (b) examine the covariation (within dyads) between ECE factors and alliance components within the first 10 sessions; (c) investigate differences in initial (Time 1) levels of ECE as predictors of alliance variation between dyads; (d) test initial (Time 1) levels of ECE as moderators of the association between (within-dyads) ECE and alliance components along time; and (e) test clients' baseline personality difficulties as moderators of the association between (within-dyads) ECE and alliance components along time. We expect that (a) ECE factors, both initial (measured at Time 1) and within dyads (measured across sessions), will be positively associated with alliance components, especially the emotional bond; (b) these effects will be higher for clients with lower levels of personality functioning; (c) positive linear change in alliance components will be accentuated by therapist ECE and attenuated or inverted by clients' higher personality difficulties; and (d) positive covariation of ECE and alliance will be stronger in dyads that begin with lower levels of ECE.

Method

Participants

From an initial set of 17 therapists and 27 adult clients working in different community contexts (independent practice, college counseling centers, and community mental health centers) that accepted to participate in the study, 75 postsession comments coming from 16 therapists (24 dyads) were received and used for raters' training (20), calculating interrater reliability (55), and obtaining factors scores (75; for detailed information, see Barreto et al., 2019). Among these, only independent dyads with client baseline variables available and a minimum of two time waves completed were retained, resulting in a final sample of 12 dyads and 44 session assessments (eight dyads with four sessions and four dyads with three sessions each—among these, two clients missed the third wave, and two others missed the fourth wave). The average number of sessions per dyad was 3.7, ranging from three to four.

Clients included nine women and three men, whose ages ranged from 19 to 58 years (M = 29.0, SD = 14.1). Therapists ranged from 28 to 55 years of age (M = 42.8, SD = 7.1), including nine women and three men who acknowledged between 5 and 23 years of experience (M = 14.3, SD = 5.9). The reported predominant theoretical orientation was psychoanalytic/dynamic in five cases, humanistic/experiential in two, cognitive–behavioral in two, eclectic/integrative in two, and cognitive–behavioral plus eclectic/integrative in one.

Instruments

Inventory of Personality Organization. The Inventory of Personality Organization (IPO; Lenzenweger, Clarkin, Kernberg, & Foelsch, 2001; Portuguese short version by Barreto, Matias, Carvalho, & Matos, 2017) is a self-report scale assessing personality organization according to Otto F. Kernberg's model, which describes personality functioning in a severity/developmental continuum ranging from normal-neurotic functioning, through high and low borderline levels, and ending in the psychotic pole. These variations are a function of identity diffusion, primitive defenses, and reality testing, which are also the primary scales of the instrument, composed of 57 items classified along a Likert scale from 1 (*never true*) to 5 (*always true*). The study of the Portuguese version yielded an alternative latent structure formed by three factors: Instability of Self, aggregating items that reflect concerns with self (discontinuity of self-experience, goal volatility, erratic, impulsive, or contradictory behavior; e.g., "Even people who know me well cannot guess how I'm going to behave"); Instability of Others, revealing concerns about others (dependency, idealization, abandonment, and internal/external reality confusion; e.g., "When others see me as having succeeded, I'm elated and, when they see me as failing, I feel devastated"); and Psychosis, for experiences involving difficulties separating self from nonself and intrapsychic from external stimuli, and alienation from ordinary social criteria of reality (e.g., "I can see things or hear things that nobody else can see or hear"). These factors were initially found through an exploratory factor analysis with a derivation sample of 586 participants and subsequently confirmed through confirmatory factor analysis in a cross-validation sample of equal size (χ^2 = 3845.82, df = 1,535, Comparative Fit Index = .904, Tucker–Lewis Index = .900, root mean square error of approximation = .051). Internal consistency and temporal stability yielded acceptable to excellent results. Correlations with the measures used to examine convergent and construct validity (assessing self-concept coherence, emotion dysregulation, psychoticism, symptom severity, and personality disturbance) were as expected, and sensitivity to clinical status was confirmed (Barreto et al., 2017). In this study, we used a 24-item short version of the IPO, from which we calculated scores for the three dimensions described, and a total IPO score reflected Personality Disturbance (descriptive data and Cronbach's αs in Table 2).

Working Alliance Inventory–Short Revised. The Working Alliance Inventory–Short Revised (Hatcher & Gillaspy, 2006; Portuguese version by Ramos, 2008) is a twelve-item self-report scale comprising three dimensions—Bond (e.g., "I feel that my therapist appreciates me"), Tasks (e.g., "I believe the way we are working with my problem is correct"), and Goals (e.g., "My therapist and I are working toward mutually agreed upon goals")—with four items each and rated on a 5-point Likert-type scale from 1 (*seldom*) to 5 (*always*). In a sample of 195 clients of psychotherapy, an exploratory factor analysis of the Portuguese adaptation yielded two factors that accounted for 48.8% of the total variance with acceptable-to-good internal consistency (Ramos, 2008). Following the results of this version, and in line with previous findings in alliance research, Tasks and Goals were merged in a single dimension, and Item 5 was dropped from the Bond score. Table 2 presents descriptive data from the present study.

Elaboration of Countertransference Experience Rating System. The Elaboration of Countertransference Experience Rating System (ECE-RS; Barreto & Matos, 2018) is a rating system composed of six countertransference positions (Barreto & Matos, 2018) and seven dimensions of mental elaboration (Table 1). The rating system assesses contextual (session-specific) "state" aspects of implicit and explicit psychological work reflected in therapists' postsession comments elicited by a demand question: "(a) register impressions, reactions, or associations triggered in you by this session as sincerely and spontaneously as possible; (b) write fluidly, in 'stream-of-consciousness', avoiding corrections and concerns with text organization or linguistic inaccuracies; (c) what you write will NOT be regarded as a full account of your experience—you are not expected to present it." Each comment must be produced immediately after the session, wishfully under the influence of its "experiential state." One predominant countertransference position is identified, and each dimension is rated from 0 to 4 and later articulated in a total ECE score (0–28). A previous study (Barreto et al., 2019) suggested that the seven dimensions can be organized in two orthogonal latent factors (F1 = Immersion—and F2 = Reflection).[3] With a sample of 52 session comments nested within 14 dyads that mostly coincided with the current one, the intraclass correlations found were .48 for Immersion and .46 for Reflection, indicating that, in both cases, the proportion of variance within dyads was only slightly above the between-dyads component. The scores of Immersion and Reflection were obtained with the Bartlett method from the total set of 75 session ratings (mentioned earlier), 55 of which were also used to calculate

[3] Experiencing, Internal Focus, and Epistemic Position loaded primarily on the first factor (F1), whereas Reflective Elaboration, Emotional Differentiation, and Temporal Focus loaded on the second (F2). Experiential Groundedness had nearly equivalent loadings on both factors.

Table 2
Descriptive Data and Reliability (N = 12 Dyads/44 Sessions)

Measure	Cronbach's α	*M*	*SD*	Minimum	Maximum	Scale
IPO						
Instability of Self	.85	2.22	0.75	1.00	3.33	1–5
Instability of Others	.75	2.90	0.72	1.80	4.20	
Psychosis	.80	1.94	0.55	1.00	2.90	
Total	.87	2.25	0.51	1.29	3.00	
	Cronbach's α[a]	*M*	*SD*	Min	Max	Scale
WAI-SR						
Bond	.90/.91/.83/.94	3.73	1.03	1.67	5.00	1–5
Tasks/goals	.93/.91/.96/.91	4.03	0.75	2.25	5.00	
Total	.95/.93/.95/.91	4.02	0.73	2.25	5.00	
	ICC (2,2)	*M*	*SD*	Min	Max	Scale
ECE-RS[b]						
Experiencing	.88	1.92	1.29	0.00	4.00	0–4
Reflective Elaboration	.74	2.02	0.97	0.00	4.00	
Epistemic Position	.84	2.01	1.52	0.00	4.00	
Experiential Groundedness	.76	2.58	1.21	0.00	4.00	
Emotional Differentiation	.82	2.74	1.12	0.00	4.00	
Temporal Focus	.54	1.92	1.06	0.00	4.00	
Internal Focus	.96	2.24	1.45	0.00	4.00	
Total ECE	.94	15.28	7.05	3.50	26.50	0–28

Note. IPO = Inventory of Personality Organization; WAI-SR = Working Alliance Inventory–Short Revised; ECE-RS = Elaboration of Countertransference Experience Rating System; ECE = elaboration of countertransference experience; ICC = interrater reliability obtained with intraclass correlation coefficients based on a mean-ratings, consistency, two-way random-effects model.
[a] Values for Time 1 (n = 12)/Time 2 (n = 12)/Time 3 (n = 10)/Time 4 (n = 10). [b] ICC values of the total set (n = 55). n = 48 for the remaining values (no missing assessments among therapists).

the interrater reliability (Table 2). In this study, we leave the countertransference positions out of our focus because they would represent an overload of additional analyses.

Procedure

In a longitudinal naturalistic study on attachment, countertransference, and mentalization, approved by the authors' institutional ethics committee, therapists of different orientations were invited to participate following formal contacts with psychotherapy societies and professional organizations, and the peer nomination technique.[4] Inclusion criteria for therapists included basic training in psychology or psychiatry, or a professional certificate from an existing psychotherapy society, and currently working in a setting of outpatient individual psychotherapy. Therapists were instructed to choose among adult clients voluntarily seeking individual psychotherapy or counseling about to start the process. Clients received the invitation and the study's materials through their therapists after the first contact between the two. These materials included a brief presentation of the study, instructions, and an e-mail address of the research team. Therapists and clients also had access to the study's website, in which the aims and the design were explained, a FAQ section was presented, and a message box allowing anonymous contact with the research team was made available. All data were collected anonymously and online (*LimeSurvey 1.87*), after informed consent, separately for each individual participant. Each therapist created a participant code and a variant for each client entering the study. This way, the research team was blind to the origin of all data received and yet was still able to match information by dyad and by therapist. IPO (reported by clients) and sociodemographic data (reported by clients and therapists) were collected before the second session (Time 0). The process variables (from ECE-RS, reported by therapists, and Working Alliance Inventory–Short Revised, by clients) were measured after Sessions 2 (Time 1), 5 (Time 2), 8 (Time 3), and 10 (Time 4).

Data Analysis

A series of multilevel analyses was performed with alliance components (Bond and Tasks/Goals) as outcomes. Multilevel analysis is appropriate for dealing with the nested nature of our data (repeated measures within therapeutic dyads) and the longitudinal design of the study, besides the flexibility to handle unstructured and unbalanced longitudinal data, that is, varying spacing and number of waves across dyads (Singer & Willett, 2003).[5]

[4] The dissemination of the study resorted to different types of mediators (from professional organizations or psychotherapy societies, or peers, in the case of the peer nomination technique), making it impossible to determine the final number of therapists that were contacted. With certainty, we can affirm that over 100 potential participants received information and an invitation to enter the study, and 32 among these got to the point of receiving the study materials and the link for data collection.

[5] Our time variable was recoded not just as a way to be centered on the first session assessed (Session 2), but also to accommodate the differing space between waves, both due to the study design (shorter interval from Session 8 to Session 10) and to an incidental deviation entering the data in one case (after Session 6 instead of 5). This procedure allows an interpretation of time slopes as the variation in outcomes *per session.*

The amount of independent dyads was beyond the minimum number recommended for accurate Level-1 fixed-effect estimates and both Level-1 and Level-2 random-effect estimates with restricted maximum likelihood, but only close to the minimum of 15 clusters recommended for Level-2 fixed-effect estimates and substantially below the 30 clusters required for adequate estimations of standard errors, thus meaning an increased risk of Type I errors (McNeish & Stapleton, 2016). To counter this risk and the possible bias in Level-2 fixed-effect estimates, we combined the restricted maximum likelihood with a Kenward–Roger correction, a method that has been shown to outperform others in dealing with distortions associated with small samples in multilevel modeling (McNeish, 2017a, 2017b). With the risk of Type I errors attenuated, and considering the limited power resulting from our sample size, we decided to report effects with significance values of $p < .10$ as a strategy to spot effects that might be found significant through conventional criteria with slightly larger samples.

With the purpose of reducing to a minimum the number of parameters to be estimated for each model, we never introduced more than two simultaneous covariates in the same model. For each dependent variable, the same modeling sequence was followed: *unconditional means model* (no predictors)—ICC calculation; *unconditional growth model* (time fixed and random effects tested)—Level-1 explained variance calculation as pseudo-R^2 (Singer & Willett, 2003); *Level-1 predictor model* (group-mean centered ECE-RS variables as covariates, and fixed and random effects)—Level-1 explained variance (pseudo-R^2) calculation; *Level-2 predictor model* (grand-mean centered ECE-RS and IPO variables as predictors)—Level-2 explained variance calculation; *cross-level interaction model* (effect of Level-2 predictors on change rate or Level-1 ECE-RS variables)—Level-1 and Level-2 explained variance calculation. All analyses were run with IBM SPSS Statistics 23 and repeated in the *R* package lmerTest (Kuznetsova, Brockhoff, & Christensen, 2017) for application of the Kenward–Roger correction.

Results

Before our main analyses, we examined whether the final sample ($N = 12$) and the dyads left aside (mentioned earlier) could be distinguished in terms of the participants' background variables (sex, age, therapist experience, and theoretical preferences) and also, for clients, personality organization variables. No differences were found. Considering the apparent capacity of Immersion and Reflection to summarize the ECE-RS original dimensions (Barreto et al., 2019; mentioned earlier), we selected these variables and IPO scores for further data examination and conducted a series of multilevel analyses using alliance Bond and Tasks/Goals scores as outcome variables. The results are synthesized in Tables 3 and 4.

Change of Alliance Over Time

For the Bond dimension of the alliance, a linear systematic change over time was indicated by a positive effect of time that explained 11.9% of the within-dyads variance. Although significant, this increasing tendency appeared to be slight—0.05 points per session on a 5-point scale, meaning an average growth of 0.40 from Sessions 2 to 10. For the Tasks/Goals alliance dimension, no effect of time was found, except with the Instability of Self variable of IPO as a moderator, suggesting that this dimension of alliance tends to increase over time for dyads in which the client shows average and low disturbance of self-image (indicated by low IPO scores in this dimension), whereas clients suffering from instability in self-representations tended to deteriorate the alliance component of goal consensus and collaboration over time.

Initial Levels of ECE as Predictors of Between-Dyads Alliance Variation

A substantial clustering effect was found for the Bond dimension of the alliance (82.3% of variance due to Level 2), meaning that dyads differed considerably in this dimension.

Table 3
Summary of Multilevel Models Predicting Alliance Bond

	UMM	UGM	B	B × A
Fixed effects				
Intercept	3.74*** (.29)	3.55*** (.31)	3.74*** (.24)	3.73*** (.24)
Time (change per session)		0.05* (.02)		
Level 1 Predictor A—Immersion				−0.25† (.13)
Level 2 Predictor B—Immersion at time 1			0.64* (.25)	0.65* (.25)
Level 2 Predictor B on Level 1 Predictor A				0.26† (.14)
Variance components				
Level 1	0.21*** (.05)	0.18*** (.05)	0.21*** (.05)	0.19*** (.05)
Level 2 (intercept)	0.97* (.44)	0.98* (.44)	0.63* (.31)	0.64* (.31)
Model summary				
Intraclass correlation	.823			
Pseudo-R^2				
Within-dyad variance		0.119		0.075
Between-dyad variance			0.351	0.340
Parameters	3	4	4	6

Note. UMM = unconditional means model; UGM = unconditional growth model. $N = 44$ (Level 1)/12 (Level 2).
† $p < .10$. * $p < .05$. *** $p < .001$.

Table 4
Summary of Multilevel Models Predicting Alliance Tasks/Goals

	UMM	UGM	C × A	D × B	E × Time	E × B
Fixed effects						
Intercept	4.04*** (.19)	3.92*** (.21)	4.03*** (.20)	4.04*** (.20)	3.92*** (.21)	4.04*** (.19)
Time (change per session)		.03 (.02)			0.03 (.02)	
Level 1 Predictor A—Immersion			−0.37* (.15)			
Level 1 Predictor B—Reflection				0.00 (.09)		0.06 (.10)
Level 2 Predictor C—Reflection at time 1			−0.06 (.15)			
Level 2 Predictor D—IPO				−0.01 (.40)		
Level 2 Predictor E—IPO Self					0.11 (.30)	−0.12 (.27)
Level 2 Predictor C on Level 1 Predictor A			−0.25* (.10)			
Level 2 Predictor D on Level 1 Predictor B				0.51* (.23)		
Level 2 Predictor E on change (time)					−0.06* (.03)	
Level 2 Predictor E on Level 1 Predictor B						0.36† (.18)
Variance components						
Level 1	0.20*** (.05)	0.20*** (.05)	0.18*** (.05)	0.19*** (.05)	0.18*** (.05)	0.19*** (.05)
Level 2 (intercept)	0.38* (.19)	0.39* (.19)	0.43* (.21)	0.41* (.21)	0.42* (.21)	0.39* (.20)
Model summary						
Intraclass correlation	0.653					
Pseudo-R^2						
Within-dyad variance			0.133	0.072	0.127	0.047
Between-dyad variance			0.000	0.000	0.000	0.000
Parameters	3	4	6	6	6	6

Note. UMM = unconditional means model; UGM = unconditional growth model; IPO = Inventory of Personality Organization. $N = 44$ (Level 1)/12 (Level 2).
† $p < .10$. * $p < .05$. *** $p < .001$.

ECE Immersion at Time 1 explained 35.1% of these differences. For the Tasks/Goals alliance dimension, 65.3% of the variance was due to differences between dyads, representing a greater proportion of within-dyad variation. However, none of the predictors was able to explain the between-dyads variation in this case.

Covariation Between ECE and Alliance

ECE factors were used as Level-1 covariates of both the alliance components. No significant or nearly significant ($p < .10$) effects were found.

Initial Levels of ECE as Moderators of the Covariation Between ECE and Alliance

An interaction between ECE Immersion at Time 1 and ECE Immersion within-dyads variation with $p = .065$ was found. Apparently, initial Immersion tended to moderate the association between Immersion and the Bond variation within dyads, such that for dyads with an initial level of Immersion of 1 *SD* above average, the association between Immersion and Bond seemed nonexistent, but for dyads below average in their initial Immersion level, a negative covariation between Immersion and the Bond was apparent. Another cross-level interaction was found indicating that the initial level of ECE Reflection affected the association of Immersion with Tasks/Goals within dyads, such that the association was nonexistent for dyads with low Reflection at Time 1, but as initial Reflection increased, a negative association between the variables accentuated.

Clients' Personality Difficulties as Moderators of the Covariation Between ECE and Alliance

The total score of IPO was a significant moderator of the association between ECE Reflection and the Tasks/Goals alliance component within dyads, and a moderating effect of the Instability of Self on this same association was found with a $p = .051$. In both cases, Reflection was positively associated with alliance Tasks/Goals for more personality-disturbed clients, but a negative association was found for clients with lower personality disturbance.

Associations Between Personality Difficulties and ECE

To further clarify the difference between the ECE factors, we additionally examined the correlations of Immersion and Reflection with the IPO variables separately for each time-point. Several strong negative associations were found between Reflection and IPO Instability of Others (from $r_s = -.74$ to $r_s = -.30$), Psychosis (from $r_s = -.70$ to $r_s = -.18$), and Personality Disturbance (total score; from $r_s = -.59$ to $r_s = -.19$).

Discussion

With this study, we aimed to examine the associations between ECE factors and alliance components at onset and throughout four time points within the first 10 sessions of psychotherapy, testing initial levels of ECE and client personality disturbance as possible moderators. Our results supported some of our initial hypotheses, namely, with respect to the importance of ECE factors to explain differences in alliance between dyads, the effect of personality difficulties on alliance change, and the particular importance of ECE for alliance with clients presenting lower

levels of personality organization. However, a number of unexpected results emerged, challenging our initial assumptions and calling for reflection.

Beginning with the associations between therapists' ECE and clients' alliance scores within dyads, the lack of significant results can be interpreted in more than one way. First, it may mean that, contrary to our expectations, the type of therapist psychological processes captured by our measure is irrelevant for the development of alliance as assessed by clients, especially after the initial sessions. This would mean that therapists' elaborative processes would ultimately go unnoticed for clients. However, further analyses suggest otherwise, and other interpretations seem plausible. The effect of therapists' elaborative work may be more relevant for the subsequent session than for the session in which it is produced. Being assessed from postsession comments, it may be that a good deal of the elaboration observed was actually produced after the session. Although the postsession comments are intended to be representative of the dominant in-session experiential state and attitude toward one's own mental processes and subjective states (Barreto & Matos, 2018), it is hardly surprising that the levels of mental elaboration of these comments, reflected in ECE scores, can differ from those achieved during the session. In fact, cases in which the therapist is dealing with emerging thoughts and experiences as the comment is written are explicitly classified in our model as rating higher in levels of elaboration (Table 1). Furthermore, as mentioned earlier, the ECE construct tries to depict therapist psychological processes that may take place both in and between sessions. Research with consecutive sessions would allow for testing the participation of ECE processes in alliance ruptures and resolutions measured as session-to-session alliance fluctuations (Lingiardi & Colli, 2015).

The different pattern of associations of ECE Immersion and Reflection with other variables—namely, positive associations of Immersion (but not Reflection) with initial Bond and negative associations of Reflection (but not Immersion) with IPO scores—suggests that they may actually capture different types of mental work. The Reflection factor, more concerned with reflection, conjecture, and explicit meaning-making (Barreto & Matos, 2018; Barreto et al., 2019), seems to be more affected by clients' problems, whereas the Immersion factor, representing therapists' implicit processes of immersion in and containing of subjective experience, may be more relevant for the therapeutic relationship, particularly the emotional aspect of alliance. This is coherent with previous findings showing that ECE dimensions representative of this factor are more affected by therapist and client attachment predictors, that is, that these dimensions are more sensible to relational and affect-regulatory processes inherent to attachment representations (Barreto et al., 2019). Further analyses may help to understand ECE factors in greater depth.

Factor 1, the level of therapists' immersion in and containing of subjective experience, was the only variable in this study capable of explaining differences in alliance between dyads. Specifically, around one third of the differences between dyads in Bond were positively predicted by Immersion measured after Session 2. This finding is relevant for our expectation of the importance of ECE for alliance development. However, it may have different implications in terms of causality. Therapists' initial awareness and containing of countertransference experience, a central aspect of empathic understanding (Tansey & Burke, 1989), may have a critical impact on clients' sense of the formers' emotional availability, engagement, and capacity to tolerate (survive and contain) the affective experience they are struggling with (Safran & Muran, 2000). However, therapists' initial success in containing countertransference and clients' high levels of emotional bond with their therapists may both be consequences of clients' trait-like tendencies to form satisfying relationships (Zilcha-Mano, 2017). We would need a clients-within-therapists design and sufficient statistical power to sort out therapist and client contributions to this association. Still, clients' personality variables (IPO) did not predict differences between dyads in initial Immersion, which may be an argument in favor of the importance of the therapist contribution—or client factors uncaptured by IPO.

As a covariate of alliance within dyads, results with Immersion were unexpected, more intriguing, and difficult to discuss with reasonable confidence, given the limitations of our small sample size—particularly in the presence of cross-level interactions. The interaction with Immersion at Time 1 seems to suggest that, in dyads with lower initial immersion in subjective experience from therapists, increases in Immersion tend to be accompanied by declines in Bond scores. We might speculate that therapists with greater difficulties or lower tendencies concerning this dimension of ECE (trait-like) would use it in unhelpful ways (e.g., ruminative internal focus). Also, as mentioned earlier, we have no way to test whether decreases in Bond accompanied by increases in Immersion might be part of a rupture resolution process that would benefit the following sessions. Adding to the difficulty of this discussion, it is worth noting that only 7.5% of the Bond variance within dyads is explained by this model, with a significance value of .065.

The other unanticipated finding with Immersion concerned the cross-level interaction with Reflection measured at Time 1 in predicting variations in the Tasks/Goals component of alliance within dyads. As it turns out, therapist Immersion seems unrelated to clients' perception of collaboration and goal consensus in a given session among dyads with low initial Reflection, that is, with therapist's lesser reflective efforts. However, within dyads with higher initial Reflection, clients' assessment of alliance tasks and goals tended to be lower in sessions where therapists were more engaged with their own subjective experience (Immersion). Again in a rather speculative manner, we might ponder that a more explicitly elaborative (high Reflection) and objectivistic (low Immersion) attitude from therapists would benefit clients' sense of alliance tasks and goals. Contrarily, therapists' higher Immersion combined with high Reflection (i.e., a *mentalizing countertransference position*; Barreto & Matos, 2018) could entail an attitude more concerned with exploring and making sense of emergent experiences within the intersubjective field and therefore less focused on directly addressing the therapeutic rationale and negotiating objectives and activities (Safran & Muran, 2000). As reported earlier, though, these effects only pertain to changes within dyads, which means that they do not have implications for overall differences in alliance between therapeutic dyads.

Factor 2, the facet of therapist elaboration concerned with reflection, conjecture, and explicit meaning-making, also worked as a covariate of alliance tasks and goals within dyads if the client's level of personality organization was taken in consideration. IPO Instability of Self, and especially the IPO total personality disturbance score, operated as moderators, such that the association

between Reflection and the Tasks/Goals score was positive with more personality-disturbed clients and negative with those presenting higher levels of personality organization. It appears that therapists' reflective efforts may have helped clients more prone to personality pathology increase their sense of agreement on therapeutic tasks and goals but that the opposite effect occurred with healthier clients. Again, without replication it would not be reasonable to base solid conclusions on these results. One explanation to be further examined would be that, as anticipated, clients experiencing greater personality and interpersonal difficulties, including the volatility of goals that the IPO Instability of Self covers (Barreto et al., 2017), would require and benefit from therapists' elaborative efforts to achieve a stable sense of purpose and control in therapy. Clients with lower levels of personality organization typically possess a more limited capacity for self-reflection, especially under highly charged affective states, undermining therapist collaboration with an observing part of the self (Caligor, Kernberg, & Clarkin, 2007). Therapist reflection is likely to have an impact on these difficulties and thus increase the sense of collaboration. When considering the correlational results reported earlier, yet another interpretation is possible. Reflection generally suffered a negative impact from IPO dimensions, which can be seen as therapists being overwhelmed by the complexity of the clients' problems and/or by their interpersonal style and thus having trouble trying to make sense of it and keeping themselves a sufficient "observing ego" aside from experience. In such cases, an increase in this dimension of ECE might be especially helpful, in particular for (re)establishing the therapeutic frame, its limits and functioning. If replicated, these results could also support the notion that countertransference work is more important with clients more prone to personality pathology, which may be an explanation for the finding that therapist effects are wider with more severely impaired clients (Saxon & Barkham, 2012).

As stated earlier, both components of alliance varied greatly between dyads. Although high intraclass correlations are to be expected in longitudinal studies, this result may also reflect differences in the trait-like component of alliance (Zilcha-Mano, 2017) of both therapists and clients (these effects cannot be disentangled in our study). Linear growth from Sessions 2 to 10 was present for the Bond component only. This increase, if reaching practical significance (Thompson, 2002), may mean that, in itself, time spent together in sessions tends to create a sense of emotional connection in the dyad, contrary to the Tasks/Goals dimension, whose change may be less linear and/or require more specific actions. Still, the Tasks/Goals component of the alliance was affected by time if examined as a function of clients' instability of self-experience and representations. Differences in this (and other) personality dimension(s) did not predict differences between dyads in overall levels of alliance in any of its components, but they seemed to affect change in collaboration and goal agreement. One may wonder that the instability of self-image begins to affect the process as it advances in time, and the already mentioned volatility of goals of this IPO dimension is particularly damaging of the sense of working toward clear goals in therapy.

Our study has several limitations. The first relates to the small sample size and the lack of statistical power, which increase both the risk of Type II errors (ignoring real effects) and of inflated significant effect sizes (Ioannidis, 2008; Yarkoni, 2009). In multilevel analysis, we have seen that our sample size also entails an increased danger of Type I errors due to an underestimation of standard errors (McNeish & Stapleton, 2016), although, as explained, we compensated for this with a Kenward–Roger correction. Small samples also make it more difficult to verify the assumptions required in multilevel modeling (McNeish & Stapleton, 2016). In addition, the impossibility of nesting clients within therapists, also due to sample size, limited the hypotheses we could test. Aside from sample size, as we have seen, the fact that we did not have a session-to-session assessment made it impossible to examine important hypotheses that emerged from the discussion of our results. Other difficulties pertain to the naturalistic design of our study. Although hopefully benefiting the ecological validity of our results, this option leaves important contextual sources of variability out of our control. Futhermore, our cautions with reducing intrusiveness to a minimum by collecting data anonymously and on-line came with a cost, notably as regards loss of information due to errors in data entry and an unbalanced final data set. Lastly, our results are limited to the first 10 sessions, which in some cases may represent an advanced stage of therapy whereas in others is just the beginning. Besides, this option limits our ability to assess final therapy results/changes and to discriminate good-outcome and poor-outcome processes.

Future directions for this line of research should include testing more complex models (including curvilinear change) with larger samples; exploring three-level models with sessions nested within clients within therapists, making it possible to disentangle therapist and client contributions, and trait-like versus state-like effects as well; and investigating the role of ECE processes in the resolution of alliance ruptures. Another relevant area for future investigation might be examining whether process and outcome in psychotherapy can be enhanced by the promotion of mentalization processes of the type represented in our model, through therapists' personal therapy, supervision, experiential training, deliberate practice, or others.

In conclusion, ECE dimensions appear to be involved in the alliance formation, both in the differences observed from dyad to dyad and in the changes over time within the same case. Within ECE, therapists initial immersion in and containing of subjective experience can predict consistent differences between dyads in the emotional bond and, overall, seems more involved in the relational aspects of the therapeutic process. The other aspect of ECE, concerned with reflection, conjecture, and explicit meaning-making, appears to be more affected by clients' problems and may be more relevant to the sense of collaboration and goal consensus in therapy when working with clients whose personality difficulties may represent a particular threat to the alliance. Further investigation with the ECE-RS may help clarify between-therapist, between-client, and within-client therapeutic processes (Zilcha-Mano & Errázuriz, 2015) and, overall, contribute to the endeavor of *mentalizing psychotherapists*, that is, making sense of what they do in terms of subjective states and mental processes (Bateman & Fonagy, 2010), shedding some light into how clinicians balance developmental history, professional training, and emergent challenges and turn all these ingredients into therapeutic action and clinical wisdom.

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