The capacity of potential attachment is central to the formation of working alliance in Psychotherapy: A Grounded Theory

Fatemeh Abbasi, Mohammad Ali Goodarzi*, Mohammad Mazidi, Mehdi Reza Sarafraz

Abstract--- The main objective of this study was to explore the dynamics of working alliance during the pre-recorded psychotherapy sessions using a grounded theory paradigm. To collect the data, fifteen psychotherapeutic pre-recorded videos were selected based on theoretical sampling procedures. Three coders were trained to extract initial open codes related to the working alliance phenomenon after they watched psychotherapeutic videos. We encoded the data in three stages of open, axial and selective coding through deductive and inductive methods. In the final stage, we used a paradigm coding strategy to develop our grounded theory of working alliance. The ground theory indicates that "reflective functioning" (causal condition), in interaction with "rapport and goal setting" (context) and "resistance" (intervening condition) "engages the client and psychotherapist in "learning process" (action/interaction strategies) which in turn activates the appropriate or non-appropriate patterns of attachment of both client and psychotherapist. These interactions, in turn, exert its direct influence on the formation or disruption of working alliance (consequences). These five elements are involved in the formation of working alliance during any type of psychotherapy regardless of the psychotherapy approach and the capacity of potential attachment is central to the model.

Keywords--- Working Alliance, Psychotherapeutic Process, Reflective Function, Attachment, Avoidance.

I. INTRODUCTION AND PROBLEM STATEMENT

Psychotherapy is the conscious and deliberate use of clinical methods and attunement positions that are derived from common psychological principles and its purpose is to help individuals change their behaviors, cognitions, emotions, or other personal characteristics in a direction that participants find desirable in their treatment (Prochaska and Norcross, 1999). Thus, psychotherapy seeks to change the character or an aspect of it. If we consider mental disorders as repetitive destructive patterns of behavior that affect a person's internal or external functions, psychological therapies must necessarily be able to influence internal and external functions.

Psychotherapy is a two-way relationship between therapist and the patient, and it should take place in an environment where both people, especially the patient, feel secured. In the context of a secured relationship, when patient feel free to be him/herself without the concern of being judged or misunderstood, the patient is able to understand and express his or her thoughts and feelings. (Farber & Metzger, 2009). In this ambient, there is a secured attachment between

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patient and therapist. The role of attachment as an attunement variable in the psychotherapy process has been demonstrated by several researchers (e. g. Talia, 2017, Obegi, 2008).

Psychotherapy is not a process in which a therapist decides what problems a person has and takes steps to make the necessary changes. Instead, the patient and therapist focus on the healing potential of the therapeutic relationship (Lustig, Strauser, Dewaine Rice, & Rucker, 2002). Therefore, it is essential to understand which variable in psychotherapy help patient to focus on his/her inner problem in order to overcome it.

The patient can gain the power of change when there is a working alliance in the treatment. The working alliance between the therapist and the patient is defined as the common understanding and agreement between the patient's therapeutic task (search for change) and the therapist (providing treatment) and determines the strength and effectiveness of the treatment (Horvath & Greenberg, 1994). However, there is insufficient evidence on the mechanisms and processes by which working alliance is formed.

According to Fonagy (2006), in a therapeutic relationship, the patient needs a sense of security and empathy without being judged. Only then will she/he be in a position to reflect on her/his emotional experiences (i.e: mentalize his/her mental status), but in order for her/his attention to be focused on this reflection, the therapist must challenge the client. The challenge in treatment is that the patient is in close contact with the therapist, and the therapist is pressuring him/her to face the treatment task and address his/her behavioral patterns which are dysfunctional, rather than giving up the process to his/ her avoidance of painful issues.

There is a consensus among therapists with different orientations that patients in psychotherapy have different capacities in understanding themselves and others. Some patients have a greater ability to think about thoughts, behaviors, or emotions of oneself and others. They can understand the goals that are implicit in a person's behavior and understand how mental states change over time. Other patients struggle to transcend the objective understanding of behavior in their relationships, and another group of patients fails to differentiate themselves from other people, even in distinguishing their inner states. Patients' ability to mentalize, is the goal of many therapeutic approaches (Talia et al., 2018) and facilitates therapeutic work and process of change. Researchers have introduced different concepts such as mindedness (Bohart & Wade, 2013), alexithymia (Ogrodniczuk, Piper, & Joyce, 2011), experiencing (Yeryomenko, 2012), and metacognition (Dimaggio & Lysaker, 2015) to describe and measure thinking about mental states and have linked these concepts to the effectiveness of treatment. Recently, the concept of mentalization and reflective functioning has been proposed as a comprehensive term for covering these communication processes (Bateman and Fonagy, 2016).

Identification of relation processes such as mentalization, reflective functioning and attachment signals has enabled us to measure psychotherapy effectiveness during the treatment sessions regardless of psychotherapeutic orientations. The present study attempted to determine the underlying mechanisms or processes of working alliance by examining the objective relational signals which are observable during psychotherapy process using a grounded theory approach.

Research Design

We used a grounded theory design to collect and analyze our raw data as suggested by Benz et al (2008). In this theory, the data which might be collected from the field of the study, are analyzed with a qualitative and interpretive approach. Qualitative approach has been used to interpret a subject from people's perspectives, attitudes, experiences, processes, behaviors, or predictions, and to expand knowledge in that area (Rowley, 2012). A new theory will be created inductively based on the data analysis (Charmaz, 2008). We also used a coding paradigm suggested by Strauss and Corbin (1990) which include conditions, context, intervening conditions, action/interaction strategies and consequences to determine the key elements of the theory.

Data collection and Analysis

The data extracted from 15 recorded psychotherapy videos. Three coders watched the films and extracted the verbal and nonverbal indicators of working alliance during pre-recorded psychotherapy sessions. The process of coding continued until we came to the conclusion that no further data is needed to develop our theoretical viewpoint (theoretical saturation). The data were analyzed in three stages of open, axial, and selective coding. In a final stage, we used a coding paradigm to develop our grounded theory.

Ethical consideration

A legal contract was concluded between researcher and psychotherapists to provide the researcher the psychotherapy videos and the researcher undertook to maintain the confidentiality of the information.

II.   RESULTS

Open coding

As suggested by constant-comparative method procedure (Stapleton Pati, Beach & Julmanichoti, 2004), data analysis was carried out concurrently with data gathering. After coders watched each psychotherapy session video, they elicited codes by pre-prepared transcripts. In the final step, the research team selected those codes for further analysis on which three coders agreed upon.

Table 1 shows the results of open and axial coding of the study. The open codes in Table 1 have been extracted from watching verbal and non-verbal interaction between the client and the psychotherapist during psychotherapy sessions in the first phase of the research. The three four coders had consensus regarding open codes.

Table 1. The results of open and axial coding of the study data

Coding Paradigm/ axial Codes	Primary Codes	Open Codes
Causal Conditions/ Reflective Functioning	Content reflection Emtion Reflection Behavior Reflection	• The capacity to reflect on your thoughts • A subtle reflection on the thoughts of others • The capacity to reflect on your emotions • The capacity to reflect on your emotions • The capacity to reflect on the feelings of others • The capacity to reflect on your goals and aspirations • The capacity to reflect on the goals and aspirations of others • The capacity to predict their own behavior • The capacity to predict the behavior of others • Uncertainty about what you say
	Mindfulness	• Ability to engage with the topic under discussion • Awareness of current experiences • Behavior automatically • Mental employment
	Empathy	• Listen to what the other person has to say • See changes in a person's appearance • Put yourself somewhere else
	Acceptance of Comments	• The capacity to accept different perspectives Return responsibility to another
Context/Building Rapport	Problem exploration	• Seeking help

and Goal Setting	Seeking help	• Discussing about his needs in order to get help • Seeking advice • Seeking therapist's opinion
	Revealing	• Revealing distressful emotions at the moment • Presenting a vivid narrative about a Distressful incident in the past • Judging the unpleasant behaviors of others
	Encouragement	• Praising client/therapist • Praising the therapy • Praising the task • Confirmation of therapist Implications • Addressing the last session
	Self-expression	• Express an independent will • Active reflection on how to solve a problem • Propose a task • Express a misunderstanding about the task
	Effectiveness in Sharing	• Explicit narration of an experience • Reporting samples of being cared by others • Praising positive characteristics of others and their outcomes • Praising the relationship and its outcome
	Autonomous Reflection	• Reflect on the present, considering an alternative view of your / someone else's experience beyond what is obvious.
Intervening Conditions/ Resistance	Direct avoidance	• Failure to explore the distress • Failure to respond to the urge to explore • Very concise response to the therapist intervention and then silence • Rejection of the therapist's request for support • Safety behavior
	Underestimate the problem	• Underestimating distress • Normalizing the distress • Turning anxiety into a positive phenomenon • Quickly reassure yourself that the problem can be solved. • Rejecting the criticism of hurtful people
	Withdrawal	• Give yourself advice on how to "solve" the problem. • Provide external justification for a problem • Rejecting complaints because they are pointless • Quickly stop discussing distress • Laughing at distress
	Direct Resistance	• Change the discussion to another disturbing topic following a distress experience • Respond in ways unrelated to stimulating exploration • Explore unrelated to the problem • Focus on anxiety without acknowledging the therapist's intervention • Focus on distress without acknowledgment • Change the discussion after the therapist reflects
Action/Interaction Strategies/ Engagement in Learning	Engagement	• Seeking the consent of the therapist to strengthen your opinion • He talks to others rather than to the therapist • Quote from another person without mentioning that it is a quote

		• Exaggerate the details in reporting a conversation • Expressing opinions without showing uncertainty or vulnerability about others • Making critical statements for revenge
Consequences Working alliance	Directing Misleading	• Sudden change of topics • Rapid changes in the assessment of a problem • Talking with vague generalizations • Transmitting past inner thoughts • Quoting other people's opinions without thinking about them • Replay a conversation about the past in a confusing way • Asking and answering ironic questions • Report a minor incident in detail

Axial Coding

In the second phase of the study, the research team examined the open and primary codes based on a coding paradigm suggested by Strauss and Corbin (1990) which include conditions, context, intervening conditions, action/interaction strategies and consequences. The results of these analyses have also been shown in the first column of Table 1.

The results shows that the causal condition of working alliance between a psychotherapist and a client lies in the concept of "reflective functioning". This indicates that a client initiates a course of actions to change and modify his/her reactions by reflecting his internal mental states to the psychotherapist and vice versa. The reflective functioning between the client and the therapist is considered as a corrective interaction in which the patient and the therapist try to understand each other's inner states and consequently develop working alliance. Therefore, we classified "reflective functioning" as a causal condition for developing working alliance during psychotherapy process. The next result indicates that the context of developing working alliance lies in the concept of "building rapport and goal setting". This concept is considered as a necessary background or condition for the formation of working alliance.

The next result indicates that the Intervening strategies in developing working alliance lies in the concept of "resistance". Resistance is a broad and general condition that influence action/interaction strategies. The Action/interaction strategies in this study was the concept of "engagement in learning" which engages the client and the therapist in interactions that ultimately lead to consequences (working alliance or behavior change). Finally, we classified the working alliance concept as consequence of engagement in learning or reflective functioning.

Selective coding

In the third phase of the study, the results from axial coding were further elaborated, integrated, and validated. The result of this analysis has been depicted on Figure 1.
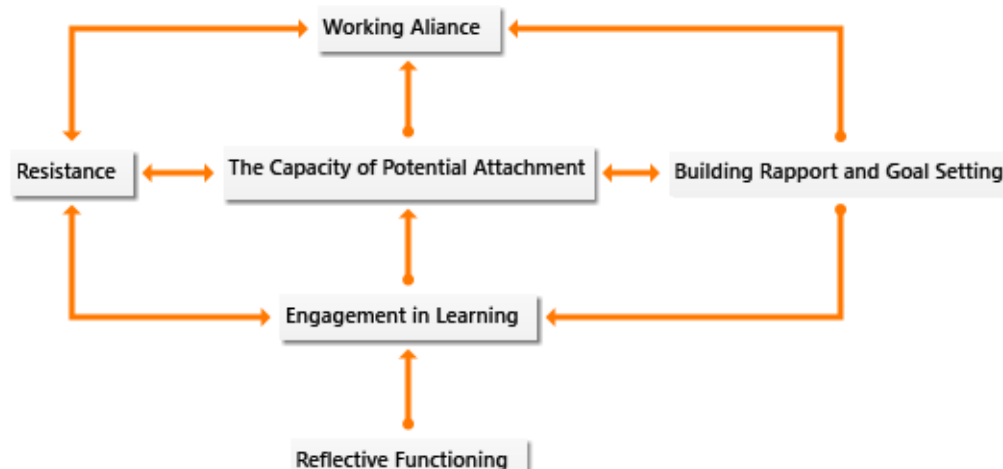
Figure 1. Paradigm Model of the Working Aliance Based on the Capacity of Potential Attachment

The selective code which integrated all categories into a unified paradigm model was labelled as "the capacity of potential attachment". As the model indicates the causal condition of psychotherapy is "reflective functioning" which initiates a process of "engagement in learning" in a context of "rapport and goal setting" while "resistance" intervenes with engaging in learning and activates the appropriate or non-appropriate patterns of attachment of both client and psychotherapist. These interactions, in turn, exert its direct or non-direct influence on the formation or disruption of working alliance.

III. DISCUSSION

This main objective of this study was to explore the dynamics of working alliance during the pre-recoded psychotherapy sessions using a grounded theory paradigm. We used open, axial, and selective coding and a paradigm model suggested by Strauss and Corbin (1990) to qualitatively analyze the data. The grounded model indicates that "reflective functioning", in interaction with "rapport and goal setting" (context) and "resistance" (intervening condition) "engages the client and psychotherapist in learning process" which in turn activates the appropriate or non-appropriate patterns of attachment of both client and psychotherapist. These interactions, in turn, exert its direct influence on the formation or disruption of working alliance.

Several theories and research findings are consistent with the grounded model in this study. First of all, this model relies on attachment theory (Bowlby, 1989) as a central concept. Research literature has shown attachment effectiveness in explaining human communications (Talia, 2018). Since psychotherapy is also a face to face and close relationship, there is no doubt that it provokes attachment capacities of both client and psychotherapist either in the direction or opposite direction of working alliance (Boritz, 2014).

The second concept which is central to our grounded model is "engagement in learning". Although the focus of recent research in psychotherapy is on evidence based psychotherapies, there is ample evidence for the effectiveness of general principles of learning and relationship (e.g. Hill, 2004, Castonguay & Beutler, 2006, Boswell and Castonguay, 2007) in psychotherapy such as providing a new perspective of self, facilitating corrective experience, fostering continued reality testing and exploration (Goldfried, 1980). These findings support the notion that engagement in learning is also central to working alliance and psychotherapy.

The third concept of our grounded theory on working alliance is reflective functioning. Reflective functioning refers to the essential human capacity to understand behavior in light of underlying mental states and intentions (Fonagy, Steele, Steele, Moran, and Higgitt, 1991, Slade, 2007). Many theorists (Fertuk, 2012, ad Fonagy, 1991) agree that reflective functioning is an essential element of psychotherapy and facilitates the interaction between client and psychotherapist toward the goal of psychotherapy. Since reflective functioning is a primary component in human deep communications we considered it as a causal condition which initiates other components of our grounded model.

The forth concept of our grounded model on working alliance was resistance. Some words or body expressions might prevent or establish working alliance. In one of the videos, the client pouted. While she showed that expression, she showed an anger that prevented her from exploring her main problem. After three episodes in that movie, it seemed that client and therapist were trapped in a detrimental cycle which was not going to work through the main problem. This obstacle did not removed until psychotherapist addressed that facial expression and explored for the working alliance through facing to client's resistance. It is consistent with the study of Horvath (2011) confirming the effects of resistance on the process of working alliance.

The fifth concept of our grounded model on working alliance was "rapport and goal setting". An extensive body of literature support the notion that "rapport and goal setting" provide a fundamental basis (background) for the formation of psychotherapy process (Ekamparam, 2008, and Rameshi, 2017). In the moments when psychotherapist and the client did not have the mutual understanding of each other, working alliance were disrupted and it needed to be repaired.

It can be concluded that these five elements are involved in the formation of working alliance during any type of psychotherapy regardless of the psychotherapy approach. These key components and their proposed arrangement for the formation of working alliance might guide psychotherapists to find relational obstacles during psychotherapy process in order to redirect the process of therapy into its original path.

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