An attachment-based framework for disordered personality development: Implications for intersubjective psychodynamic psychotherapy

Paolo Brambilla[1,2], Cinzia Bressi[1,2] and Bruno Biagianti[2]*

[1]Department of Neurosciences and Mental Health, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy, [2]Department of Pathophysiology and Transplantation, University of Milan, Milan, Italy

Infant-caregiver dyads show high heterogeneity in terms of compatibility. Several lines of evidence indicate that the modalities by which areas of good and poor fit were emotionally recognized and managed by caregivers influence the infant's personality development, the integration of their personality traits, the overall sense of authenticity, as well as the modalities of transference that typically manifest during psychodynamic psychotherapy. Within an intersubjective framework, the relationship between patient and psychotherapist will inevitably recreate compatibility issues, although the specific areas of incompatibility will likely differ from the scenarios present in the caregiver relationship. In other words, emotional friction may originate from personality traits that were not problematic in the first place. The author hypothesizes that disclosure of the challenges associated with the management of areas of incompatibility will not only promote emotional honesty within the dyad, but also offer an excellent opportunity for introjection. Such disclosures are not at risk of being interpreted as an attempt to build an intersubjective experience, but represent a window into authenticity, which in turn enables patients to develop awareness of their personality and relational traits, along with the challenges and vulnerabilities that occur when such traits interface with otherness.

Compatibility in the infant-caregiver dyad and personality development

Several lines of evidence for psychological and biological research indicate that every person is born with biopsychological traits (1, 2). These traits are unique modalities that strongly contribute to how the individual perceives, processes, and expresses emotions; responds to interpersonal stimuli, behaves socially, and manages inner and outer conflict; and reflects, develops, and ultimately communicates thoughts (3).

As newborns are entirely dependent on their caregivers, the early relational environment greatly influences the emergence, paths of development, and possible impairment of such traits (4). Whereas the role and/or the intention of a caregiver is to make room for the development of their infant's authentic traits, to perceive their wishes and needs, and to adapt to them, it is undeniable that every caregiver is primarily an individual who carries their own biopsychological traits. Therefore, there is a *pre*-intentional, non-verbal level where infant and caregiver interact on an equal footing, and continuously perceive areas of compatibility or incompatibility as the relationship evolves (5). Notably, although a compatible trait likely represents an opportunity for harmony, it could also generate friction if the infant has a negative identification with the trait. As a result, depending on the intrinsic traits that the infant and caregiver carry, a lesser or greater degree of compatibility may occur (6). For example, an infant may experience emotions in an energetic, intense, expansive, rapid-onset, and rapid-metabolism manner. If the caregiver perceives emotions in a similar way, an instinctual understanding will likely open between them, one based on emotional resonance, i.e., identification (7–10). Conversely, if the caregiver has, for example, a soft, slow, and private way of processing emotions, this could easily generate in both caregiver and infant a non-verbal sense of emotional otherness, which could produce friction (11).

Although it can be assumed that the caregiver has experienced otherness in many ways throughout their life, and has developed their own response to it, the experience of pregnancy and possibly nursing can pose exceedingly hard challenges for mothers, who must navigate the complex transition from oneness to otherness–a separation that is no less psychological than physical (12). As much as responding to emotional otherness is a learnt behavior accumulated through life experiences (13–15), because individuals are increasingly exposed to complex interpersonal scenarios, that response is no less influenced by biopsychological traits (16). Although some individuals are aversive to emotional otherness, specific kinds of otherness can be naturally appealing for others (17). When emotional otherness is experienced between caregiver and infant, it could elicit different responses (18, 19), from attraction ("I like how you emote") to emotional friction ("I do not resonate with how my baby feels"; "My caregiver does not resonate with how I feel").

Areas of compatibility within the dyad—whether originating from resonance or attraction—likely generate harmony between the infant and the caregiver. The caregiver tends to respond favorably to them, letting them permeate the relationship and become positive identification opportunities for the infant (20). Areas of incompatibility, on the other hand, can generate emotional friction—to which caregiver and infant can respond very differently (21). Although a caregiver has putatively developed cognitive resources they can mobilize to handle friction, an infant likely has not reached the necessary milestones of neurodevelopment to do the same (22). Therefore, the emotional management of areas of incompatibility is a responsibility that largely belongs to the caregiver.

If incompatibility evokes feelings of unsuitableness, discomfort, or distress in the caregiver, the infant is likely to perceive it (23). If the caregiver's emotions translate into overt behaviors of fear, avoidance, denial, or judgment, the infant tends to introject the caregiver's reaction, whether or not such reaction is educational or detrimental for their development (24). Common examples can include: considering a part of oneself as "bad" or "dangerous," repudiating a part of oneself, or denying the presence of emotional and communicative needs because their caregiver is unable to meet them (25). Another option—based on their biopsychological traits, neurodevelopmental stage, and extended relational environment—is for the infant to safeguard the authentic trait that has created the incompatibility, even if that means coping with the absence of harmony with the caregiver (26).

Attachment literature indicates that from a very early developmental stage, infant-caregiver dyads show high heterogeneity in terms of compatibility (27). The validation and integration of the infant's personality traits, the overall sense of authenticity, and the modalities of transference that could manifest during psychodynamic psychotherapy are all heavily influenced by how areas of good and poor fit were emotionally handled in the context of the caregiver relationship (28). Caregivers with greater areas of incompatibility with their infant will therefore need to do more emotional management if they want to promote the normal development of the infant's personality (29). Nonetheless, all individuals carry, to various degrees, the distress that originates from lack of authenticity (not feeling seen for who they truly are), and such distress commonly emerges during psychodynamic psychotherapy (30).

Compatibility in the patient-therapist dyad during psychodynamic psychotherapy

In a very similar way to that of a caregiver, the role of a "good enough" psychotherapist is to make room for the development of their patients' authentic traits, to perceive their wishes and needs, and to adapt to them (31). However, this encounter exists

at multiple levels, including the non-verbal and sensorial one where, from the very first moment and for the entire duration of the therapy, therapist and patient interface as two symmetrical individuals, and mutually experience emotional harmony and friction that originate from areas of good and poor fit (32, 33).

Though psychodynamic psychotherapists were once trained on masking their emotional experiences to facilitate the patient's transference and countertransference (34), there has been increased recognition that, especially during vis-à-vis psychotherapy, their subjectivity is at least partially perceived by patients (35). Whether because of the tone with which they greet or say farewell to their patients, a ritualistic gesture that recurs during sessions, a change in posture or body language, or even the timing of silence, aspects of the person behind the profession—along with all their biopsychological traits—are unequivocally seen (36, 37). In fact, with areas of emotional harmony and friction inevitably emerging from the beginning of psychotherapy, it will come as no surprise that psychotherapists anecdotally speak of patients with whom they have more compatibility as "favorite" patients, and those with more incompatibility as "more difficult" patients (38). Unsurprisingly, in the context of the working relationship developed during short- and long-term psychodynamic therapy, patients find certain characteristics in a therapist helpful, such as basic interpersonal skills, an encouraging relational style, and constructive coping techniques (39, 40). Notably, characteristics that therapists rate as possible predictors of a better patient-rated alliance—such as professional self-confidence, work enjoyment, and self-experiences in personal life—are actually less salient when patients rate that same alliance (41). We posit that the degree to which these viewpoints converge—likely driven by greater intersubjective compatibility—is responsible for patients' and therapists' preference above and beyond social and cultural qualifiers that could differentiate or connect them [e.g., Owen et al. (42)].

Would recognizing and discussing compatibility benefit the psychotherapy process?

Despite psychotherapists being trained on how to not act upon unpleasant feelings that originate from areas of incompatibility with behaviors that can negatively influence the introjection processes that occur during psychotherapy, should there be a conversation about those feelings? And when should that conversation occur? During the initial phase of psychotherapy, patients are encouraged to freely describe their psychological distress. Through the content that is endorsed session after session, psychotherapists have an excellent opportunity to grasp the biopsychologically driven modalities through which the patient perceives, processes, and expresses emotions, as well as how they reflect, develop, and communicate their thoughts. The psychotherapist will inevitably

notice that some of these biopsychological traits are being expressed less authentically (43). Why does that happen? Are these traits that could not develop adequately in the context of the caregiver relationship emerging as inauthenticity in the transference? Has the patient's authenticity been compromised instead because of negative learning experiences unrelated to caregivers, but instead as a result of experiences with peers, cultural surroundings, and associated values? (44). Or has the patient unconsciously detected an area of intersubjective incompatibility, one where unpleasant feelings within the patient-therapist dyad could easily be generated? (45).

In such moments, disambiguation is rather necessary, as is emotional honesty (46). The patient could be asked whether they imagine that the psychotherapist is unlikely to perceive or appreciate the personality trait under scrutiny (47). This allows the dyad to investigate transference and raise awareness of possible projections, while giving the psychotherapist the opportunity to acknowledge that such a trait is perceived, validated, accepted, and, in fact, fully legitimized (48). Above and beyond inevitable transference and countertransference mechanisms, what about the emotional response that the patient's specific trait is eliciting in the person-psychotherapist? Whenever areas of incompatibility are mutually experienced, should psychotherapists be solely preoccupied with successfully managing the emotions associated with that incompatibility (49), or should they disclose their negative response?

Once projections are disentangled from areas of incompatibility, the patient can begin to appreciate the psychotherapist's efforts to overshadow their own personality, and to navigate in a constructive and mature way the areas of friction that are unique to their relationship, as this may not have happened in the context of the caregiver relationship (50). However, the fact that a psychotherapist shows how they successfully manage areas of incompatibility, offering the patient an excellent opportunity for introjection (50) does not preclude that it was emotionally costly to do so, which could be non-verbally signaled and easily detected by the patient (51).

In light of the above, it follows that any relationship between patient and psychotherapist will recreate compatibility issues, except that the specific profile of incompatibility will likely differ from the one that was experienced with caregivers. In other words, emotional friction may originate from personality traits that were not problematic in the first place (52).

In this framework, concepts such as "negative transference," "unending analysis," or "still analysis" may stem from the belief that areas of incompatibility within the therapeutic dyad originate from unelaborated experiences on the part of the patient or even the psychotherapist (53), and as such, become therapeutic targets that must be resolved (54, 55). While the patient could aspire to reenacting positive aspects of the therapeutic relationship, they could also feel a need to make changes in response to problematic aspects of the relationship based on areas of incompatibility. Here, the risk is to subject the patient to the process of identify reconfiguration so that they

can establish the highest possible degree of adjustment with a figure who, just like the caregiver, is rarely chosen on the basis of compatibility (56, 57).

Therapeutic alliance as a process of intersubjective negotiation

If and when it is agreed upon that the goal of psychotherapy is not to develop a harmonious relationship with the psychotherapist, but to recognize and further develop the patient's traits, mutual acknowledgment and open discussion of emotional friction within the dyad will become critical milestones in the psychotherapeutic relationship. Scrutinizing the emotional responses will allow to determine whether the perception of incompatibility originates from the patient's intrapsychic conflict or from an actual dyadic intersubjective mismatch. In the first scenario, emotional friction could be interpreted as the result of transference, and therefore psychoanalyzed and worked through (58). In the latter, the emotional cost of intersubjective mismatch should not be subject to interpretation, but instead serve as a window into self-authenticity (59). As a matter of fact, several authors have reconceptualized the therapeutic alliance from a relational perspective as a process of intersubjective negotiation, providing guidelines on how to use self-disclosure and metacommunication as tools to transform ruptures and strains into therapeutic breakthroughs (60). It is precisely thanks to the relational experience with the psychotherapist that the patient can develop greater awareness of their own inclinations, vocations, and relational traits, along with the challenges and the vulnerabilities that emerge when such traits interact with various forms of otherness (61). This in turn enables the patient to investigate the type of relational dynamic that they find

beneficial or desirable, and to pursue relational experiences with awareness, assertiveness, and maturity.

Author contributions

BB, CB, and PB: conceptualization, methodology, writing—draft, and writing—review and editing. All authors contributed to the article and approved the submitted version.

Funding

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's note

References

1. Segal NL. *Born Together–Reared Apart: The Landmark Minnesota Twin Study*. Cambridge, MA: Harvard University Press (2012). doi: 10.4159/harvard.9780674065154

2. Segal NL, McGuire SA, Stohs JH. What virtual twins reveal about general intelligence and other behaviors. *Pers Individ Dif.* (2012) 53:405–10. doi: 10.1016/j.paid.2011.11.019

3. Rothbart MK. *Becoming Who We Are: Temperament and Personality in Development*. New York, NY: The Guilford Press (2011).

4. Bruce M, Panneton R, Taylor C. Multisensory integration and maternal sensitivity are related to each other and predictive of expressive vocabulary in 24-month-olds. *J Exp Child Psychol.* (2022) 214:105304. doi: 10.1016/j.jecp.2021.105304

5. Roman-Juan J, Fiol-Veny A, Zuzama N, Caimari-Ferragut M, Bornas X, Balle M. Adolescents at risk of anxiety in interaction with their fathers: studying non-verbal and physiological synchrony. *Dev Psychobiol.* (2020) 62:1062–75. doi: 10.1002/dev.21976

6. Fuertes M, Santos PLD, Beeghly M, Tronick E. More than maternal sensitivity shapes attachment: infant coping and temperament. *Ann N Y Acad Sci.* (2006) 1094:292–6. doi: 10.1196/annals.1376.037

7. Gallese V. Mirror neurons and the simulation theory of mind-reading. *Trends Cogn Sci.* (1998) 2:493–501. doi: 10.1016/S1364-6613(98)01262-5

8. Gallese V, Keysers C, Rizzolatti G. A unifying view of the basis of social cognition. *Trends Cogn Sci.* (2004) 8:396–403. doi: 10.1016/j.tics.2004.07.002

9. Keysers C, Gazzola V. Integrating simulation and theory of mind: from self to social cognition. *Trends Cogn Sci.* (2007) 11:194–6. doi: 10.1016/j.tics.2007.02.002

10. Keysers C, Gazzola V. Expanding the mirror: vicarious activity for actions, emotions, and sensations. *Curr Opin Neurobiol.* (2009) 19:666–71. doi: 10.1016/j.conb.2009.10.006

11. Cerezo MA, Pons-Salvador G, Trenado RM, Sierra P. Mother-infant verbal and nonverbal interaction as predictor of attachment: nonlinear dynamic analyses. *Nonlinear Dyn Psychol Life Sci.* (2016) 20:485–508.

12. Rabin AI. Review of oneness and separateness: from infant to individual. *Am J Orthopsychiatry.* (1980) 50:178–80. doi: 10.1037/h0098879

13. Amodio DM, Frith CD. Meeting of minds: the medial frontal cortex and social cognition. *Nat Rev Neurosci.* (2006) 7:268–77. doi: 10.1038/nrn1884

14. Fletcher P. Other minds in the brain: a functional imaging study of "theory of mind" in story comprehension. *Cognition.* (1995) 57:109–28. doi: 10.1016/0010-0277(95)00692-R

15. Saxe R. Against simulation: the argument from error. *Trends Cogn Sci.* (2005) 9:174–9. doi: 10.1016/j.tics.2005.01.012

16. Glocer fiorini L. Intersubjectivity, otherness, and thirdness: a necessary relationship. *Int J Psychoanal.* (2016) 97, 1095–1104. doi: 10.1111/1745-8315.12432

17. Casement A, editor. *Post-Jungians Today: Key Papers in Contemporary Analytical Psychology.* London: Routledge (1998). doi: 10.4324/9780203360521

18. Leclère C, Viaux S, Avril M, Achard C, Chetouani M, Missonnier S, et al. Why synchrony matters during mother-child interactions: a systematic review. *PLoS ONE.* (2014) 9:e113571. doi: 10.1371/journal.pone.0113571

19. Symons DK. A Dyad-oriented approach to distress and mother—child relationship outcomes in the first 24 months. *Parenting.* (2001) 1:101–22. doi: 10.1207/S15327922PAR011&2_6

20. Fonagy P, Gergely G, Target M. The parent? Infant dyad and the construction of the subjective self. *J Child Psychol Psychiatry.* (2007) 48:288–328. doi: 10.1111/j.1469-7610.2007.01727.x

21. Ziv Y, Aviezer O, Gini M, Sagi A, Karie NK. Emotional availability in the mother–infant dyad as related to the quality of infant–mother attachment relationship. *Attach Hum Dev.* (2000) 2:149–69. doi: 10.1080/14616730050085536

22. Sahin B, Bozkurt A, Usta MB, Aydin M, Çobanoglu C, Karabekiroglu K. Zihin Kurami: Gelişim, Nörobiyoloji, Ilişkili Alanlar ve Nörogelişimsel Bozukluklar. *Psikiyatr Guncel Yaklasimlar.* (2019) 11:62–79. doi: 10.18863/pgy.390629

23. Gagné K, Lemelin J-P, Tarabulsy GM. Non-verbal and verbal parental mentalization as predictors of infant attachment security: contributions of parental embodied mentalizing and mind-mindedness and the mediating role of maternal sensitivity. *Infant Behav Dev.* (2021) 65:101622. doi: 10.1016/j.infbeh.2021.101622

24. Egeland B, Farber EA. Infant-mother attachment: factors related to its development and changes over time. *Child Dev.* (1984) 55:753–71. doi: 10.2307/1130127

25. Rothbart MK, Sheese BE, Rueda MR, Posner MI. Developing mechanisms of self-regulation in early life. *Emotion Rev.* (2011) 3:207–13. doi: 10.1177/1754073910387943

26. De Meulemeester C, Lowyck B, Luyten P. The role of impairments in self–other distinction in borderline personality disorder: a narrative review of recent evidence. *Neurosci Biobehav Rev.* (2021) 127:242–54. doi: 10.1016/j.neubiorev.2021.04.022

27. Di Lorenzo MG, Bucsea O, Rumeo C, Waxman JA, Flora DB, Schmidt LA, et al. Caregiver and young child biological attunement in distress contexts: a systematic review and narrative synthesis. *Neurosci Biobehav Rev.* (2022) 132:1010–36. doi: 10.1016/j.neubiorev.2021.10.045

28. Hollenstein T, Tighe AB, Lougheed JP. Emotional development in the context of mother–child relationships. *Curr Opin Psychol.* (2017) 17:140–4. doi: 10.1016/j.copsyc.2017.07.010

29. Reindl V, Gerloff C, Scharke W, Konrad K. Brain-to-brain synchrony in parent-child dyads and the relationship with emotion regulation revealed by fNIRS-based hyperscanning. *Neuroimage.* (2018) 178:493–502. doi: 10.1016/j.neuroimage.2018.05.060

30. Ogden TH. Reading Winnicott. *Psychoanal Q.* (2001) 70:299–323. doi: 10.1002/j.2167-4086.2001.tb00602.x

31. Wainrib S. Is psychoanalysis a matter of subjectivation? *Int J Psychoanal.* (2012) 93:1115–35. doi: 10.1111/j.1745-8315.2012.00645.x

32. Koole SL, Tschacher W. Synchrony in psychotherapy: a review and an integrative framework for the therapeutic alliance. *Front Psychol.* (2016) 7:862. doi: 10.3389/fpsyg.2016.00862

33. Mende MA, Schmidt H. Psychotherapy in the framework of embodied cognition—does interpersonal synchrony influence therapy success? *Front Psychiatry.* (2021) 12:562490. doi: 10.3389/fpsyt.2021.562490

34. Civitarese G. On Bion's concepts of negative capability and faith. *Psychoanal Q.* (2019) 88:751–83. doi: 10.1080/00332828.2019.1651176

35. Levine HB, Friedman RJ. Intersubjectivity and interaction in the analytic relationship: a mainstream view. *Psychoanal Q.* (2000) 69:63–92. doi: 10.1002/j.2167-4086.2000.tb00555.x

36. Ramseyer F, Tschacher W. Nonverbal synchrony of head- and body-movement in psychotherapy: different signals have different associations with outcome. *Front Psychol.* (2014) 5:979. doi: 10.3389/fpsyg.2014.00979

37. Scheidt CE, Pfänder S, Ballati A, Schmidt S, Lahmann C. Language and movement synchronization in dyadic psychotherapeutic interaction – a qualitative review and a proposal for a classification. *Front Psychol.* (2021) 12:696448. doi: 10.3389/fpsyg.2021.696448

38. Bucci S, Seymour-Hyde A, Harris A, Berry K. Client and therapist attachment styles and working alliance: attachment and working alliance. *Clin Psychol Psychother.* (2016) 23:155–65. doi: 10.1002/cpp.1944

39. Colli A, Lingiardi V. The Collaborative Interactions Scale: a new transcript-based method for the assessment of therapeutic alliance ruptures and resolutions in psychotherapy. *Psychother Res.* (2009) 19:718–34. doi: 10.1080/10503300903121098

40. Saunders SM. Clients' assessment of the affective environment of the psychotherapy session: relationship to session quality and treatment effectiveness. *J Clin Psychol.* (1999) 55:597–605. doi: 10.1002/(sici)1097-4679(199905)55:5<597::aid-jclp7>3.0.co;2-m

41. Heinonen E, Lindfors O, Härkänen T, Virtala E, Jääskeläinen T, Knekt P. Therapists' professional and personal characteristics as predictors of working alliance in short-term and long-term psychotherapies. *Clin Psychol Psychother.* (2014) 21:475–94.

42. Owen J, Tao KW, Drinane JM, Hook J, Davis DE, Kune NF. Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Prof Psychol Res Pr.* (2016) 47:30.

43. Markowitz JC, Milrod BL. The importance of responding to negative affect in psychotherapies. *Am J Psychiatry.* (2011) 168:124–8. doi: 10.1176/appi.ajp.2010.10040636

44. Rogers CR. *On Becoming a Person: A Therapist's View of Psychotherapy.* Boston, MA: Houghton Mifflin (1961).

45. Dahl H-SJ, Høglend P, Ulberg R, Amlo S, Gabbard GO, Perry JC, et al. Does therapists' disengaged feelings influence the effect of transference work? A study on countertransference: does therapists' disengaged feelings influence the effect of transference work? A study on countertransference. *Clin Psychol Psychother.* (2017) 24:462–74. doi: 10.1002/cpp.2015

46. Nissen-Lie HA, Dahl H-SJ, Høglend PA. Patient factors predict therapists' emotional countertransference differently depending on whether therapists use transference work in psychodynamic therapy. *Psychother Res.* (2022) 32:3–15. doi: 10.1080/10503307.2020.1762947

47. Roland A. Induced emotional reactions and attitudes in the psychoanalyst as transference in actuality. *Psychoanal Rev.* (1981) 68:45–74.

48. Malin A, Grotstein JS. Projective identification in the therapeutic process. *Int J Psychoanal.* (1966) 47:26–31.

49. Petrowski K, Nowacki K, Pokorny D, Buchheim A. Matching the patient to the therapist: the roles of the attachment status and the helping alliance. *J Nerv Ment Dis.* (2011) 199:839–44. doi: 10.1097/NMD.0b013e3182349cce

50. Fonagy P. *Affect Regulation, Mentalization and the Development of the Self.* New York, NY: Other Press (2004).

51. Degnan A, Seymour-Hyde A, Harris A, Berry K. The role of therapist attachment in alliance and outcome: a systematic literature review: therapist attachment, alliance and outcome. *Clin Psychol Psychother.* (2016) 23:47–65. doi: 10.1002/cpp.1937

52. Lingiardi V, Muzi L, Tanzilli A, Carone N. Do therapists' subjective variables impact on psychodynamic psychotherapy outcomes? A systematic literature review. *Clin Psychol Psychother.* (2018) 25:85–101. doi: 10.1002/cpp.2131

53. Morgan H. Frozen harmonies: petrified places in the analytic field. *Br J Psychother.* (2010) 26:33–49. doi: 10.1111/j.1752-0118.2009.01154.x

54. Black S, Hardy G, Turpin G, Parry G. Self-reported attachment styles and therapeutic orientation of therapists and their relationship with reported general alliance quality and problems in therapy. *Psychol Psychother Theory Res Pract.* (2005) 78:363–77. doi: 10.1348/147608305X43784

55. Hartmann A, Joos A, Orlinsky DE, Zeeck A. Accuracy of therapist perceptions of patients' alliance: exploring the divergence. *Psychother Res.* (2015) 25:408–19. doi: 10.1080/10503307.2014.927601

56. Marzi A, Hautmann G, Maestro S. Critical reflections on intersubjectivity in psychoanalysis. *Int J Psychoanal.* (2006) 87:1297–314. doi: 10.1516/6CX5-U4GQ-807Y-XTF2

57. Steel C, Macdonald J, Schroder T. A systematic review of the effect of therapists' internalized models of relationships on the quality of the therapeutic relationship. *J Clin Psychol.* (2018) 74:5–42. doi: 10.1002/jclp.22484

58. Strozier CB, Pinteris K, Kelley K, Mart D, Strug DL. Heinz Kohut's ideas of self. *Psychoanal Rev.* (2021) 108:197–213. doi: 10.1521/prev.2021.108.2.197

59. Alfi-Yogev T, Hasson-Ohayon I, Lazarus G, Ziv-Beiman S, Atzil-Slonim D. When to disclose and to whom? Examining within- and between-client moderators of therapist self disclosure-outcome associations in psychodynamic psychotherapy. *Psychother Res.* (2021) 31:921–31. doi: 10.1080/10503307.2020.1867774

60. Safran JD, Muran JC. *Negotiating the Therapeutic Alliance: A Relational Treatment Guide.* Guilford Press (2000).

61. Stolorow RD, Atwood GE. Deconstructing the myth of the neutral analyst: an alternative from intersubjective systems theory. *Psychoanal Q.* (1997) 66:431–49. doi: 10.1080/21674086.1997.11927540