

Reflective Functioning Mediates the Association Between Attachment Insecurity and Well-Being Among Psychotherapists

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Abstract

Perceived poor well-being is one of the therapist personal factors associated with a higher risk of burnout and with reduced efficacy of psychological treatment. To date, no studies examined if therapist insecure attachment dimensions (i.e., anxiety and avoidance) have an impact on therapists' subjective quality of life and well-being, and if reflective functioning mediates these associations. A total of 416 psychotherapists (females: 79.6%; mean age: 43.94 ± 10.37 years) were enrolled in this cross-sectional study. They practiced psychotherapy for a mean of 10.1 ± 9.23 years. Participants completed a survey including measures of attachment (i.e, avoidant and anxious dimensions), of certainty or uncertainty about mental states (i.e., reflective functioning), and of subjective well-being. The hypothesized attachment-related model of well-being was tested through a Structural Equation Modeling approach, controlling for age. Results showed that certainty in reflective functioning had a small positive direct effect on therapist well-being, while both attachment anxiety and avoidance dimensions had a significant negative direct association with perceived well-being with small to medium effects. In addition, reflective functioning mediated the latter associations, suggesting that therapist's lower ability to mentalize may partially account for the negative effect of attachment anxiety and avoidance on therapist's perceived well-being. Psychotherapists may focus professional development on enhancing mentalizing capacity, whereas training programs should consider training in mentalizing-based interventions to help trainee therapists to be better equipped for the emotional and interpersonal challenges of their work.

Public significance statement

This study suggests that both attachment anxiety and avoidance had a significant impact on therapist's well-being. Moreover, it highlights that therapist's lower ability to mentalize may partially account for the negative effect of attachment anxiety and avoidance on therapist's well-

being. The findings point to the importance of considering reflective functioning when promoting therapists' well-being to improve their professional functioning.

Keywords: attachment anxiety, attachment avoidance, well-being, reflective functioning, psychotherapist, therapist's characteristics

1. INTRODUCTION

Therapeutic work can be an emotionally demanding experience for therapists. Therapists often engage in close relationships with their patients. They listen carefully and provide empathy, deal with a range of intense emotions in patients, manage their own thoughts, behaviors and feelings, and deal with sometimes intense interpersonal dynamics that emerge in therapy. These interpersonal contexts and the therapist's personal characteristics to be optimally responsive (Steel et al., 2018) play an important role in the process of change for their patients (Castonguay et al., 2011; Cuijpers et al., 2019; Lingardi et al., 2018; Steel et al., 2018). In recent years, research on the efficacy of psychological treatments has examined the "therapist factors", i.e., the therapist's characteristics that influence the therapeutic relationship with the patient (Beutler et al., 2004). For example, Schöttke and colleagues (2017) found that therapist interpersonal competencies were predictive of patient outcomes. In addition researchers have examined the "therapist's effect", i.e., the amount of variance in patient's change due to the characteristics of the therapist (Baldwin & Imel, 2013; Norcross & Lambert, 2011; Saxon & Barkham, 2012). Overall, this research demonstrated that some clinicians are better at helping patients to positively change, whereas other clinicians produce less beneficial change in their patients (Castonguay & Hill, 2017).

Although there is mounting research on the personal characteristics of therapists and their impact on the process of patient change, there is still a lack of empirical investigation on therapist's subjective well-being. For example, research on the therapists' quality of life mostly focused on the negative costs of therapeutic work, such as the high levels of burnout (for a review, see Simionato & Simpson, 2018). However, there is a growing interest on both the positive aspects of the therapeutic experience (i.e., the personal growth and positive change that therapists may experience through their work with clients; Linley & Joseph, 2007) and on the clinicians' quality of life (Delgadillo et al., 2018). The scarce empirical evidence seems to suggest that therapists' psychological well-being affects both the quality of their work and the likelihood of a successful treatment for their patients (Beutler et al., 2004; Nissen-Lie et al., 2013). The construct of personal

well-being is defined as the subjective, relative feeling state that "refers to contentment, satisfaction, or happiness derived from optimal functioning" (McDowell, 2010), personal growth, and the actualization and fulfilment of one's own potential and true nature (McDowell, 2010). To date, research has evidenced that higher levels of well-being are linked to enhanced coping with stress among the general population, as well as with better social relationships, work-related outcomes and to a reduced overall mortality risk (McDowell, 2010; Steptoe et al., 2015). Only a few studies examined the quality of well-being among mental health practitioners. For example, Linley and Joseph (2007) found that therapists who had been or were currently in personal therapy, who were receiving clinical supervision, who worked for shorter overall time periods, and who had higher levels of coherence and empathy reported greater well-being. In one of the first reviews of the therapist's characteristics, Beutler and colleagues (2004) reported that clinician's sense of self-efficacy was related to his/her own perceived well-being, and that the latter had a small but significant relationship with patients' outcomes. More recently, Nissen-Lie and colleagues (2013), in a large cross-sectional study involving almost 5,000 psychotherapists, found that clinicians' quality of life and well-being were positively associated with therapist-rated growth in the working alliance, which is considered one of the strongest predictors of the psychotherapy outcomes (Flückiger et al., 2018). Finally, Richards, Campenni and Muse-Burke (2010) showed that specific personality traits like self-awareness and mindfulness were positively related to personal well-being of mental health professionals, and that engaging in proactive self-care strategies decreased the possibility of impairment and enhanced clinician's quality of life.

Previous research showed that clinicians' job-related stress may be a consequence of prolonged low levels of well-being. Indeed, therapeutic work is so challenging that over half of psychotherapists report moderate to high levels of burnout (Kim et al., 2018), which is a state of chronic stress characterized by emotional exhaustion, detachment from clients, self-doubt and diminished sense of self-efficacy and personal accomplishment (Kim et al., 2018; Rupert et al., 2015; Simionato & Simpson, 2018). Thus, both understanding and preventing therapist's burnout

and, conversely, promoting his/her well-being are of concern for several reasons, including their impact on quality of life and on professional functioning (Rupert et al., 2015).

Previous research has also highlighted two other important therapist factors, namely attachment dimensions and reflective functioning, which can be related to both client outcomes and to clinician's psychological well-being (Cologon et al., 2017; Ensink et al., 2013; Lingardi et al., 2018; Mikulincer & Shaver, 2016). Most of the previous studies examined the impact of therapist's attachment dimensions on the quality of therapeutic relationship. However, there is a dearth of research investigating the influence of therapists' attachment dimensions on their well-being and burnout.

According to the attachment theory (Bowlby, 1969), early interactions with primary caregivers influence the development of internal working models (IWM) of attachment. IWMs are cognitive-affective schemas used to interpret the present, appraise and guide behavior during new situations, and plan future actions (Bretherton, 1985; Mikulincer & Shaver, 2016). The quality of early interactions with caregivers lead to development of secure or insecure attachment that in turn may be characterized by two main dimensions, namely attachment avoidance and attachment anxiety (Brennan et al., 1998; Tasca et al., 2018). Highly avoidantly attached individuals tend to establish and maintain independence, control and autonomy, as well as deactivate emotions and limit emotional experiences during their life and in romantic relationships (Cassidy & Kobak, 1988; Mikulincer & Shaver, 2016; Simpson & Rholes, 2018). Conversely, highly anxiously attached individuals show difficulties in regulating their negative emotions and in trusting others, with recurrent feeling or fear of being abandoned in intimate relationships (Mikulincer, 1995; Mikulincer & Shaver, 2016). As reviewed by Mikulincer and Shaver (2016), attachment security is positively related to well-being, while attachment anxiety and avoidance are consistently related to lower subjective well-being.

Concurrent with the development of attachment states of mind and IWMs, children develop the capacity to mentalize. Mentalizing refers to the ability to reflect upon one's own and others' mental states (i.e., thoughts, feelings, and intentions) and to recognize the complexity of mental states and their links to behaviour (Fonagy et al., 1991; Fonagy & Target, 2002; Steele et al., 1999). Mentalization can be operationalized as reflective functioning (RF). Individuals with a good reflective functioning can hold in mind multiple concurrent points of view, are aware of the nature of own and other mental states, and understand that mental states underlie behaviors (Borelli et al., 2018; Cologon et al., 2017; Fonagy et al., 1998). As such, mentalizing is considered a key-component of empathy (Cologon et al., 2017), allowing individuals to perceive and label emotions regarding difficult life experiences, as well as to engage in a reflective process about them. Finally, reflective functioning is strongly related to well-being. For example, higher mentalizing competencies in adolescence predicts greater self-reported quality of life in adulthood (Borelli et al., 2018).

Due to their role in interpersonal relationships, therapist's attachment dimensions and reflective functioning may contribute to their ability to enter into an empathic and supportive relationship with the client (Cologon et al., 2017), influencing both therapeutic alliance and therapeutic outcomes (Cologon et al., 2017; Lingardi et al., 2018; Markowitz & Milrod, 2011; Steel et al., 2018). For example, some authors found that insecurely attached therapists achieve worse client outcomes, and that this effect is mediated by lower levels of therapeutic alliance and by a poorer management of countertransference (for a review, see Cologon et al., 2017). Moreover, it seems that securely attached therapists are more efficacious with highly impaired and distressed clients (Strauss & Petrowski, 2017). Finally, Steel, Macdonald and Schroder (2018) in their systematic review found that insecurely attached therapists may experience more problems in the therapy and form weaker alliances, compared to securely attached ones.

A recent systematic review on psychodynamic therapies (Lingiardi et al., 2018) found a weak direct effect of therapist's attachment on patient outcomes, and suggested that attachment styles may affect psychotherapeutic processes indirectly through other variables. In particular, the review suggested that therapists' level of reflective functioning might have a positive impact on therapeutic effectiveness (Bateman & Fonagy, 2010; Choi-Kain & Gunderson, 2008). Similarly, Cologon and colleagues (2017) found that higher therapist reflective functioning predicted therapist effectiveness, whereas therapist attachment style did not.

The research to date suggests that therapist's attachment dimensions and reflective functioning may be relevant for therapeutic process and outcomes, client-therapist relationship and for therapists' subjective well-being (Lingiardi et al., 2018; Steel et al., 2018). However, few studies examined these dimensions at the same time. Even fewer studies explored the predictors of well-being among clinicians, despite the profound personal and professional consequences of a low quality of life, which could lead to therapist burnout. Therefore, the purpose of this study was to test the validity of an attachment-related model of well-being in a large sample of psychotherapists by using a structural equation modelling approach. We hypothesized that therapist attachment insecurity will be negatively related to therapist reflective functioning and well-being, whilst reflective functioning will be positively related to well-being. Further, we hypothesized that the association between attachment insecurity and well-being will be mediated by reflective functioning, after controlling for the effects of therapist age.

2. MATERIALS & METHODS

2.1 Participants

A total of 416 Italian psychotherapists (females: 79.6%; mean age: 43.94 ± 10.37 years) were enrolled in this study. All participants were Caucasian. They were mostly married (52.9%), while 20.7% was engaged and 17.5% was single. Participants had a master's degree in Psychology (90.8%) and an 8.4% had a Ph.D. in a related field. It is worth noting that in Italy a graduate

student in psychology or medicine can become a psychotherapist by attending a four-to-five year specialization school after the master's degree. Usually, each specialization school is oriented to a specific psychotherapeutic orientation. In our study, 65.7% of the entire sample followed an integrative approach, 13.6% a psychodynamic approach, and 11.6% a cognitive-behavioral approach. The sample practiced psychotherapy for a mean of 10.1 ± 9.23 years. The median year of graduation from the psychotherapy school was 2011 (range 1980 - 2018). Other demographics and work-related variables for the entire sample are reported in Table 1 and Table 2, respectively.

This study was conducted in accordance with ethical standards for the treatment of human experimental volunteers. Participants provided informed consent prior to participation.

2.2 Procedure

Cross-sectional data were collected online in a sample of Italian psychotherapists from October 2016 to August 2018. To achieve a large sample, we adopted four recruitment strategies. First, we contacted several schools of psychotherapy asking them to collaborate with the study by emailing the survey link to former clinical students. Second, we placed notices on social media groups for therapists inviting clinicians to complete a battery of questionnaires and providing a link to the online survey. Third, during several clinical conferences\congresses held in Italy, two authors (AC, GLC) presented the research and asked the audience to complete the survey. Fourth, we sent emails to selected professional contacts in the mental health field, inviting recipients to complete the survey and to forward the invitation to any colleagues or networks that they thought might be interested in participating to the study. To ensure that no individuals completed the battery more than once, we initially collected personal information (e.g., IP addresses) which was anonymized once data gathering was completed. Those who agreed to participate (i.e., provided informed consent) were subsequently redirected to a page which detailed the overall aims of the research and contained both a demographic survey and a battery of questionnaires. Inclusion criteria included the

following: (1) completed a post-graduate program in a school of psychotherapy, or a medical school degree with post-graduate specialization in psychiatry; (2) being an Italian native speaker.

2.3 Measures

Attachment Insecurity

The Experiences in Close Relationships – Revised (ECR-R; Busonera et al., 2014; Fraley et al., 2000) is a 36-item self-report measure of attachment to romantic partners. ECR-R was developed following an Item Response Theory analysis of different attachment items (drawn from 4 self-report inventories of attachment) which were administered to a large sample of university students during the validation of the original ECR questionnaire (Brennan et al., 1998). The ECR-R measures two dimensions of attachment to romantic partners, namely attachment avoidance (18 items) and attachment anxiety (18 items). Items are scored on a 7-point Likert scale (1 = strongly disagree; 7 = strongly agree). Mean total scores range from 1 to 7, with higher scores indicating greater attachment avoidance and attachment anxiety with romantic partners. Cronbach alphas of both subscales were good to excellent (.89 for Attachment Avoidance and .92 for Attachment Anxiety).

Reflective Functioning

The Reflective Functioning Questionnaire (RFQ; Fonagy et al., 2016; Morandotti et al., 2018) is an 8-item self-report measure of mentalization. The RFQ measures two different domains, namely Certainty (RFQ C; 6 items) and Uncertainty (RFQ U; 6 items) about mental states. Items are scored in a 7-point Likert-type scale (1 = completely disagree; 7 = completely agree). As regards RFQ C, items are recoded to 0, 0, 0, 0, 1, 2, 3, so that very high agreement on this scale reflects hyper-mentalizing, while some agreement reflects adaptive levels of certainty about mental states. As regards RFQ U, items are recoded to 3, 2, 1, 0, 0, 0, 0, so that very high agreement on this scale reflects hypo-mentalizing (i.e. a lack of knowledge about mental states). In the current study, Cronbach's alphas for both subscales were moderate to good (.64 for RFQ U, .72 for RFQ C), while

inter-item correlations ranged from .23 (RFQ U) to .30 (RFQ C). Inter-item correlation coefficients in the range of .15-.50 indicate good internal consistency of a scale (Clark & Watson, 1995).

Well-being

The Psychosocial General Well-Being Index (PGWBI; Dupuy, 1984; Grossi et al., 2002) is a 22-item self-report questionnaire that evaluates the subjective reported psychological and general quality of life during a 4-week period. Considered one of the most psychometrically-sound measures of self-perceived well-being (McDowell, 2010), the PGWBI measures six health-related quality of life domains, namely anxiety, depressed mood, positive well-being, self-control, general health and vitality. Each item is rated on a 6-point Likert scale (0 to 5). Total scores range from 0 to 110, with higher scores indicating greater well-being. In the present study, the Cronbach's alpha for the total score was excellent (.92).

Importance given to therapeutic relationship and to treatment flexibility

Within the sociodemographic package, we asked participants to rate the importance they attributed to 1) therapeutic relationship, and to 2) treatment flexibility (i.e., adapting clinical techniques to each specific patient). The two questions were rated on a 10-points Likert scale (1 to 10), with higher scores indicating greater importance given to therapeutic relationship and to treatment flexibility.

2.4 Statistical Analyses

We tested the hypothesized mediation model using structural equation modeling (SEM) with observed variables. Parameter estimates were computed using a maximum likelihood estimation method, while an optimal model fit was evaluated using the following criteria: a normed chi-squared of 3 or less, a root mean square error of approximation (RMSEA) of 0.05 or less, an upper RMSEA's 90% confidence interval bound of 0.08 or less, a comparative fit index (CFI) and a Tucker-Lewis index (TLI) of 0.95 or more, and a standardized root mean squared residual (SRMR)

of 0.05 or less (Hu & Bentler, 1999). The magnitude of path coefficients was interpreted according to Cohen's criteria (small = 0.1; medium = 0.3; large = 0.5; Cohen, 1988).

We initially tested the relationship between attachment avoidance, attachment anxiety and well-being and then the relationship between reflective functioning and well-being. As a second step we examined the mediating role of reflective functioning between attachment insecurity and well-being, controlling for the effects of age (see Figure 1).

Finally, we computed indirect (i.e., mediated) effects and their standard errors using a bootstrap procedure, saving parameter estimates drawn from 5000 bootstrap samples. As suggested by Byrne (2016), if the 95% confidence intervals (CI) of these estimates do not include zero, then the indirect effect is statistically significant at the .05 level. We reported the proportion mediated (PM: the ratio of the indirect effect to the total effect; Preacher & Kelley, 2011) as effect size of indirect effects. Other effect sizes (Pearson *r* correlation indexes, and Cohen's *d*) were interpreted according to guidelines (Cohen, 1988).

Analyses were performed using Analysis of Moment Structures (AMOS) and Statistical Package for Social Sciences (SPSS) version 25.0. All statistical tests were two-tailed, and a *p* value $\leq .05$ was considered statistically significant.

3. RESULTS

3.1 Preliminary Analyses

We evaluated the presence of multivariate outliers and identified a total of 12 cases which were removed from subsequent analyses (Tabachnick & Fidell, 2007). No univariate outliers were identified. However, RFQ U was strongly positively skewed, the ECR-R Attachment Anxiety and Attachment Avoidance subscales were moderately positively skewed, and the PGWBI total score was slightly negatively skewed. A reflect and inverse, a log10, and a reflect square-root transformation corrected the non-normality in these scales, respectively. Age was significantly related only with PGWBI Total score (see Table 3), supporting its use as a covariate in the model.

We correlated the single-item questions on importance given to therapeutic relationship and to treatment flexibility with all psychological scales. Due to the strong asymmetry of the former variables, we dichotomized the responses (i.e., 0 to those who replied with a score below 10, $n = 46$ for the first question, and $n = 85$ for the second one; 1 to those who replied with 10, $n = 358$ for the first question, and $n = 319$ for the second one). We corrected all the resulting p -values with the Benjamini-Hochberg procedure for false discovery rate (Benjamini & Hochberg, 1995).

Independent sample t -tests evidenced that those who gave less importance to therapeutic alliance had higher levels of attachment avoidance, ($t(402) = 2.885, p = 0.004, d = 0.45$, with small effects), higher attachment anxiety ($t(402) = 2.427, p = 0.016, d = 0.38$, with small effects), and lower scores in the RFQ C subscale ($t(402) = -2.943, p = 0.003, d = 0.46$, with small effects). In addition, those who were less willing to adapt their techniques to that specific client, had higher levels of attachment avoidance ($t(402) = 3.406, p = 0.001, d = 0.42$, with small effects) and attachment anxiety ($t(402) = 2.854, p = 0.006, d = 0.35$, with small effects). All other differences were non-significant.

Lower levels of therapist attachment anxiety were correlated with currently seeing a higher number of clients, $r = -0.12, p = 0.013$, but with a small effect. Also, therapists' higher levels of attachment avoidance were correlated with attending fewer hours of supervision per month, $r = -0.12, p = 0.016$, with small effects.

3.2 Main Analyses

Means, standard deviations and zero-order correlations for all psychological variables are reported in Table 3.

The mediation model was a very good fit to the data: normed $\chi^2(4) = 2.008$; RMSEA = 0.050 (90% CI: <0.01 - 0.10); CFI = 0.99; TLI = 0.97; SRMR = 0.03. As shown in Figure 1, attachment anxiety and avoidance were significantly and negatively associated with the levels of certainty about mental states (RFQ-C; with medium and small effects, respectively) and with well-

being (with small effects). In addition, certainty about mental states was significantly and positively associated with therapist well-being (with small effects). Moreover, both attachment insecurity dimensions were significantly and positively associated with uncertainty about mental states (RFQ-U; with small effects). However, uncertainty about mental states was not associated with PGWBI (see Figure 1).

The two RF subscales were significant mediators of attachment insecurity on well-being. There was a significant indirect effect of both attachment insecurity dimensions on well-being through RF (Attachment Anxiety: $p < 0.01$, bias corrected CI: .081 - .164, $P_M = 37\%$; Attachment Avoidance: $p = .034$; bias corrected CI: .008 - .066; $P_M = 17\%$).

Finally, age had a small but significant effect on PGWBI Total score, suggesting that older clinicians had higher levels of perceived well-being. The tested model explained the 31% of the variance in the PGWBI outcome variable.

4. DISCUSSION

This study examined an attachment-related model of quality of life and well-being in a sample of psychotherapists. Our first hypothesis was supported such that both attachment anxiety and attachment avoidance were related to therapist well-being. We also found support for our second hypothesis, in which there was an indirect effect of attachment anxiety and attachment avoidance on well-being via reflective functioning, suggesting that insecure attachment dimensions can adversely affect therapists' self-perceived well-being, but these associations are in part due to lower levels of reflective functioning.

Consistent with our first hypothesis, therapist's insecure attachment dimensions predicted lower levels of self-reported well-being, and this finding is in line with those reviewed by Mikulincer and Shaver (2016). According to attachment theory, individuals with greater attachment insecurity tend to: (a) adopt dysfunctional emotion regulation strategies in the face of stressors, (b) experience negative self-representations (e.g., unstable or low self-esteem) and (c) face chronic

interpersonal problems, which could subsequently result in a lower self-reported quality of life (Mikulincer & Shaver, 2012). Our findings suggest that therapists who tend to experience a preoccupation with relationships and up-regulate their emotions and those who tend to dismiss relationships and down-regulate their emotions may be at greater risk for lower quality of life and perhaps burn-out in the longer run.

We also found in the current study, that the two attachment-related dimensions had significant direct effects on two aspects of therapist's reflective functioning, namely certainty and uncertainty about mental states. Attachment theorists suggested that a lack of parental mentalizing during infancy leads to the development of IWMs indicative of attachment insecurity and to impaired mentalizing in the child (Fonagy et al., 2002). Interestingly, in our study attachment anxiety had larger effects on certainty in reflective functioning compared to attachment avoidance ($\Delta\chi^2 = 9.703$; $DF = 1$; $p = 0.002$). One explanation for this result might be that therapists with greater attachment avoidance adopt specific emotion regulation strategies related to minimizing emotional experiences which prevents them from being aware of negative emotional states. For example, higher attachment avoidance among therapists might lead to disengaging their attention from distressing experiences and mental states, thus leading to somewhat higher RF compared to anxiously-attached therapists.

Furthermore, in the current study we found that certainty in reflective functioning had a direct and significant effect on therapist's well-being, consistent with previous results in the general population (Borelli et al., 2018; Fonagy et al., 2002; Fonagy et al., 2016). Contrary to our hypotheses however, uncertainty in reflective functioning did not directly affect therapist well-being. This finding may be due to the characteristics of our sample, which was composed by clinicians who underwent long-term training to provide psychotherapy. Indeed, our sample reported very low levels of uncertainty of mental states, at least compared to scores on general population provided in the original validation study (Fonagy et al., 2016). Mentalizing is associated with

several positive psychological implications like an enhanced tolerance to distress and more functional emotion regulation (Morel & Papouchis, 2015; Schultheis et al., 2019). In addition, mentalizing allows individuals to perceive and label emotions as well as to engage in a reflective process about them (Fonagy et al., 2002). Consistent with our findings and previous research, we also found that higher reflective functioning among psychotherapists was associated with a greater importance placed on the therapeutic alliance. This finding suggests that a mentalizing therapist is more relationally-oriented toward the client, which may enhance their ability to work with strong emotions and countertransference in the therapy.

Our mediation findings suggested that reflective functioning, both certain and uncertain, is involved in explaining how insecure attachment dimensions affect subjective well-being in psychotherapists. Attachment insecurity is known to be related to deficits in mentalizing, which reduce a therapist's capacity to engage with, empathize with, and maintain their patients in mind. Such deficits in mentalizing that often come with attachment insecurity could represent a vulnerability to the strong emotional pulls and challenging interpersonal dynamics inherent in the therapeutic encounter. Lower levels of mentalizing in the context of attachment insecurity could make a therapist susceptible to stressful experiences in the therapy and to mismanaging countertransference. Prolonged experiences of potentially difficult relational dynamics and strong emotions in therapy without optimal capacities to regulate one's own emotions and mentalize may reduce a therapist's overall sense of well-being in the long run.

Alternatively, one could speculate that greater capacity for mentalizing may serve as a protective factor for therapists with attachment insecurity. In a study of 25 therapists, Cologon and colleagues (2017) found that higher reflective functioning compensated for insecure attachment in therapists in terms of patient outcomes. The authors concluded that the effectiveness of trainee therapists who showed signs of emotional disturbance (i.e., higher levels of attachment anxiety) can depend on their level of reflective functioning. In this context, our findings may suggest that higher

levels of reflective functioning could allow therapists with greater attachment insecurity to be more aware of both their own IWMs and their mental states, thus making them less susceptible to the transference-countertransference pulls in the therapeutic work.

Finally, we found that age had a small but significant association with well-being, suggesting that older therapists reported higher levels of well-being. These findings are similar to those reported in the general population. Although less healthy and less productive in general, older adults seem to be more satisfied with their lives and to experience less negative affect compared to younger individuals (Steptoe et al., 2015). One could also argue that older psychotherapists typically experience better psychosocial and economic conditions and have more realistic expectations towards life in terms of adaptation to their life circumstances and career goals compared to younger therapists (Ulloa et al., 2013).

The findings of the current study suggest a number of implications for clinical practice and training. Given the key role of attachment dimensions and reflective functioning for therapist well-being and for patient outcomes (Cologon et al., 2017), it could be argued that promoting these factors among psychotherapists could subsequently reduce the risk of burnout and improve their subjective quality of life. Mental health practitioners face several work-related pressures, so that occupational hazards are considered endemic to the profession (Wise et al., 2012). For example, burn out rates among therapists are unduly high and this may be due to the continuous exposure to patient trauma, to complex interpersonal dynamics of the therapy, to strong emotions, and to high caseloads in their daily work (Cieslak et al., 2014; Puig et al., 2014). Due to the profound personal and professional consequences, mental health agencies are developing interventions to decrease therapist emotional exhaustion, with the aim of including them in training programs and professional developmental modules (Blow, 2017; Wise et al., 2012). Our findings add to the literature suggesting that mentalization-based training, supervision, and personal therapy for psychotherapists could promote higher levels of well-being among practitioners particularly those

with greater attachment insecurity. Increasing mentalizing capacities among training therapists may help them better to tolerate negative affects and interpersonal tensions, and may help them to manage countertransference in a way that is more satisfying and effective. Further, as our results suggest, greater capacity to mentalize may promote a greater appreciation of the therapeutic alliance and so likely sensitizes therapists to the interpersonal nature of the therapeutic encounter.

The current study was the first to test a model examining the impact of psychotherapists' attachment dimensions (i.e., attachment anxiety and attachment avoidance) on their subjective well-being, and the mediating role of reflective functioning on these associations. Strengths of the study include the number of active therapists involved and their representativeness of different theoretical approaches. Despite such strengths, various limitations must also be considered. First, the cross-sectional nature of our data prevents us from drawing any conclusions regarding causality. Thus, we recommend that the mediation analysis of the attachment-related model of well-being should be tested within a longitudinal design to further establish the causal relationships between attachment dimensions and well-being explained by reflective functioning. In addition, we evaluated mentalization and attachment using self-report instruments which measure consciously available information about one's interpersonal relationships and affect regulation (Tasca & Balfour, 2014). Adopting more implicit measures of these constructs like the Adult Attachment Interview (AAI), and the Reflective Functioning Scale (which is rated starting from AAI transcripts; Fonagy et al., 1998) could provide more reliable information on the unconscious states of mind related to therapist's attachment (Schauenburg et al., 2010). Finally, we examined a psychotherapist population in Italy, and we do not know if the findings will generalize to therapists from other countries or cultures.

In summary, although scholars examined the association between attachment dimensions and clinical effectiveness among psychotherapists, the present study was the first to examine the mediating role of reflective functioning on the association between both attachment insecurity and

well-being. The findings point to the association among these constructs and the importance of considering reflective functioning when promoting therapists' well-being hopefully to improve their professional functioning. The empirical literature examining the personal factors that influence the therapist's well-being is still limited, however our findings reinforce the importance of assessing attachment dimensions and reflective functioning as factors that can be targeted in professional development and in the training of new psychotherapists.

Table 1. Sociodemographic variables of the entire sample of psychotherapists ($N = 416$).

Variables	Psychotherapists ($N = 416$)	Range
Age (mean)	43.94 \pm 10.37	29 – 75
Gender: n (%)		
Female	331 (79.6)	
Male	85 (20.4)	
Marital Status: n (%)		
Single	73 (17.5)	
Engaged	86 (20.7)	
Married	230 (55.3)	
Separated/Divorced	23 (5.5)	
Widowed	4 (1)	
Year MA\MD graduation (median)	2009	1974 – 2013
Year Psychotherapist graduation (median)	2011	1980 – 2018
Ph.D.: n (%)		
Yes	35 (8.4)	
No	381 (91.6)	
Attended Post-graduate Professional Training Courses: n (%)		
Yes	212 (51)	
No	204 (49)	

Table 2. Working-related variables of the entire sample of psychotherapists ($N = 416$).

Variables	Psychotherapists ($N = 416$)	Range
First year of work as therapist (median)	2011	1980 – 2018
Clients currently in treatment (mean)	16.7 ± 13.4	1 – 95
* Work Sector: n (%)		
Private Practice	383 (92.1)	
Public (e.g., Hospitals)	59 (14.2)	
Schools	62 (14.9)	
University	25 (6)	
Companies	14 (3.4)	
Nonprofit Organizations	39 (9.4)	
Social Cooperatives	53 (12.7)	
* Client population: n (%)		
Children	83 (20)	
Adolescents	211 (50.7)	
Adults	407 (97.8)	
Elderly	57 (13.7)	
* Therapeutic Format: n (%)		
Individual Therapy	406 (97.6)	
Couple Therapy	133 (32)	
Familiar Therapy	61 (14.7)	
Group Therapy	130 (31.3)	
Therapeutic approach: n (%)		
Psychodynamic	55 (13.2)	
Systemic-Relational	21 (5)	
Humanistic	9 (2.2)	
Integrated	273 (65.7)	
Cognitive-Behavioral	47 (11.3)	
Receiving Supervision: n (%)		
Yes	348 (83.7)	
No	68 (16.3)	
Hours of Supervision monthly (mean)	2.27 ± 1.99	1 – 12
Using Telepsychology: n (%)		
Yes	313 (75.2)	
No	103 (24.8)	

Notes: * = more than one choice was possible.

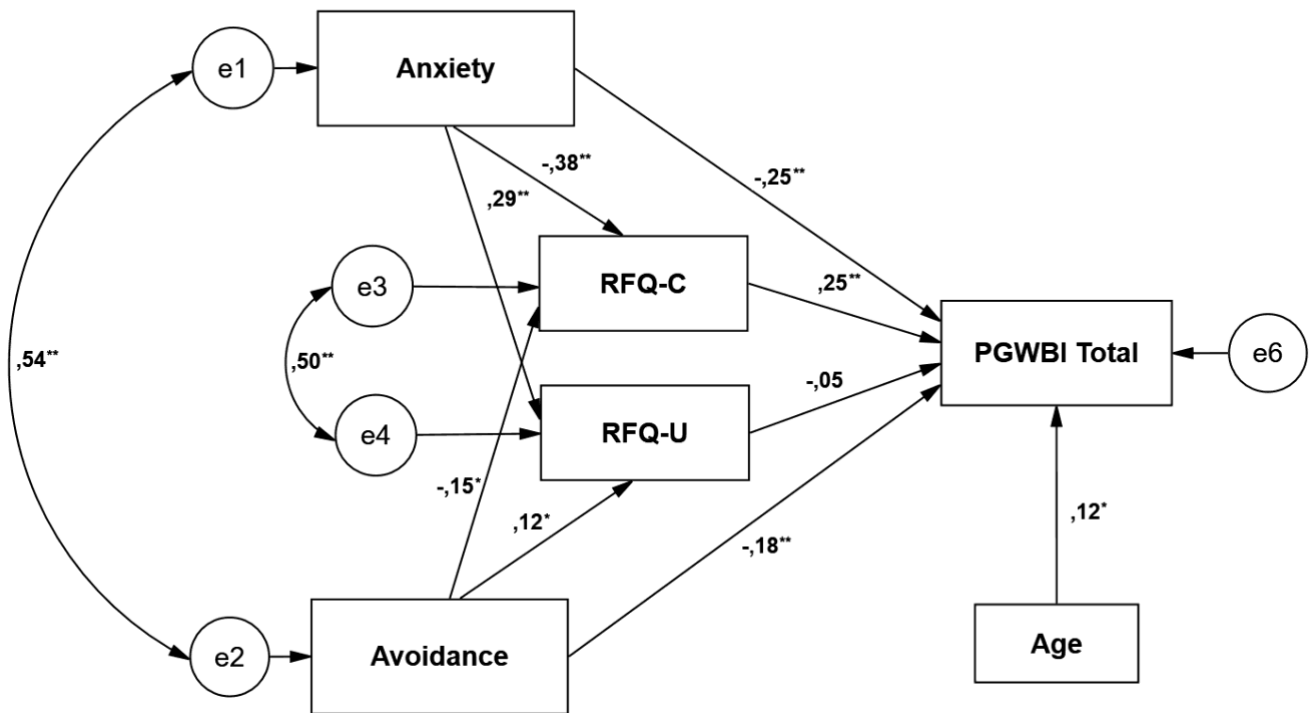
Table 3. Means, standard deviations and zero-order correlations for all psychological variables ($N = 404$).

	Mean (SD)	1	2	3	4	5
1. Age	44.01 (10.30)	-				
2. ECR-R Anxiety	2.55 (0.90)	-.04	-			
3. ECR-R Avoidance	2.13 (0.81)	.06	.54**	-		
4. RFQ-C	1.60 (0.70)	-.07	-.46**	-.36**	-	
5. RFQ-U	0.24 (0.36)	.04	.35**	.27**	-.58**	-
6. PGWBI	82.00 (10.14)	.11*	-.48**	-.41**	.45**	-.33**

Notes: ECR-R = Experiences in Close Relationship – Revised; RFQ-C = Reflective Functioning Questionnaire – Certainty subscale; RFQ-U = Reflective Functioning Questionnaire – Uncertainty Subscale; PGWBI = Psychosocial General Well-Being Index; SD = Standard Deviation.

For ease of interpretation, we presented non-transformed means and standard deviations for both ECR-R dimensions and PGWBI. In addition, RFQ-U and PGWBI Total scores were reflected and transformed, however correlations related to these scales are shown as positive for ease of interpretation. * = $p \leq .05$. ** = $p \leq .01$.

Figure 1. Mediated effect of attachment insecurity on psychotherapist's well-being through reflective functioning, controlling for age ($N = 404$).



Notes: Anxiety = Experiences in Close Relationship – Revised, Anxiety subscale; Avoidance = Experiences in Close Relationship – Revised, Avoidance subscale; RFQ-C = Reflective Functioning Questionnaire – Certainty subscale; RFQ-U = Reflective Functioning Questionnaire – Uncertainty subscale; PGWBI Total = Psychosocial General Well-Being Index Total score. The RFQ-U and PGWBI Total scores were reflected and transformed, however coefficients related to these scales are shown as positive for ease of interpretation.

The effect of RFQ-U on PGWBI Total score was not significant.

* = $p \leq .05$; ** = $p \leq .01$.

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