This paper explores four types of splits in couple therapy alliance - discrepancies where one spouse’s rating of an aspect of alliance (alliance with therapist, alliance with spouse, or spouse's alliance with therapist) was discrepant with the other spouse’s rating. The prevalence of these splits were described, using a treatment-as-usual sample. There was a great deal of variability in the degree of split both between couples and within couples across sessions. Correlation analyses showed differences between the four types of splits. Implications for research connecting split alliance to therapeutic outcome are explored.
SPLIT ALLIANCE IN COUPLE THERAPY:
EXPLORATION OF FOUR TYPES OF ALLIANCE DISCREPANCY

A Thesis

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INTRODUCTION

Couple therapy relies on a web of alliance involving clients who may have disparate goals and animosity towards one another. Low overall alliance, problematic in and of itself, may be easier to identify and address than the instances of difference, called split alliance. Split alliance has been used to describe certain discrepancies in the alliance system. My goal for this study was to explore a wider variety of discrepancies than previous investigators, and to measure them session-by-session, in order to better understand split alliance. I hoped to determine whether conceptualizing split alliance with this greater degree of complexity was indeed clinically useful.

This study explored the degree to which split alliance occurred in a treatment-as-usual sample. Included were discrepancies between each spouse’s individual alliance with the therapist (what has typically been called split alliance), between the spouses’ alliance with one another, and between each spouse’s alliance with the therapist and the other spouse’s perception of that alliance.

Therapy Alliance

The working relationship between therapist and client, called the alliance, is an integral part of any therapy. Alliance has been identified as a critical component of successful treatment by theorists as diverse as Freud and Rogers (Symonds & Horvath 1991). In addition to being important in individual therapy, it is also key to couple and family therapy (Friedlander, Escudero, & Heatherington, 2006).

The alliance encompasses more than the degree of general positive feeling between therapist and client. It is not simply a factor of therapist warmth or likeability (Hatcher & Barends, 2006; Safran, 2000). Freud conceived of strong alliance as the proper condition for transference to take place - an interpersonal bond, but not to be confused with warmth (Safran, 2000). Many current conceptions of alliance stem from Bordin’s (1979) model of alliance as composed of agreement on tasks (what is to be done), agreement on goals (how to get there), and a bond (which might include warmth, likeability, or trust). Alliance may thus be seen as a bond that is built to facilitate a certain purpose (Hatcher & Barends, 2006).

Alliance has been shown to change over the course of therapy (Kivlighan & Shaughnessy, 1995). This change may take the form of a developmental course, with the therapeutic relationship growing stronger during an initial phase of treatment. It may also change because of more transient events in and out of the therapy room.

Reviews, including meta-analyses, have consistently shown a moderate positive correlation between alliance in individual therapy and therapeutic outcome (Horvath & Bedi, 2002; Martin, Garske, & Davis, 2000; Symonds & Horvath 1991). In most studies alliance was measured by client self-report, although a few studies relied on therapist reports of alliance strength. The magnitude of observed effects varied across studies, but most meta-analyses reported a mean r-value of approximately .20 (Horvath & Bedi, 2002; Norcross 2006; Martin et. al. 2000; Shirk & Karver, 2003; Symonds & Horvath, 1991). Despite this relationship to outcome, and despite alliance being considered an important factor in therapy by so many different theorists and practitioners, many studies of evidence-based treatments have not focused on alliance as a key component (Norcross & Lambert, 2006).

Conceptualizing Alliance in Couple Therapy
The patient-therapist system in couple therapy is more complicated than in individual therapy, and thus requires a more complicated conception of alliance (Garfield, 2004; Pinsof & Catherall, 1986; Symonds & Horvath, 2004). Pinsof and Catherall (1986) conceptualized couple therapy alliance as a matrix with two axes, building from Bordin’s model. One axis concerns Bordin’s content dimensions of the alliance, dividing alliance into components of Tasks, Goals and Bonds. The second axis concerns who is involved in the alliance; these were called the interpersonal dimensions of alliance. Each spouse’s own alliance with the therapist is called the self-therapist alliance. Each spouse’s perception of his or her partner’s alliance with the therapist is called spouse-therapist alliance. In a more recent elaboration of the theory, the alliance between the two spouses is called within-couple alliance (Pinsof, 1995; Pinsof, Zinbarg, Knobloch-Fedders, in preparation). Note that within-couple alliance is not simply meant to be another conceptualization of marital functioning, but instead represents a connection that facilitates therapy.

The additional complexity in couple alliance comes from the additional person involved. Members of a couple may have different needs and goals for therapy, and thus the strength of their alliances may differ. Their needs and goals may even conflict with one another (Pinsof, 1995). The therapist must negotiate the formation of the alliance with an eye to these potential conflicts. A way of being allied with one spouse may be alienating to the other (Pinsof, 1995). Though it may be difficult to achieve, an environment of shared empathy and mutual understanding of goals has been suggested as necessary for positive outcome across different models of couple therapy (Boszormenyi-Nagy et al., 1991; Colapinto, 1991: Pinsof & Catherall, 1986).

In couple therapy some aspects of alliance may be stronger than others, and may develop at different rates. Husbands may be more reticent about therapy than their wives, and this may impact the development of their alliance (Friedlander et al., 2006). Within-couple alliance may grow only after spouses have become allied with the therapist, a pattern that Pinsof (1995) called the progressive bonding sequence. Within-couple alliance might be affected by a fight the couple had over breakfast. Important to therapeutic success seems to be whether the alliance in a given case, at a given time, is strong enough in the right areas to do the work of therapy (Pinsof, 1995).

The Couple Therapy Alliance Scale Revised Short form CTAS-RS (Pinsof et al., in prep.) used in the present study reflects Pinsof and Catherall’s (1986) expansion of Bordin’s individual alliance model. The CTAS-RS assesses alliance as a bidirectional concept, using a 7-point Likert scale. That is, when a wife is asked to rate her alliance with the therapist, her rating is meant to assess her belief about how she and the therapist both feel (as opposed to separately rating how she feels). The questions “The therapist

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1 In the present paper, these dimensions were labeled somewhat differently than in Pinsof & Catherall (1986). The self-therapist aspect described in this paper was originally self alliance; within-couple was within; other-therapist was other. These changes allow this paper to maintain a recognizable link with the previous CTAS-RS alliance papers, while adding descriptors that should aid in understanding the relationships addressed here.

2 The present study uses a data set that is comprised entirely of heterosexual couples, and gender differences in the results were expected. For these reasons, heteronormative terms for identifying spouses were used.
and I are in agreement about the way the therapy is being conducted”, and “The therapist cares about me as a person”, both measure the self-therapist aspect of alliance. The latter question is not phrased in the same overtly bi-directional manner as the former, though it still captures both sides of the relationship as it asks for the wife’s opinion of the therapist’s feelings. Thus, the instrument presumes that a wife would rate her self-therapist alliance highly if she believed that she and the therapist shared common goals, were bonded with one another, and agreed on tasks within the treatment.

Clients answered multiple questions about each of the different interpersonal aspects of alliance. Subscales could thus be calculated for each of the interpersonal aspects of alliance, and each of these subscales included information about tasks, goals, and bonds for that aspect. Each husband or wife completed the CTAS-RS independently. This meant that for each of the three interpersonal aspects of alliance described above, two different perspectives (husband’s and wife’s) were obtained, for a total of six different scores.

Therapists had access to spouses’ completed CTAS-RS forms before every therapy session, and they were encouraged to review them. Thus, therapists could have identified a problem in the alliance system, tailored an intervention to address that problem, and implemented that intervention within a given session.

The Alliance Triangle in Couple Therapy

It may be helpful to picture the three different aspects of the couple therapy alliance as three sides of a triangle. Figure 1 shows each relationship as a line with arrows (this notation is similar to that used in Pinsof, 1995, to illustrate the progressive bonding sequence). Each numbered aspect is measured by the CTAS-RS from each spouse’s perspective, yielding six scores for each couple. The therapist is also represented in this triangle, although the therapist’s perspective was not assessed in this study.

As Figure 1 shows, the six CTAS-RS scores reflect a husband’s and wife’s perspectives on the same three target aspects of alliance (i.e. two different perceptions of each side of the triangle). For example the husband’s self-therapist rating and the wife’s spouse-therapist rating both assess side 1. Comparisons can be made of two different aspects of alliance (i.e. two different sides of the triangle), or of two different perceptions of a single alliance aspect (comparing the two scores for any one side of the triangle). Each of these potential differences may be considered as a different type of split alliance.

Split Alliance in Couple Therapy

Alliance discrepancy

Couple agreement that alliance is strong may indicate to the therapist that treatment is progressing well (Pinsof & Catherall, 1986). Agreement that alliance is weak may be a clear indication of a problem. Discrepancies in alliance ratings, where one spouse rates alliance highly and the other does not, are also problematic. Different types of problems and discrepancies within the alliance system may suggest different interventions on the part of the therapist. Discrepancies may indicate areas in which the therapist ought to focus (see e.g. Garfield, 2004; Pinsof, 1995; Pinsof & Catherall, 1986), although the remedy may not be clear given that one spouse isn’t necessarily indicating a problem.

Split alliance has been used to describe several related issues in couple therapy, all of which involve different members of the alliance system having differentially strong
relationships with the therapist (Friedlander et al., 2006). Pinsof and Catherall (1986), who first used the term *split alliance*, said “The family (or couples) therapist can have an ‘intact’ or ‘split’ alliance with the whole family system…. In a split alliance, family members differ significantly in their attitudes toward the therapist” (p. 139). Put in terms of the triangle model, this type of split would be defined as a difference in strength of alliance on two *different* sides of the triangle. The husband might report feeling strongly allied with the therapist while the wife does not or vice-versa.

Another sort of split alliance can be defined as a discrepancy in perception of a single aspect of alliance. In the triangle model, this would involve differences in spouses' ratings of one side of the triangle. These splits do not involve discrepancies between different aspects of alliance, but rather involve discrepant attitudes or perceptions of the same aspect of alliance. In the case of these *perceptual splits* it may be that one member of the couple is not aware of the other’s perspective.

Four types of discrepancies were examined in the present study. They were: *his-hers* splits; *within-couple* splits; *perception of husband* splits; and *perception of wife* splits. Examination of all four provided a picture of possible discrepancies in each area of the alliance system. Though they may represent different specific issues, clinically speaking, all splits were seen as indicators of disagreement on interpersonal issues that potentially interfere with therapeutic progress, and all were subsumed under the term split alliance. In addition to monitoring the strength of alliance, therapists using the CTAS-R might also have identified instances of split that they felt were problematic and addressed them within a session. Connections to previous research and potential clinical implications of each type of split are discussed below.

**His-Hers Splits**

Previous research on alliance discrepancies focused on splits between the husband’s rating of his alliance with the therapist and the wife’s rating of her alliance with the therapist (Friedlander et al., 2006). In the triangle model this would be a discrepancy between sides 1 and 2 of the triangle. I labeled this a *his-therapist-hers-therapist* split (abbreviated to *his-hers*), because on the CTAS-RS it is a difference of two self-therapist ratings - his and hers.

Heatherington and Friedlander (1990) found that 14% of couples could be categorized as having his-hers split alliance, based on self-report after session three, using the relatively conservative (though arbitrary) criterion of two standard deviations difference between spouses’ ratings (Heatherington & Friedlander, 1990). When they used the less stringent criterion of 1 standard deviation difference in scores, that number rose to 43%.

Knobloch-Fedders (et al., 2004) found a 40% frequency of splits with the one standard deviation criterion, using the CTAS-RS. His-hers splits measured after session one were positively correlated with dropping out of therapy before session eight. That study also examined factors affecting the formation of these splits. For men, marital distress did not predict the formation of split alliance. For women, communication problems and sexual dissatisfaction (indices of marital distress) were related to his-hers splits after session eight. Individual symptomatology was not found to be predictive of split alliance (Knobloch-Fedders et al., 2004).

The concept of multi-directional partiality suggests that therapists must, at different times, attend to different parts of the therapeutic system as targets for
interventions and for alliance building (Boszormenyi-Nagy et al., 1991). Some variation in alliance is expected, but overall both members of the couple need to feel well allied with the therapist. The implication here is that persistent his-hers splits will lead to poorer outcomes.

**Within-Couple Splits**

Within-couple splits refer to discrepancies between a wife’s and a husband’s within-couple alliance scores. In these cases, both husband and wife are asked to rate the same aspect of alliance and they rate it differently. Put in terms of the triangle model, within-couple splits refer to a discrepancy of perception on side 3.

Alliance ratings on the CTAS-RS are bi-directional, so a husband should only rate within-couple alliance highly if he believes that he and his wife are in agreement that their alliance is strong. If he rated within-couple alliance as high, and his wife rated it low (resulting in a within-couple split), then two problems were occurring. First, one spouse saw the alliance as weak. Second there was a lack of correspondence between ratings, which could indicate a breakdown in communication.

Although within-couple splits have not been directly discussed in the literature, an agreed-upon strong within-couple alliance is seen as necessary for successful therapy (Garfield, 2004; Symonds & Horvath, 2004). Garfield (2004) described a loyalty dimension within a couple, which includes aspects of shared direction and expectations about therapy. Different than simply a loving bond, loyalty was seen as necessary in allowing the couple to navigate therapeutic issues. Symonds and Horvath (2004) described allegiance in much the same way. They suggested that a break in allegiance may be the cause of his-hers splits, saving the term alliance for the relationship between therapist and client. However they used the term allegiance to label a phenomenon that fell within the definition of within-couple alliance used in this study.

If both spouses agree that within-couple alliance is low, this would suggest that they lack the loyalty and allegiance necessary to do therapy. However, a within-couple split might be an even better indicator of such a problem because in the case of a split one spouse is rating alliance low, and this is compounded by a lack of communication or a misperception. Perhaps a husband is unwilling or unable to recognize his wife’s problems. Perhaps he feels that they are working towards the same end while she does not. These discrepancies indicate some problem in communication within the couple or some inaccuracy in one spouse’s perception of the other spouse’s feelings. It would be difficult for the kind of therapy-facilitating relationship Garfield (2004) described to occur when one spouse is out of touch with the feelings of the other.

If a therapist simply looks at the average of the two within-couple alliance scores, then the within-couple alliance may not seem problematic. However despite the average score being acceptable, one spouse might lack the alliance necessary to do the work of therapy, perhaps feeling alienated or unsupported. In the case of his-hers splits, the therapist might attempt to restore one spouse’s weak alliance without disrupting the other spouse’s strong alliance. In the case of a within-couple split, though, the problem is differential perception of a single aspect of alliance. Thus the therapist may not simply need to address the low score, but also find out why the couple perceived their alliance so differently.

**Perception-of-Husband & Perception-of-Wife Splits**
Perception-of-husband (POH) and perception-of-wife (POW) splits are similar to within-couple splits in that they involve discrepancies in the perception of one aspect of alliance. POH splits refer to discrepant ratings of side 1 on the triangle model, while POW splits refer to discrepant ratings of side 2. While conceptually similar, these splits are explored separately, because some research found gender to be relevant in the relationship between alliance and outcome (Symonds & Horvath, 2004).

Neither POH nor POW splits have been explored in the literature. Parallel to within-couple splits, these indicate that spouses are somehow not aware of each other’s feelings about the therapist. As with the other splits, some discrepancy in POH and POW splits was expected simply due to individual differences in the way spouses fill out the CTAS-RS forms. However, discrepancies may also indicate that one spouse is not fully disclosing, or is misrepresenting feelings. An example would be a wife who, out of fear of losing her marriage, is telling her husband that therapy is okay (resulting in his rating her alliance with the therapist as high) while she reveals more ambivalence on the written form. Such a communication breakdown might be evidence of a problematic interpersonal process in the couple, which could be a block to the kind of relationship necessary to do the work of therapy.

**Alliance discrepancy and psychotherapy outcome**

Symonds and Horvath (2004) examined alliance discrepancy in broad terms. They asked each spouse to rate self-therapist, within-couple, and spouse-therapist alliance, and calculated the difference between husbands’ and wives’ ratings of each separately, and then took the average of these differences in order to create a general index of discrepancy. These general difference scores were used to divide couples (by a median split) into high and low correspondence groups (i.e. not-split and split alliance). Within each group, husbands and wives were analyzed separately to see if their own alliance score was predictive of outcome. For the split group, strength of alliance did not predict outcome in therapy. However, if spouses agreed on the quality of their alliance, then for each spouse higher alliance predicted better outcome. Thus, it seems that split alliance may be a mediating variable in the relationship of alliance and outcome.

Symonds and Horvath (2004) suggested that discrepancies in the quality of each spouse’s relationship with the therapist (his-hers split) were caused by a fault in the relationship or alliance within the couple (within-couple split). In other words, they hypothesized a connection between his-hers splits and within-couple splits. It also seems possible, however, that spouses who were strongly allied with one another might have had a his-hers split because they didn’t work well with the same type of therapist.

The present study

The main goal of the present study was to better understand the four different types of split alliance. In statistically describing the different kinds of splits, I hoped to understand whether they varied from session to session, whether they varied from couple to couple and whether measuring four types of splits provided more information than simply measuring one.

The distributions of each spouse’s alliance scores on the CTAS-RS (i.e. self-therapist, within-couple, and spouse-therapist alliance) were explored separately to provide a context for understanding split alliance. The present study conceptualized split alliance as the degree of discrepancy between two scores, and thus as a continuous
variable. This conceptualization avoids any a-priori assumption of the level at which a discrepancy in scores qualifies as a split. In previous studies, split alliance was examined by grouping couples using an arbitrary cutoff to determine split versus not-split groups (Heatherington & Friedlander, 1990; Symonds & Horvath, 2004). In this study, split alliance may occur to different degrees in each session of therapy.

Two levels of analysis of split alliance data

Analyses in this study were done on two different levels. Couple-level analyses were done on aggregated scores, one score per couple, to look at between-couple differences in split alliance. Couple-level analyses were an attempt to answer the question of whether some couples could be considered more split than others over the course of therapy.

Session-level analyses looked at within-couple differences, with one score per couple per session. These analyses examined how couples' session-level discrepancies varied relative to the couple's own mean. I expected alliance and split alliance to change from session to session (cf. Kivlighan and Shaughnessy, 1995). I also expected some couples to be more split than others over the course of therapy (Friedlander et al., 2006). I examined both, in order to give a more complete description of split alliance.

Correlations of couple-level split indexes were calculated to show whether the different types of splits matched each other across therapy. Positive correlations at the couple-level would indicate that large splits tended to co-occur in the same couples. At the session-level, correlations were calculated to show whether splits tracked each other from session to session. A positive correlation at the session-level would indicate that relatively large splits tended to co-occur at the same session. Very strong positive correlations at both levels of analysis might indicate that certain types of splits were measuring the same thing.

I expected that no splits would be negatively correlated with one another. Some theorists suggest that his-hers splits are related to issues of loyalty and shared direction within the couple (Garfield, 2004; Symonds & Horvath, 2004). If this were true, then his-hers splits should be positively correlated with within-couple splits.

METHOD

The Family Institute Psychotherapy Change Project

Data for the present study were collected between 2005 and 2006 at The Family Institute at Northwestern University. They were collected as part of the Psychotherapy Change Project (PCP), an ongoing investigation into the nature of change in a range of psychotherapeutic modalities. Permission to use the data was obtained from William Pinsof, President of The Family Institute.

Participants

Participants were 53 cohabitating or married heterosexual couples who sought treatment at The Family Institute. Couples were included in this study if both members of the couple completed questionnaires for at least one session. The minimum number of sessions before discontinuing the questionnaire was 2, and the maximum was 62. Information on why a couple discontinued the study was not collected. Some couples may have discontinued using the research instrument although they continued therapy.
Others discontinued the research instrument at the end of their therapy. Couples completed the instrument for a mean of 10.49 sessions ($SD = 10.92$).

Demographic data were available for 91 of the 106 participants. Mean age was 35.3 years old ($SD = 10.7$, Range = 20.68). Racial makeup of the group was 68% Caucasian, 12% African-American, 7% Hispanic/Latino, 3% Arab American, 1% Asia American, 1% Native American, 2% Biracial, 4% other (note that clients could indicate more than one category for racial identity). Approximately 30% of clients identified themselves as Catholic, 14% as Protestant, 11% as Jewish, 3% as Muslim. 26% of clients indicated none for religion.

Household income for couples in the group ranged from less than $10,000 to over $100,000 annually. 36% of couples earned less than $40,000 per year. 34% of couples earned more than $100,000 per year. 33% of clients in the sample had a Master’s or Professional Doctoral degree. 41% had graduated from a 4-year college but had not gone on to graduate education. 8% of clients in the sample had a high-school degree or less and had not attended any college.

Clients seen through the clinic at sliding scale fees (from $15 to $65) represented a much lower income group than those who were seen in the staff practice (for fees ranging from $100 to $225), and therefore it is possible that two distinct SES groups were present in the sample. Because the goal of the PCP was to study a wide variety of therapeutic experiences with a variety of clients, the participants for the present study were not limited to a single therapeutic treatment or to a particular socio-economic or racial group.

**Treatments**

Therapists working at The Family Institute practice a variety of marital psychotherapies. These center on some form of integrative family systems therapy, including Pinsof’s (1995) Integrative Problem-Centered Therapy. This therapy integrates family-systems, cognitive, and interpersonal approaches to treatment of individual, couple, and family disorders. The therapy involves conceptualizing blocks to change both inter- and intra-personally, and addressing those blocks with an appropriate intervention. The nature of the intervention depends on the nature of the problem.

**Measures**

The Couples Therapy Alliance Scale Revised Short form (CTAS-RS; Pinsof & Catherall, 1986; Pinsof et al., in preparation) is a self-report instrument designed to measure alliance congruently with Pinsof and Catherall’s (1986) model (described above). The CTAS-RS is designed to be completed by each spouse independently. It consists of 17 items, each rated on a 7-point Likert scale. Items load on 4 relational dimensions (3 of which were used in the present study) and 3 content dimensions. The relational dimensions, or aspects, (relabeled for this study) are: Self-therapist alliance; within-couple alliance; spouse-therapist alliance. An additional aspect, group-therapist, is intended to capture the alliance of both spouses with the therapist; as it was not statistically different from the self-therapist alliance in a factor analysis (Pinsof et al., in preparation), it was not used in the present analyses.

The content areas of the CTAS-RS are tasks, goals, and bonds (described above). The CTAS-RS measures each of these content areas for each interpersonal aspect (self-therapist, within-couple, spouse-therapist). Each interpersonal aspect is thus a subscale with three questions – one for tasks, one for goals, one for bonds. The alliance aspect
(subscale) scores were calculated as the mean of those three questions. Previous studies found internal consistency for those subscales ranging from .7 to .95 (Pinsof et al., in prep).

Procedure

Clients presenting for couple therapy were invited to participate in the PCP by their therapists, who also obtained the couple's informed consent for research participation. Each spouse was given an initial packet to fill out before the first session that included a demographic questionnaire. They were asked to fill out this and any subsequent questionnaires by themselves (i.e. without partner input). At the completion of each session of therapy each spouse was given a packet that included outcome measures (not used here) and the CTAS-RS, with instructions to fill it out without partner input within 24 hours of the next session.

Completed forms were returned to the couple’s therapist before the start of the next session. The therapist was responsible for turning over these forms to the research team. The team consisted of Family Institute faculty, fellows, masters-level students, and volunteer undergraduates from Northwestern University. Data were entered into a proprietary custom-designed web-based interface via a data-scanner to ensure accuracy. Data were downloaded from the web interface into a software database. I served as research administrator for this project, and consulted on the design of the outcome-measure and the web-based interface.

Data preparation and analyses

Several calculations were performed on the data set before the statistical analyses could be carried out. These included the calculating of split alliance from alliance aspect (subscale) scores, and the preparation of the aggregated scores for between-couple analyses and deviation scores for within-couple analyses: These are described below.

Calculating split alliance. Each of the four indexes of split alliance (his-hers, within, POH, POW) was calculated for every session in which both the husband and wife completed the CTAS-RS. The data were originally organized in a client-level database, which contained one row per client with all sessions in that row (i.e. two rows per couple). I organized these data into a session-level database that contained one client’s data from one session in each row, with many rows per client and couple. Session-level data were matched across couples to create a database where each row contained the data for both husband and wife for a single session (each couple thus having multiple rows of data). From this database indexes of split were calculated for each session individually.

Each split was defined as the absolute difference between a husband’s and a wife’s score on the relevant alliance scales for that session. For example, the his-hers split for couple 1, session 1, was calculated as the absolute value of the husband’s self-therapist alliance score minus the wife’s self-therapist alliance score for session 1.

Calculating couple-level split alliance scores. Couple-level analyses required aggregated scores that captured a couple’s split across all of their sessions. These scores were calculated by taking the mean split for all sessions from a given couple. Each couple had one mean score for each type of split – a total of 4 couple-level mean scores per couple.

Calculating session-level deviation scores. For within-subjects analyses, session-level deviation scores were calculated. The session score for each client or couple was subtracted from the mean of all of their sessions. If a session score was lower than the
mean, this resulted in a negative deviation score. If the session score was higher than the mean this resulted in a positive deviation score. These scores reflected the relative difference of a given session from an average session. Deviation scores were calculated because they removed between-subjects variance, leaving only within-subjects variance.

Descriptive analyses. Descriptive analyses were run on the session-level and couple-level data. Specifically, the mean, variance, and range of split alliance provided a picture of how much split alliance occurred in the population, and how it varied from session to session in therapy.

Correlational Analyses. Correlational analyses examined the interrelationships among types of split. Between-subjects correlations were performed using the couple-level mean scores. Within-subjects correlations were performed two different ways. One way was simply calculating the correlations between the deviation indexes across sessions (some 400, depending on the index). This method in effect weighted each session equally, and will be referred to here as sessions-weighted-equally, or simply sessions-weighted. Couples who had many sessions were weighted more heavily by this method.

The second method of correlation involved calculating session-level correlations for each couple separately. In other words, each couple had r-values that represented the relationships between indexes within their data. A t-test was then performed on the r-values as a sample, to see whether or not they differed significantly from zero. The results can be considered an analysis of the distribution of correlations. In effect, this analysis weighted couples equally, and will be called couples-weighted. Couples with only 2 or 3 sessions were excluded from the analysis (they would often have a perfect, or extremely high or low correlation). These calculations in effect weighted couples with only 4 or 5 sessions as equivalent to couples with 40 or 50 sessions.

Because neither measure of correlation is ideal, both were reported. Only analyses that were significant for both methods of correlation were discussed within the text.

RESULTS

I began my analyses by examining the alliance aspect scores for husbands and wives. These analyses are presented first, in order to provide a foundation for understanding the split alliance analyses. I begin with an analysis of the components of variance. The components of variance analyses were performed in order to understand how much variance in the data was due to between-subject (i.e. couple-level) differences, as opposed to within-subjects (i.e. session-level) differences. This provided a rationale for subsequent analyses at each of these levels of analysis. I then present results from analyses at the couple-level and then session-level.

Following the presentation of alliance aspect (subscale) analyses, I present the analyses of the split alliance indexes. Again, I begin with a components-of-variance analysis, and then move onto couple-level and then session-level analyses.

Alliance aspect scores varied at the couple-level and session-level

A components of variance analysis showed that between 57 and 78% of the total variance in alliance aspect scores was attributable to between-subjects differences (see Table 1). Thus, between 22% and 43% of the variance in alliance was due to session-level, or within-subjects, changes in alliance. This analysis excluded any couple who
completed fewer than four sessions. The finding that a relatively large proportion of variance existed at both levels suggested that analysis of alliance scores at both the between-subjects and within-subjects level was warranted.

Couple-level ratings of alliance were very high

The distribution of the raw alliance scores showed that the modal session rating for each alliance aspect was 7. In other words, clients rated alliance as highly as they could much of the time. Table 2 shows the means and standard deviations of men’s and women’s client-level alliance aspect scores – for this distribution each client contributed a mean score for all sessions for each aspect of alliance. Most clients rated each dimension of alliance highly when averaged over the course of therapy (indexes averaged 5.2-5.5 on the 7-point scale).

Some clients had stronger alliance than others over the course of therapy. Standard deviations were between .81 and 1.02 for each aspect. Some clients had an average rating as low as 3 or 4 over the course of therapy, while other clients had average ratings of 7, on the 7-point scale.

Despite the high scores, these distributions were still relatively normal. Skewness for each aspect of alliance was less than two, my cutoff for a normal distribution. Kurtosis scores for each aspect of alliance were less than 5, my cutoff for a normal distribution. Cronbach’s alphas for each alliance scale were good (self-therapist alpha = .927; within-couple alliance alpha = .930; spouse-therapist alpha = .877).

Alliance scores were correlated at the couple level

Individuals who rated one aspect of alliance highly tended to rate other aspects highly as well. Couple-level correlations for alliance scores are shown in Table 3. Values of N for these correlations ranged from 52 to 58 because of missing data. All aspects of men’s alliance were found to be strongly positively intercorrelated. The same was true for all aspects of women’s alliance. If, for example, a husband tended to rate his own relationship with the therapist highly (in comparison to the sample mean) over the course of therapy, then he also tended to rate other aspects of alliance relatively highly as well.

Certain aspects of husbands’ and wives’ alliance were correlated at the between-subjects level (Table 3). A moderate positive relationship was found between the two ratings of within-couple alliance. If a husband tended to rate his alliance with his wife highly over the course of therapy, then his wife tended to rate their alliance highly as well.

Wives’ ratings of their own alliance with the therapist were modestly positively correlated with their husband’s ratings of that same aspect, implying that husbands were relatively accurate overall in assessing their wives’ alliance. The same was not true for wives’ ratings of their husband’s alliance, though this relationship did approach significance.

At the client-level, husbands’ ratings of alliance with their therapist were not found to be correlated with any of their wives’ aspects of alliance. This meant, among other things, that there was not a relation between how highly a husband rated his alliance on average and how highly his wife rated her alliance on average. The highest-rating husbands in the sample were not matched with the highest-rating wives.

Session level alliance scores were somewhat variable

Session-level alliance aspects were explored using deviation scores, calculated as described above. The number of sessions (N) ranged from 469 to 502 depending on the
aspect, due to missing data. Means and standard deviations of the deviation scores for the alliance aspects are found in Table 2. The means were zero, by definition. The standard deviations represent how much alliance tended to vary in any given session, relative to an individual’s mean alliance score.

As a consequence of removing the between-subjects variance, the standard deviations were lower than those of the raw sample data. All measures of alliance, for both men and women, were similarly distributed about the mean session score, with standard deviations of about .6.

Minimum and maximum deviation scores were up to 9 or 10 standard deviations lower, and up to 3 standard deviations higher, than the mean session score. Thus, some clients experienced sessions that were far worse or far better than their average across therapy.

Only certain aspects of alliance were correlated at the session-level

Alliance correlations at the session-level were analyzed two ways, as described above (weighting sessions equally and weighting clients equally). The results differed slightly in terms of which correlations were statistically significant but generally described the relations similarly.

For men, all alliance subscales were positively intercorrelated with one another (see Table 4). The same was true for all women’s subscales. If one aspect of a person’s alliance was rated relatively highly in a session, then the other aspects tended to be rated relatively highly as well.

For the correlations between husbands’ and wives’ scores, many aspects were not related, and the two methods of analysis showed slightly different results. The only significant relationship across both types of analyses was a positive correlation between husbands’ and wives’ ratings of within-couple alliance. In sessions where husbands tended to rate their alliance with their wives higher, their wives tended to rate that aspect of alliance higher as well, and vice versa. Several other relationships reached significance with one method of analysis, but the strength of these correlations were very modest.

Table 4 shows the results of the two different methods of correlation analysis. Below the diagonal, in grey, are the results of the couples-weighted analysis. Each cell shows the mean r-value for an aspect of alliance, and an indication of whether or not that value was statistically different from zero. Above the diagonal are the results of the sessions-weighted analysis.

It was notable that husbands’ alliance with the therapist and wives’ alliance with the therapist were uncorrelated both at the session-level and at the couple-level. From session to session, a husband’s relationship with the therapist and a wife’s relationship with the therapist were statistically independent. Likewise, a higher mean alliance between one spouse and the therapist did not predict a higher mean alliance between the other spouse and the therapist.

Split alliance

Split alliance varied at both the couple-level and session-level

Around half of the variance in each split alliance index was due to differences between couples, according to the components of variance analysis (see Table 5). Depending on the index, between 43.3% and 58.3% of variance in split was due to
between-couple differences, and the rest to within-couple. Thus, analyses at both levels were justified.

Few couples were highly split on average

For all four types of splits, couples averaged slightly less than 1 point of discrepancy. Table 6 shows the means and standard deviations for split alliance indexes at the couple-level. Standard deviations ranged from .66 to .70. Although many couples averaged at or close to zero split, about 20% of couples averaged a split of 1.5 points or more. The distributions of all four types of splits were very similar in terms of means and standard deviations.

Split alliance indices were correlated at the couple-level. Couple-level correlations showed that if a couple had a higher average split of one type than other couples, they also had a higher average split of the other types. The strongest relation was between his-hers splits and POW splits ($r = .78$) though the other splits all showed significant positive relations with each other as well. Table 7 shows the correlations between each of the different types of splits at the couple level.

Many couples experienced highly split sessions

The session-level distributions of split alliance indexes showed that although many sessions were relatively close to the mean, couples also experienced sessions that were far more split than their average. These analyses are summarized in Table 6, and Figures 2 through 5 show histograms of each distribution.

The deviation scores, by definition, had means of zero. The standard deviations for each index were similar, ranging from .5 to .63. As expected, split varied from session to session, relative to a couple’s mean. The distributions were leptokurtic, but not so much as to be considered non-normal. However there were more sessions that were relatively highly split than would be expected in a perfectly normal distribution. The most split sessions were more than three points more split than a couple’s average.

Distributions of couples’ maximum splits (i.e. most split sessions) showed that roughly 40% of couples experienced at least one session with a split of 2 or more points (see Table 8). The distributions were constructed with the raw split alliance indexes (not deviation scores). Large his-hers and within-couple splits occurred most often, with 9.8 and 15.1% of couples respectively experiencing a split of at least 3 points at some time during therapy. Only a few couples experienced splits over 4 points.

Couples with low average split experienced highly split sessions. It was possible that many of the highly split sessions in the data set belonged to couples who were highly split on average. To determine the degree to which couples who typically had low split (i.e. low mean split) also experienced sessions of high split, a subgroup of couples whose mean split was less than 1 point were analyzed. Some couples who had very low mean split also had sessions that were relatively highly split. Table 9 shows the percentage of these low-split couples who experienced a split of 2 or more points at least once during therapy. The results are grouped according to the type of split for which the couple had a low mean, and the type of split for which they had a highly split session. At least 10% of couples in each low-split group experienced high-split sessions. At the most extreme, 44.8% of couples with low mean his-hers split, and 46.7% of couples with low mean POW split, experienced a session of within-couple split of 2 or more points.

Individuals with high alliance experienced split sessions. By examining sessions in which spouses rated alliance very highly, I found that in some cases large splits
occurred even though neither spouse gave an overtly negative rating. This analysis was
conducted because of the high alliance aspect ratings found in the data, to determine
whether or not split alliance was a phenomenon that occurred only when there were
negative ratings of alliance.

A subgroup of sessions in which men or women had rated self-therapist alliance
as highly as possible (7-points) were examined, to determine if large his-hers splits
occurred in those sessions. For men, between 25% of these 7-point sessions had at his-
hers split of 2 points or more. For women, 5% of these highly rated sessions had a his-
hers split of 2 points or more.

A subgroup of sessions in which men or women rated within-couple alliance as
highly as possible were also examined to determine if large within-couple splits occurred
during some of those sessions. For men, 13% of these 7-point sessions had a within-
couple split of 2 points or more. For women, 8% of these 7-point sessions had a within-
couple split of 2 points or more.

Many indexes of split were not correlated at the session level. Correlation
analyses were run on the session-level data to address the question of whether, at a given
session, a relatively high split of one type was related to a relatively high split of any
other type. As with the session-level alliance subscale correlations, these analyses were
done two different ways (i.e., sessions-weighted and couples-weighted). The results of
the correlations can be found in Table 10.

Three correlations were significant in both methods of analyses. His-hers splits
were positively correlated with POH and POW splits. If a husband and a wife had a
relatively higher discrepancy between their own alliances with the therapist at a given
session, they were also likely to be relatively less in agreement about both the husband’s
and the wife’s alliances with the therapist. The his-hers and POH splits, and his-hers and
POW splits each share a scale in common, though. For example, both his-hers and POW
splits were both calculated using the wife’s rating of her self-therapist alliance. Thus
some relations was to be expected between these splits.

POW splits were also found to be correlated with within-couple splits, meaning
that if a couple showed relatively better agreement about their within-couple alliance,
they were also in relatively better agreement about the wife’s alliance with the therapist.

The sessions-weighted-equally analyses resulted in statistically significant
findings for every possible relation, reflecting the very large N for these calculations. The
largest correlations were between his-hers and POW \( (r = .47) \) and his-hers and POH \( (r = .40) \). Again, the highly correlated pairs shared a scale, and this artifact may explain why
they were more highly correlated than the other pairs of splits.

DISCUSSION

This study was an attempt to explore split alliance, by conceptualizing it as a
continuous variable, defining multiple types of splits, and exploring variability at couple
and session levels of analysis. It was my expectation that this additional complexity
would provide additional information. If the four types of splits were in fact tracking a
single phenomenon, or if a couples’ level of split remained relatively consistent over the
course of therapy, then the additional complexity of my analyses would simply have been
repetitive. This was not the case. Measuring split at the couple and session levels, and
measuring four types of splits, provided more information than tracking only a single type of split at a single session. Split does not appear to simply be an invariant phenomenon, or something that some couples have and others don’t. The degree of split that a couple experienced changed from session to session, and the different types of splits occurred to greater or lesser degrees in different sessions.

*Differences between the four types of splits*

One thing that distinguished this study from previous research on split alliance (e.g. Heatherington & Friedlander, 1990; Knobloch-Fedders et al., 2004; Symonds & Horvath, 2004) was the measurement of four different types of split. Although the four splits appeared to be similar in some ways, the results suggest that differences did exist between them.

The alliance aspect ratings, from which the split alliance indices were calculated, were similar to each other in terms of means, standard deviations, and proportion of variance attributable to within- and between-subjects sources. This might imply conceptual similarity, or that all of the alliance aspects were actually measuring the same thing. However, if this were the case then these aspects should have been perfectly (or very highly) correlated, and they were not. Positive correlations were found at the session level, but not high enough to suggest that the different aspects of alliance were not distinct phenomena.

At the session level, the alliance aspects showed weak to moderate correlations with one another, meaning that although the aspects were not identical, they did track one another to some degree from session to session. If a spouse rated one aspect relatively highly one week, they were likely to rate the other aspects relatively highly that week as well. Although the aspects of alliance are not identical, they are interrelated (Pinsof & Catherall, 1986). It is possible that one important aspect of alliance influenced the others at a given session. For example, if a husband felt alienated from his wife, this may have negatively influenced his alliance with the therapist to some degree.

As with the alliance aspect scores, the four indexes of split had similar means and standard deviations. At the couple-level, all splits were positively correlated. The strength of these relations ranged from weak to strong, but none was so high as to suggest that the different splits were measuring the same thing. In light of the correlations between the alliance aspects, some correlations between the splits were to be expected, particularly at the couple level where alliance aspect correlations had been strong. The pattern of correlations between couple-level splits was not repeated at the session level. Although spouses’ level of split tended to match each other on average (at the couple-level, relative to other couples), their splits did not track each other across sessions.

The lack of session-level correlations meant that if a given split got larger or smaller in a given week, the other splits did not necessarily grow or shrink with it. Without knowing exactly what therapists were doing in a given session, or knowing what important events were happening outside of therapy, it is not possible to know the clinical implications of this finding. It is possible that the different splits were related to different events (i.e. they have different causes), and that they improve for different reasons. However it is also possible that the different types of split were measuring the same thing in different ways, or with more or less sensitivity.

It may be that over the course of therapy some couples had a higher level of conflict than others, and that this resulted in their having more of all types of splits at the
couple-level. That would explain the couple-level correlations between splits. However, these splits didn’t necessarily co-occur at a given session. Simply identifying a couple as high-conflict or high-discrepancy overall would miss a great deal of variance in splits. If further research shows that it is clinically useful to track four types of splits, then my results suggest that they should be measured at the session-level.

Session-level analysis may be a useful addition to couple alliance research

My results suggest that alliance and split alliance ought to be understood as states that change over time and that further research could usefully consider session-level analyses. Session-level variance in alliance aspects accounted for between 35 and 42% of the total variance in alliance for men, and between 21 and 28% of the variance for women. Between 40 to 60% of the variance in split alliance was due to session-level changes (see Table 5). This is consistent with the position of Kivlighan & Shaughnessy (1995), who were critical of the notion that one session of alliance could be considered as representative of alliance over the course of therapy.

The session-level analyses were one major difference between my study and some previous studies of couple alliance (e.g. Heatherington & Friedlander, 1990; Knobloch-Fedders et al., 2004; Symonds & Horvath, 2004). This added complexity seemed to be worthwhile – relatively few couples had an average split that was in the range which I considered to be problematic, but many couples experienced a session of split that large. Furthermore, the different splits were highly correlated at the couple level but not at the session-level, so much of the potential advantage of measuring different kinds of split would be lost using aggregated scores.

Research on aggregated alliance scores may also yield useful results. A majority of variance in my sample was due to couple-level differences, and the couple-level distributions showed some persistently split cases that could perhaps have been targeted for clinical intervention. My findings suggested that in addition to such research, session-level analyses would also be useful in identifying problematic sessions, and detecting unusual splits.

His-hers splits and within-couple splits were not identical phenomena

The session-level correlation results suggested that there was limited evidence to support the hypothesis that his-hers splits really represented an issue of loyalty or shared direction within a couple (Garfield, 2004; Symonds & Horvath, 2004). If his-hers splits were a reflection of the couple’s allegiance with one another, I would have expected a strong positive correlation between his-hers and within-couple splits.

A positive relation between these variables was found in the couple-level analyses, though it was only moderately strong. At the session level the relationship accounted for only 3% of the variance. This suggests that his-hers splits were statistically independent in relation to the spouses’ relationship with each other. This contradicts the conclusions of Garfield (2004) and Symonds and Horvath (2004), but is consistent with Pinsof’s (1995) conceptualization of self-therapist alliance and within-couple alliance as distinct phenomena.

Women’s alliance was more stable than men’s

Few gender differences were found in the ratings of the alliance aspects in the sample. Mean scores for each aspect of alliance were fairly similar across gender. The breakdown-of-variance analyses, however, showed that a smaller proportion of women’s
variance was due to session-level (i.e. within-couple) sources than was men’s (see Table 1).

Women’s ratings of alliance could thus be seen as more stable than men’s, as they varied less from session to session (women’s standard deviations for self-therapist, within-couple, and spouse-therapist alliance were .51, .66, and .52 respectively while men’s were .67, .69, and .62). Perhaps women were affected less in their appraisal of alliance by events that occurred during the course of therapy and had clearer ideas about the strength of alliance.

Friedlander and colleagues (2006) suggested that for a therapist, forming an alliance with a husband can be more difficult than forming an alliance with his wife, and that allying with the husband is therefore particularly important. Symonds and Horvath (2004) found that alliance was a stronger predictor of outcome in couples where the husband had a higher alliance score than his wife. Perhaps men were more difficult to ally with, or were more reluctant to engage in the therapy process. While this did not result in lower alliance ratings for men in my sample, it may have manifested itself in men being more variable in their session-level alliance ratings.

Limitations
There was no limitation on the duration of treatment in this study, and no information on why clients stopped completing the instrument (i.e. terminating therapy versus discontinuing the research protocol). The lack of information about termination prevented me from testing whether split alliance functions similarly for those with only a few sessions of therapy and those with many. Furthermore, this format of data collection meant that it was impossible to have a true end-of-therapy, or outcome, measure of alliance.

In this study, therapist perspective was not measured. Information about who the therapist felt allied with, and how this changed from session to session, would be particularly useful in understanding whether or not some degree of split was indeed part of the normal process of multi-directional partiality. That is, perhaps the changes in spouses’ alliance and in degree of split that were seen from session to session in this study correspond to the therapists’ attempts to actively balance disparate needs and goals over the course of therapy. Further research might include session-by-session reports from the therapist on each of the dimensions measured here.

Implications for connecting split alliance to outcome
In order to understand the clinical relevance of split alliance, splits must be studied in relation to a couple’s functioning in therapy (i.e. therapy progress and outcome). This study might be seen as a first step in that process.

Two main suggestions for research connecting split alliance to outcome emerge from the above discussion. First, in order to avoid overlooking potentially problematic splits, analyses should not be done only at the couple level, nor only at a single session. A better solution might be to examine the connection between split and outcome at the session-level (as discussed in detail below). Second, multiple types of splits ought to be considered. It would be conceptually simpler to consider only a single type of split, but since splits were not correlated at the session level, this simplification might miss important information about problems in alliance. One possible reason that splits might not track each other from session to session is because the splits are related to different
kinds of problems – the way to test this would be to examine each split separately in relation to outcome.

Beyond these suggestions, my results highlight some questions about what kinds of splits are problematic. Pinsof and Catherall (1986) defined split alliance as significant discrepancies in the alliance system and hypothesized that they were problematic, but did not define a size beyond which a split was significant. Previous studies have used an arbitrary cutoff based on how many standard deviations a couple’s split was from the sample mean for judging couples as split or not (Heatherington & Friedlander, 1990), or else they have used a median split (Symonds & Horvath, 2004). In my results, no clear division with split couples on one side and non-split couples on the other emerged from the data. The distributions of split were not bi-modal, nor was there an obvious group of outliers, who might be labeled problematic. Rather, the distributions of split, like the distributions of the component alliance subscales, were normal.

Given that the splits followed normal distributions, the question emerged of whether bigger splits were more problematic? If that was the case, then there ought to be a correlation between the size of a split and some measure of outcome. However, if the four different types of splits were measuring different things, as I suggest above, then they may be related to different types of problems. Thus, it may be helpful to use an outcome measure (or measures) that assesses several different aspects of the couple’s relationship.

Another possibility is that splits larger than a certain size were problematic. This seems consistent with previous studies of split alliance (Heatherington & Friedlander, 1990; Symonds & Horvath, 2004). In my results, I identified splits that were statistically unusual, both at the session level and the couple level. These might be a starting point for judging what constitutes a big split, although rarity should not be mistaken for an indication of clinical dysfunction.

On the CTAS-RS, splits larger than 2 points could be seen as indications of disagreement (e.g. a 6-point answer of strongly agree versus a 4-point answer of neutral). In my sample, two point splits were relatively large. For his-hers splits, only 6% couples were that split on average, although 39% of couples experienced a split of 2-points or greater in at least one session.

However, just because couples were indicating disagreement, does not mean that a split is indicating clinical dysfunction. Such disagreement is may be a positive part of the therapeutic process, as rupture-repair patterns seem to be in individual therapy (Stiles et al., 2004). It may also take more than one session of high split to cause a problem. One possible methodology for exploring the relation of highly split sessions to outcome would be to analyze couples by groups according to the number of high-split sessions they had.

A more complex way of studying the relation of split alliance to outcome would be to examine patterns in the development of splits (e.g. splits getting bigger across multiple sessions versus splits getting smaller across multiple sessions). This methodology would be consistent with the finding here that a large proportion of variance in alliance happened at the session-level. Kivlighan and Shaughnessy (1995), suggested in individual therapy alliance ought to become stronger as therapy progresses. Stiles et al., 2004 identified a group of clients who have experienced ruptures and repairs in their alliance, and whose therapy outcome was particularly positive. Pinsof’s (1995) progressive bonding sequence, in which spouses gain alliance with the therapist before
gaining alliance with each other, suggests a way in which developmental patterns might exist in couple therapy.

Analyses of patterns should be able to address the question: Under what circumstances are splits problematic? It may be possible to identify different groups of couples based on their patterns, and then show that being in one group or another relates to differences in outcome. This avoids the assumption that in all cases splits are problematic. The theory of multi-directional partiality (Boszormenyi-Nagy et al., 1991) suggests that therapists will not be able to attend to all clients at all times, and thus temporary discrepancies in the alliance system might be expected.

Finally, I would suggest that research on the relation of split alliance to outcome might seek out a group of couples that have particularly large splits or problematic alliance. High alliance and relatively low split were the norm in my sample. If many couples indeed have a good enough alliance to successfully complete therapy, then perhaps it would be useful to focus on those who seem most at risk for problems.
REFERENCES


Pinsof, W. M., Zinbarg, R., & Knobloch-Fedders, L. M (In preparation). The factorial and predictive validity of the revised short form integrative psychotherapy alliance scales: Implications for family, couple and individual therapy.


Table 1

*Components of variance analysis of alliance subscale scores for men and women.*

<table>
<thead>
<tr>
<th></th>
<th>Sum of squares between</th>
<th>Sum of squares total</th>
<th>% Due to between-subject sources</th>
<th>% Due to within-subject sources</th>
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<tr>
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<td>492.085</td>
<td>625.836</td>
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Note. *Within-subjects variance and between-subjects variance are assumed to account for 100% of the total variance.*
Table 2
Means and standard deviations of alliance subscale scores for men and women

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<tr>
<th></th>
<th>Men's Alliance Scores</th>
<th>Women's Alliance Scores</th>
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<tr>
<td></td>
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<td>Within-couple</td>
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<td>N</td>
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<td>Mean</td>
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<td>S.D.</td>
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<td></td>
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<tr>
<td>Mean</td>
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<tr>
<td>S.D.</td>
<td>0.67</td>
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Table 3
*Correlations of men’s and women’s alliance subscale scores at the couple level.*

<table>
<thead>
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<th></th>
<th>Men's Alliance Scores</th>
<th>Women's Alliance Scores</th>
</tr>
</thead>
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<td>Within-couple</td>
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<td>.611**</td>
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<tr>
<td><strong>Spouse-therapist</strong></td>
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</tbody>
</table>

* **P < .01  *P < .05

---

**Men's Alliance Scores**

<table>
<thead>
<tr>
<th>Self-therapist</th>
<th>Within-couple</th>
<th>Spouse-therapist</th>
<th>Self-therapist</th>
<th>Within-couple</th>
<th>Spouse-therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.546**</td>
<td>.667**</td>
<td>1</td>
<td>.634**</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Women's Alliance Scores</strong></th>
<th>Self-therapist</th>
<th>Within-couple</th>
<th>Spouse-therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4
Correlation of alliance subscales at the session level.

<table>
<thead>
<tr>
<th></th>
<th>Men's Alliance Scores</th>
<th></th>
<th></th>
<th>Women's Alliance Scores</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-therapist</td>
<td>Within-couple</td>
<td>Spouse-therapist</td>
<td>Self-therapist</td>
<td>Within-couple</td>
<td>Spouse-therapist</td>
</tr>
<tr>
<td>Men's Alliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-therapist</td>
<td>1.00</td>
<td>0.51**</td>
<td>0.32**</td>
<td>0.05**</td>
<td>0.15**</td>
<td>0.29**</td>
</tr>
<tr>
<td>Within-couple</td>
<td>.52**</td>
<td>1.00</td>
<td>0.45**</td>
<td>0.04**</td>
<td>0.22**</td>
<td>0.18*</td>
</tr>
<tr>
<td>Spouse-therapist</td>
<td>.38**</td>
<td>.53**</td>
<td>1.00</td>
<td>0.15**</td>
<td>0.19**</td>
<td>0.16**</td>
</tr>
<tr>
<td>Women's Alliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-therapist</td>
<td>0.00</td>
<td>-0.06</td>
<td>0.09</td>
<td>1.00</td>
<td>0.22**</td>
<td>0.52**</td>
</tr>
<tr>
<td>Within-couple</td>
<td>0.12</td>
<td>0.20*</td>
<td>.20*</td>
<td>0.21*</td>
<td>1.00</td>
<td>0.36**</td>
</tr>
<tr>
<td>Spouse-therapist</td>
<td>0.14</td>
<td>0.13</td>
<td>.20*</td>
<td>.46**</td>
<td>.35**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*P<.05  **P< .01

Note. Scores above the diagonal were from an analysis of all sessions as a group (sessions weighted equally). Scores below the diagonal (in grey) were means of r-values for each couple (couples weighted equally); significance levels are from the t-tests of differences from zero.
Table 5
Components of variance analysis of split alliance scores.

<table>
<thead>
<tr>
<th></th>
<th>Sum of squares between couples</th>
<th>Sum of squares total</th>
<th>% Due to between-couple sources</th>
<th>% Due to within-couple sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>His-hers split</td>
<td>132.59</td>
<td>253.09</td>
<td>52.39</td>
<td>47.61</td>
</tr>
<tr>
<td>Within-couple split</td>
<td>121.43</td>
<td>280.21</td>
<td>43.33</td>
<td>56.67</td>
</tr>
<tr>
<td>POH split</td>
<td>151.26</td>
<td>265.84</td>
<td>56.89</td>
<td>43.11</td>
</tr>
<tr>
<td>POW split</td>
<td>130.50</td>
<td>223.93</td>
<td>58.27</td>
<td>41.73</td>
</tr>
</tbody>
</table>
Table 6
Descriptive statistics for split alliance scores at the couple-level (between-couples) and session-level (within-couples).

<table>
<thead>
<tr>
<th></th>
<th>His-hers split</th>
<th>Within-couple split</th>
<th>POH split</th>
<th>POW split</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Couple-level</strong></td>
<td>51</td>
<td>53</td>
<td>51</td>
<td>53</td>
</tr>
<tr>
<td><strong>(average)</strong></td>
<td>0.95</td>
<td>0.96</td>
<td>0.95</td>
<td>1</td>
</tr>
<tr>
<td><strong>Session-level</strong></td>
<td>371</td>
<td>405</td>
<td>392</td>
<td>384</td>
</tr>
<tr>
<td><strong>(deviation)</strong></td>
<td>0.66</td>
<td>0.7</td>
<td>0.66</td>
<td>0.67</td>
</tr>
</tbody>
</table>

Max
Kurtosis

0.57
0.57
0.63
0.54
0.5
0.5

Table 7

Correlation of split alliance scores at couple level.

<table>
<thead>
<tr>
<th></th>
<th>Within-couple split</th>
<th>POH split</th>
<th>POW split</th>
</tr>
</thead>
<tbody>
<tr>
<td>His-hers split</td>
<td>1</td>
<td>.41**</td>
<td>.60**</td>
</tr>
<tr>
<td>Within-couple split</td>
<td>1</td>
<td>1.59**</td>
<td>.36**</td>
</tr>
<tr>
<td>POH split</td>
<td></td>
<td></td>
<td>1.56**</td>
</tr>
<tr>
<td>POW split</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**P<.01
Table 8  
*Frequency distribution of couples’ most split sessions.*

<table>
<thead>
<tr>
<th>Maximum Split</th>
<th>0 to .99</th>
<th>1 to 1.99</th>
<th>2 to 2.99</th>
<th>3 to 3.99</th>
<th>4 or greater</th>
</tr>
</thead>
<tbody>
<tr>
<td>His-hers split Freq.</td>
<td>10</td>
<td>21</td>
<td>13</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>19.7</td>
<td>41.3</td>
<td>25.5</td>
<td>9.8</td>
<td>4</td>
</tr>
<tr>
<td>Within-couple split Freq.</td>
<td>11</td>
<td>16</td>
<td>17</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>%</td>
<td>20.9</td>
<td>30.2</td>
<td>32.2</td>
<td>11.4</td>
<td>5.7</td>
</tr>
<tr>
<td>POH split Freq.</td>
<td>15</td>
<td>15</td>
<td>13</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>%</td>
<td>29.5</td>
<td>29.5</td>
<td>25.5</td>
<td>13.7</td>
<td>2</td>
</tr>
<tr>
<td>POW split Freq.</td>
<td>10</td>
<td>21</td>
<td>18</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>%</td>
<td>29.5</td>
<td>29.5</td>
<td>25.5</td>
<td>13.7</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 9
Percentage of couples with low mean split who experienced highly split sessions.

<table>
<thead>
<tr>
<th>Type of split for which couple mean is less than 1</th>
<th>His-hers split</th>
<th>Within-couple split</th>
<th>POH split</th>
<th>POW split</th>
</tr>
</thead>
<tbody>
<tr>
<td>His-hers split</td>
<td>13.7%</td>
<td>31.0%</td>
<td>30.0%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Within-couple split</td>
<td>44.8%</td>
<td>32.2%</td>
<td>36.7%</td>
<td>46.7%</td>
</tr>
<tr>
<td>POH split</td>
<td>20.6%</td>
<td>31.0%</td>
<td>10.0%</td>
<td>24.1%</td>
</tr>
<tr>
<td>POW split</td>
<td>10.3%</td>
<td>32.2%</td>
<td>30.0%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Note. *Columns indicate the type of split for which couples’ mean was below 1 point. Rows show type of split for which couple had at least one session 2 or more points.*
Table 10

Correlation of split alliance scores at the session-level

<table>
<thead>
<tr>
<th></th>
<th>Within-couple split</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>His-hers split</td>
<td>POH split</td>
<td>POW split</td>
<td></td>
</tr>
<tr>
<td>His-hers split</td>
<td>1</td>
<td>.19**</td>
<td>.40**</td>
<td>.47**</td>
</tr>
<tr>
<td>Within-couple split</td>
<td>0.16</td>
<td>1</td>
<td>.22*</td>
<td>.27**</td>
</tr>
<tr>
<td>POH split</td>
<td>.47**</td>
<td>0.09</td>
<td>1</td>
<td>.20**</td>
</tr>
<tr>
<td>POW split</td>
<td>.55**</td>
<td>.24*</td>
<td>0.17</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Scores above the diagonal were from an analysis of all sessions (sessions weighted equally). Scores below the diagonal (in grey) were from the t-test calculations of mean r-values (couples weighted equally).

**P<.01  *P<.05
Figure 1
*Triangle model of alliance.*

Husband’s ratings:  
Self-Therapist = 1  Within-Couple = 3  Other-Therapist = 2

Wife’s ratings:  
Self-Therapist = 2  Within-Couple = 3  Other-Therapist = 1
Figure 2

Histogram of his-hers split alliance deviation scores.
Figure 3

Histogram of within-couple split alliance deviation scores.
Figure 4
Histogram of POH split alliance deviation scores.
Figure 5
Histogram of POW split alliance deviation scores.