Working together
www.rcis.ro

Revista de Cercetare si Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

THERAPEUTIC ALLIANCES IN FAMILY MEDIATION. IS THERE A LINK BETWEEN TRUST-BUILDING BETWEEN MEDIATORS AND DISPUTING PARTIES AND THE ESTABLISHMENT OF A THERAPEUTIC ALLIANCE?

Vera MÉNDEZ MONLEÓN, Joan Albert RIERA ADROVER, José Francisco CAMPOS VIDAL

Revista de cercetare și intervenție socială, 2023, vol. 81, pp. 176-193

https://doi.org/10.33788/rcis.81.11

Published by:
Expert Projects Publishing House

expert projects publishing

On behalf of:
„Alexandru Ioan Cuza" University,
Department of Sociology and Social Work
and
HoltIS Association

Therapeutic Alliances in Family Mediation. Is There a Link Between Trust-Building Between Mediators and Disputing Parties and the Establishment of a Therapeutic Alliance?

Vera MÉNDEZ MONLEÓN[1], Joan Albert RIERA ADROVER[2], José Francisco CAMPOS VIDAL[3]

Abstract

A connection has been found in various studies between trust-building and the successof mediation processes. Within the field of social work, trust is seen as an emotional link which,in turn, is one of the components of a therapeutic alliance. This paper therefore presents a research study, based on a quantitative methodology, aimed at clarifying whether there really is a link between a relationship of trust and the establishment of a therapeutic alliance betweenmediators and disputing parties. The results of the study determine what impact the construct of a therapeutic alliance has in predicting general trust-building between mediators and the parties involved in family mediation.

Keywords: mediation, relationship of support, therapeutic alliance, rapport, trust.

Introduction

Mediation is a modern social science with historical origins as ancient as the existence of personal disputes. Over the last 50 years, knowledge has gradually been built up in the field ofmediation, with the definition of a set of principles and values that govern professional practicetoday. Inspired by a social-work-oriented approach to mediation, a new understanding of professional practice has developed, based on the notion of a relationship of assistance (Rogers,1989) and a therapeutic

[1] Department of Philosophy and Social Work, Universitat de les Illes Balears, SPAIN. E-mail: vera.mendez@uib.es

[2] Department of Philosophy and Social Work, Universitat de les Illes Balears, SPAIN. E-mail: joan.riera@uib.cat (Corresponding Author)

[3] Department of Philosophy and Social Work, Universitat de les Illes Balears, SPAIN. E-mail: quico.campos@uib.es

alliance (Bordin, 1979; 1994; Waizmann and Roussos, 2009). Figure 1shows the focus taken in this paper.

This study's interest appeal is the new approach that it offers to a discipline strongly based on empirical evidence by exploring a component of the emotional link that forms part ofthe construct of a therapeutic alliance: trust-building between mediators and disputing parties as a vehicle in explaining the success of mediation processes (McCarthy, 1985; Goldberg, 2005; Poitras, 2009; Stimec and Poitras, 2009).

This paper does not focus on describing the characteristics of mediation, but on exploring trust-building between mediators and disputing parties during the preliminary stagesof the mediation process (Author 1 and Casado, 2018) and on the establishment of a therapeuticalliance (Friedlander, Escudero and Heatherington, 2009) in order to contribute to improvements in professional practice in the field of mediation as an alternative tool in settlingdisputes.

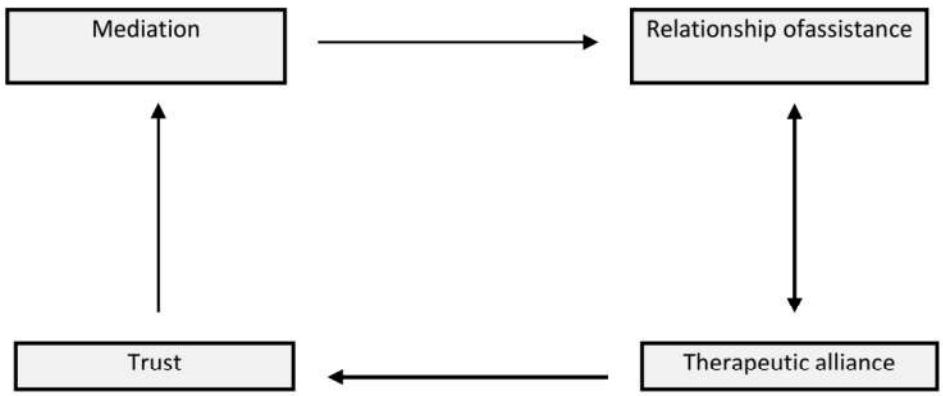

Figure 1. The approach proposed in this paper

Literature review

A therapeutic alliance

A therapeutic alliance is a vehicle for change in a relationship of support (Bordin, 1979). Waizmann and Roussos (2009) pointed out that a certain consensus can be found in literature on the collaborative nature of a therapeutic alliance. Luborsky, Crits-Christoph, Mintz and Auerbach (1988) suggested that there are two types of therapeutic alliances: type 1, where the mediator is seen as a figure who provides support and assistance, and type 2, where there is collaboration between the mediator and the disputing parties in defining goals and tasks and in the emotional bond that is forged.

According to Waizmann and Roussos (2009), among the main components of atherapeutic alliance, a distinction can be made between a technical or specific dimension (the agreement reached by the mediator and the parties on the goals to achieve and on the tasks to be carried out in order to do so) and a general relational one (the emotional connection betweenthe mediator and the parties in the form of a sense of appreciation, mutual respect and trust). According to Meissner (2006), "trust" is an indispensable factor in the establishment of a therapeutic alliance.

In this sense, there is some controversy in literature on whether the components of a therapeutic alliance can be seen as an organized whole (Tracey and Kokotovic, 1989). According to Feixas and Miró (1993), for a therapeutic alliance to be forged, all its necessary components must be combined. A properly constructed therapeutic alliance will be a reliable predictor of the outcome of this relationship of support (Martin, Garske and Davis, 2000; Crits-Christoph and Gibbons, 2003; Summers and Barber, 2003; Horvath, 2005; Norcross, 2006, cited in Waizmann and Roussos, 2009; Horvath and Bedi, 2002; Friedlander *et al*., 2009; Waizmann and Roussos, 2009).

Given the multidimensional approach involved in a therapeutic alliance, the System forObserving Family Therapy Alliances (SOFTA) developed by Friedlander *et al*. (2009) encompasses the therapeutic alliance between the mediator and the clients, and the therapeuticalliance among the different clients, as shown in Figure 2.

Definition of the dimensions	Examples of behavioral descriptors
ENGAGEMENT IN THE THERAPEUTIC PROCESS: The client views the treatment as meaningful; a sense of being involved in the therapy and working together with the therapist; understanding that therapeutic goals and tasks in therapy can be discussed and negotiated with thetherapist; that taking the process seriously is important; that change is possible.	POSITIVE: The client describes or discusses a plan toimprove the situation. NEGATIVE: The client shows an attitude of indifference to the tasks or procedures involved in the therapy (for instance, talking for the sake of talking, saying he or she does not know, switching off).
AN EMOTIONAL CONNECTION WITH THE THERAPIST: The client views the therapist as an important person in his or her life, almost like a familymember; a sense that the relationship is based on affiliation, trust, caring and concern; that the therapistgenuinely cares and "is there" for the client, that he orshe is on the same wavelength with the therapist (e.g.similar life experiences, values); that the therapist's wisdom and expertise are valuable.	POSITIVE: The client expresses interest in thetherapist's personal life. NEGATIVE: The client is hostile or sarcastic ininteractions with the therapist.

SAFETY WITHIN THE THERAPEUTIC SYSTEM: The client views the therapy as a place to take risks, be open, vulnerable, flexible; a sense of comfort and an expectation that new experiences and learning willtake place; that good can come from being in therapy; that conflict within the family can be handled withoutharm; that one need not be defensive.	POSITIVE: The client discloses a secret or somethingthat the other family members do not know. NEGATIVE: The client refuses to reply when anothermember of the family addresses him or her.
SHARED SENSE OF PURPOSE WITHIN THE FAMILY: Family members see themselves as working collaboratively in therapy to improve familyrelations and achieve common family goals; a sense of solidarity in relation to the therapy ("we're in this together"), that they value their time with each other in therapy; essentially, a felt unity within the family in relation to the therapy.	POSITIVE: The family members mutually ratify theirpoints of view. NEGATIVE: The family members blame one another.

Source: Friedlander et al. (2009: pp. 59-61)

Figure 2. Examples of SOFTA-o dimensions and behaviors (Client).

This observation system includes a version for clients (SOFTA-o for clients) (Escudero and Friedlander, 2001) and a version for therapists (SOFTA-o for professionals) (Escudero, Friedlander and Deihl, 2004), with the former explaining the development of the therapeutic relationship with greater exactitude. Other examples of systems for observing therapeutic alliances are the California Psychotherapy Alliance Scales, the Penn Helping Alliance Scales Penn/HAG/HACS/ HAR, the Helping Alliance Questionnaire II, the Integrative Psychotherapeutic Alliance, the Therapeutic Alliance Scale, the Vanderbilt Therapeutic Alliance Scale, and the Working Alliance Inventory (Corbella and Botella, 2003).

This study aims to determine whether there is a link between general trust-building between mediators and disputing parties and the establishment of a therapeutic alliance. Given the study's underlying assumptions, a relationship was expected to be found between trust- building and a therapeutic alliance's collaborative nature (adjustment of action to fit in with client responses, not adopting an expert stance, displaying an interest in what the parties alreadyknow) (Luborsky *et al*., 1988) and its specific dimension (Waizmann and Roussos, 2009). Thisis encompassed in the four facets of SOFTA-o, developed by Escudero *et al*. (2004): (1) The therapist's contribution to engagement in the therapeutic process; (2) The therapist's contribution to an emotional connection with the parties; (3) The therapist's contribution to safety; (4) The therapist's contribution to feelings of a shared purpose.

Methodology

The study counted on the collaboration of the Mediation Service attached to the Government of the Balearic Islands' Department for Social Services & Cooperation (Spain) and the service'susers over a period of one year (March 1st 2017 to March 1st 2018). In 2015, the Mediation Service's annual report indicated that it had a 30% success rate in reaching mediation agreements.

Sample

The study counted on the collaboration of 31 of the 40 mediators that work for the Mediation Service (77.5% of the total). In sociodemographic terms, they were mainly women (93.5%) andmost were in the 36 to 45-year-old age bracket (41.9%). From a training perspective, the majority had a law degree (76.7%) or M.A. in mediation (89.7%). As for their links with the Mediation Service and their professional experience, 80% of the mediators had between 1 and6 years' experience, 35.5% took part in 7 to 9 mediation cases per year, and 73.3% of them used an eclectic mediation model. It was striking that the mediation process was supervised inonly 41.9% of the situations, even though 58.1% of the mediators stated that they discussed their cases. 71% of the requests for mediation were dealt with by the actual mediators and if the mediation process began with a private session, in 86.7% of all cases, the other party involvedin the process was contacted by phone.

The study also counted on the participation of 54 of the Mediation Service's users overa period of one year. Their sociodemographic characteristics were as follows: they were fairly equally distributed by sex (46.3% males and 53.7% females); they were mainly aged between 36 and 45 years old (48.1%); in 43.1% of all cases, they lived in a place with a population density of between 5,000 and 40,000 inhabitants; 64.1% of them stated that they were separated;90.7% said they had between 1 and 2 children; 70.4% of them were salaried workers; and mosthad university studies (30.8%). As for previous experience of professional support, 50% statedthat they had visited a psychologist.

Research process

To conduct the necessary research, a formal request was made for the collaboration of the Government of the Balearic Islands' Department for Social Services and Cooperation (Spain). The aim was to gain access to the Mediation Service's mediators and users over a period of one year. The criterion for inclusion in the study was for a request to have been made for family mediation. The sample unit was each individual user, not the mediation process.

If the mediators decided to collaborate in the research study, they informed the Mediation Service's users of the possibility of taking part in it. The data collection

process wasconducted at the end of the third joint session, because there is a certain consensus in the reviewed literature that trust between mediators and disputing parties is built during the preliminary stages of mediation (Davis and Gadlin, 1988; Landau and Landau, 1997; McKnight, Cummings and Chervany, 1998; Butler, 1999; McKnight and Chervany, 2006; Stimec and Poitras, 2009).

Instruments

The Mediation Service's users filled in a Measurement Scale of Trust-Building between Mediators and Disputing Parties (Poitras, 2009) (Figure 3), and the mediators filled in the System for Observing Family Therapy Alliances (SOFTA-o) (Escudero *et al*., 2004) (Figure 4).

The former is a questionnaire made up of closed questions, assessed on an ordinal polytomous scale, with three items conceived to measure the general trust built up between themediator and the parties on a 5-point Likert scale. That is, it is an adaptation of the scale by Poitras to measure general trust-building between mediators and disputing parties (2009).

The second is a questionnaire made up of closed questions, assessed on an ordinal polytomous scale, with four dimensions (the mediator's contribution to engagement in the process; the mediator's contribution to an emotional connection with the parties; the mediator'scontribution to safety; the mediator's contribution to feelings of a shared purpose), aimed at measuring the therapeutic alliance that has been forged between the mediator and the disputingparties.

Measurement scale of trust-building between mediators and disputing parties

A series of statements are shown below, aimed at measuring the generation of trust between you and themediator. Please tick just one answer. If you are not sure, choose the one closest to your opinion.

1. The mediator inspired my trust:

- o Total disagreement.
- o I disagree.
- o I neither agree nor disagree.
- o I agree.
- o I strongly agree.

2. I think the mediator was worthy of my trust:

- o Total disagreement.
- o I disagree.
- o I neither agree nor disagree.
- o I agree.
- o I strongly agree.

3. I felt at ease with the mediator:

- Total disagreement.
- I disagree.
- I neither agree nor disagree.
- I agree.
- I strongly agree.

Source: Adapted from Poitras (2009).

Figure 3. Measurement scale of trust-building between mediators and disputing parties.

Adaptation of the System for Observing Family Therapy Alliances SOFTA-o (mediator)

A series of factors are outlined below, aimed at measuring the therapeutic alliance forged between the mediator and the disputing parties. The System for Observing Family Therapy Alliances is made up of a total of four constructs: the mediator's contribution to engagement in the process; the mediator's contribution to an emotional connection with the parties; the mediator's contribution to safety; the mediator's contribution to feelings of a shared purpose.

Please use the following scale:

-3 = very problematical
-2 = quite problematical
-1 = a bit problematical
0 = neutral or not worthy of mention
+1 = slight
+2 = quite strong
+3 = very strong

The mediator's contribution to engagement in the process	-3	-2	-1	0	+1	+2	+3
The mediator explains how the mediation process works.							
The mediator asks the client what he/she wants to talk about during the session.							
The mediator encourages the client to define his/her mediation goals.							
The mediator asks whether the client is willing to do a task during the session.							

The mediator asks whether the client is willing to follow a suggestion/instruction or to do a task.							
The mediator asks the client about the impact or usefulness of a previously assigned task							
The mediator expresses optimism or indicates that a positive change has occurred or might occur.							
The mediator catches the client's attention (e.g. leaning forward, using his/her name, addressing him/her directly etc.).							
The mediator asks whether the client has a question or query.							
The mediator praises the client for wishing to collaborate or bring about change.							
The mediator defines therapeutic goals or sets tasks or procedures without asking for the client's collaboration.							
The mediator discusses the nature, purpose or usefulness of mediation with the client.							
The mediator criticizes how the client did a task (or failed to do a task) at home.							
The mediator's contribution to an emotional connection with the parties	-3	-2	-1	0	+1	+2	+3
The mediator shares a joke or has a laugh with the client.							
The mediator expresses confidence or belief in the client.							
The mediator expresses interest in the client aside from dialogue as part of the mediation process.							
The mediator shows some sign of affection or touches the client affectionately within the limits of what is professionally appropriate (e.g.shaking his/her hand, patting him/her etc.).							

The mediator reveals his/her reactions or personal feelings to the client or with regard to the situation.							
The mediator discloses some aspect of his/her personal life.							
The mediator points to or outlines similarities with the client in his/her values or experiences.							
The mediator explicitly expresses empathy (verbally or non-verbally)with the difficulties that the clients are undergoing (e.g. “I know how hard it must be”, “I feel for you”, or crying with the client).							
The mediator treats the client’s emotional vulnerability (e.g. crying, revealing painful feelings) as being understandable or normal.							
The mediator interacts at times with sarcasm or hostility toward the client.							
The mediator does not respond to expressions of personal interest or affection to him/her by the client.							
The mediator’s contribution to safety	-3	-2	-1	0	+1	+2	+3
The mediator acknowledges that mediation implies accepting risks or discussing private issues.							
The mediator provides a framework and guidelines for ensuring safety and confidentiality.							
The mediator encourages discussions on aspects of the mediation framework that might intimidate the client (e.g. recording equipment, third-party reports, teamwork, a one-way mirror, investigations etc.).							
The mediator helps the client to talk sincerely and not to be on the defensive with the others.							
The mediator tries to limit, control or handle open hostility between the clients.							

The mediator actively protects one family member from another (e.g. from accusations, hostility or emotional intrusiveness).							
The mediator turns the conversation to something pleasant that does notcause anxiety (TV programmes, entertainment, things in the room etc.) when there is tension or anxiety.							
The mediator asks a client (or sub-group of clients) to leave the room in order to be alone with a client (or sub-group) for part of the session.							
The mediator allows family conflicts to escalate into verbal abuse, threats and intimidation.							
The mediator does not pay any attention to clear expressions of vulnerability on the part of a client (e.g. crying, being on the defensive etc.)							
The mediator's contribution to feelings of a shared purpose	-3	-2	-1	0	+1	+2	+3
The mediator encourages agreed commitments between the clients.							
The mediator encourages the clients to ask each other their points of view.							
The mediator praises the clients for respecting others' points of view.							
The mediator emphasizes what the clients' different views of a problem or solution have in common.							
The mediator highlights what the clients share in terms of their values, experiences, needs or feelings.							
The mediator encourages the client to show affection, interest or support for the other client.							
The mediator encourages a client to ask for confirmation or an opinion (feedback) from another.							

The mediator does not intervene (or his/her intervention is disparaged) when family members argue with each other about the goals, usefulness or need for mediation.							
The mediator ignores one client's outlined concerns and only discusses those of the other client.							

Source: Adaptation of Escudero et al. (2004).

Figure 4. Adaptation of the System for Observing Family Therapy Alliances. SOFTA-o (mediator)

Data analysis

An analysis was made of the frequencies and percentages (IBM* SPSS* Statistics Version 25)of the answered Measurement Scale of General Trust-Building (Poitras, 2009), and calculationswere made of the rated dimensions of the System for the Observation of Family Therapy Alliances (Escudero *et al*., 2004).

In terms of possible scores, a maximum of 39 points and minimum of -39 points could be achieved for "the mediator's contribution to engagement in the process"; a maximum of 33points and minimum of -33 points for the "mediator's contribution to an emotional connectionbetween the parties"; a maximum of 30 points and minimum of -33 points for "the mediator's contribution to safety"; and a maximum of 27 points and minimum of -27 points for "the mediator's contribution to feelings of a shared purpose".

By analysing the data, the study aimed to clarify the relationship between the generationof trust between the mediators and the Mediation Service's users and the establishment of a therapeutic alliance, as reflected by the different dimensions of the analysed instrument.

Results

From an analysis of the results, it was possible to define the relationship between general trust-building and the construction of a therapeutic alliance.

Table 1 shows the results of the SOFTA, divided into its four dimensions. By scrutinizing this data, it was possible to observe the strength of the therapeutic alliance that wasforged between the mediators and the Mediation Service's users and to find out which dimension was first reinforced. The SOFTA was filled in by the mediators from the MediationService (n=31).

Table 1 also contains a column entitled "General trust-building between mediators and disputing parties". This shows the mean value of the disputing parties' ratings of the general trust that was built up with the mediator on a scale

where 1 represents “I totally disagree”, 2 “I disagree”, 3 “I neither agree nor disagree”, 4 “I agree”, and 5 “I totally agree”. Shown in brackets is the number of disputing parties who rated one of the Mediation Service’s mediators.Mean values equal to or higher than 4 were considered to be significant. The Measurement Scale of General Trust-Building between Mediators and Disputing Parties was filled in by the Mediation Service’s users.

Table 1. General trust-building and the establishment of a therapeutic alliance

Mediator	Engagement in process	Emotional connection	Safety	Shared purpose	Total	Trust building
M 01 M 02						4 (2)
M 03	35 points	-4 points	10 points	24 points	65 points	4.5 (4)
M 04 M 05	27	10	9	15	61	4.5 (4)
M 06	25	24	16	12	77	4 (2)
M 07	18	21	14	17	70	5 (2)
M 08						5 (2)
M 09	28	27	17	27	99	
M 10	36	22	21	19	98	3.66 (6)
M 11	15	17	10	10	52	4.5 (2)
M 12	33	15	18	21	87	
M 13	15	7	4	6	32	
M 14	-12	20	16	27	51	4.5 (2)
M 15						
M 16	31	27	27	16	101	
M 17 M 18	28	12	11	14	65	
M 19	21	15	5	15	56	
M 20	28	16	22	21	87	
M 21	16	18	11	18	63	
M 22	30	14	18	25	87	5 (2)
M 23						
M 24	23	17	12	27	79	4.5 (2)
M 25 M 26	18	23	8	16	65	
M 27	34	12	5	18	69	
M 28	21	23	14	25	83	4.61 (13)
M 29	30	30	21	10	91	

M 30	21	18	9	20	68	
M 31 M 32 M 33	21 23	4 3	12 12	16 20	53 58	 4 (2)
M 34 M 35 M 36	29 26	25 22	13 14	23 19	90 81	 4.5 (4)
M 37*	22	-9	0	0	13	4 (2)
M 38	30	24	12	23	89	3 (1)
M 39						
M 40	22	17	8	14	61	5 (2)
M 41	29	22	11	16	78	

*Note: * Lost.*

Source: Measurement Scale of General Trust-Building between Mediators and Disputing Parties (Poitras, 2009)and; System for Observing Family Therapeutic Alliances (Escudero et al., 2004)

The mediator's contribution to engagement in the process

The first dimension measured indicators of the mediator's behaviour that helped to make the mediation process a meaningful one for the disputing parties, hence encouraging their involvement and commitment to the process. A mean value of 24.1 points was achieved when the indicators in this dimension were added up. The highest rating (36 points) was recorded for mediator 10 and the lowest (-12 points) for mediator 14.

The mediator's contribution to forging an emotional connection

This second dimension measured indicators of the mediator's behavior that foster the development of a genuine relationship with the disputing parties (concern, affection). This helps to make this a meaningful relationship for the people taking part in the process. A mean value of 16.4 points was achieved for the sum of the indicators in this dimension, with the highest rating (30 points) being recorded for mediator 29, and the lowest (9 points) for mediator 37.

The mediator's contribution to safety

The third dimension measured indicators of the mediator's behavior that encourage the disputing parties to explore the different possibilities that mediation offers. A noticeably lower mean value (12.6 points) was achieved when the indicators in this dimension were added up, with the highest rating (27 points) being recorded

for mediator 16 and the lowest (4 points) formediator 13, which the exception of mediator 37 who obtained 0 points.

The mediator's contribution to feelings of a shared purpose

The fourth dimension measured indicators of the mediator's capacity to identify common factors in the disputing parties. This encourages their collaboration with each other in the process. A mean value of 17.8 points was obtained for the sum of the indicators in this dimension, with the highest rating of 27 points being achieved by mediators 9, 14 and 24 and the lowest rating of 6 points by mediator 13, with the exception of mediator 37 who scored 0 points.

Classification of the rated dimensions

Table 2 shows the mean values of the dimensions that make up the System for ObservingFamily Therapy Alliances.

Table 2. Classification of the rated dimensions

Dimension	Mean rating
The mediator's contribution to engagement in the process	24.1
The mediator's contribution to an emotional connection with the parties	16.4
The mediator's contribution to safety	12.6
The mediator's contribution to feelings of a shared purpose	17.8

Source: Own analysis.

The obtained results point to the reinforcement of the first dimension; that is "the mediator's contribution to engagement in the process". In other words, although "the mediator's contribution to an emotional connection" and "the mediator's contribution to feelings of a shared purpose" achieved a high rating in comparison with "the mediator's contribution to safety", the first dimension best explains the establishment of a therapeutic alliance between the mediator and the disputing parties.

Relational analysis

From a relational analysis of both constructs, the presence of several cases was confirmed where the calculation of SOFTA's rated dimensions (Escudero *et al*., 2004) bears no relation to general trust-building between the mediators and the disputing parties. On the one hand, a lower SOFTA rating and a higher one in the Measurement Scale of Trust-Building was observed in these cases: M03; M05; M33; M11; M14 and M40. On the other hand, a higher SOFTA ratingand

a lower rating in the Measurement Scale of Trust-Building was observed in cases M10 andM38.

The most paradigmatic cases were mediators 3 and 14, both of whom achieved a negative rating in one dimension: the mediator's contribution to an emotional connection (mediator 3) and the mediator's contribution to engagement in the process (mediator 14), while the disputing parties rated the general trust that was generated as being high or very high (4.5).

This only serves to emphasize the controversy in literature on whether the characteristics that define a therapeutic alliance should be understood as an organized whole or whether they can be analytically examined (Tracey and Kokotovic, 1989).

Although a certain dependence was observed between general trust-building and the forging of a therapeutic alliance in some cases (M06, M22, M24, M28 and M36), from the obtained results it is impossible to affirm that there is a relationship between both constructs. Consequently, it can be stated that at the Balearic Mediation Service, there is a moderate relationship between general trust-building and the construction of a therapeutic alliance.

Discussion

The aim of the study was to identify whether there is a relationship between trust-building and the establishment of a therapeutic alliance. Given the initial hypothesis that trust forms part of the construct of a therapeutic alliance, a relationship was expected to be found between trust- building and a therapeutic alliance's collaborative facet (Luborsky *et al*., 1988) and specific dimension (Waizmann and Roussos, 2009).

The results of the Measurement Scale of Trust-Building between Mediators and Disputing Parties (Poitras, 2009) and the System for Observing Family Therapy Alliances (Escudero *et al*., 2004) show that trust-building at the Balearic Mediation Service is not so closely associated as expected with the establishment of a therapeutic alliance through collaborative aspects (adjustment, not adopting an expert stance, showing an interest in what the parties already know) (Luborsky *et al*., 1988) and its specific dimension (an emotional linkbetween the mediator and the parties) (Waizmann and Roussos, 2009).

Although authors like Meissner (2006) have claimed that trust is an indispensable factorin the establishment of a therapeutic alliance, the results of the SOFTA have not demonstrateda significant relationship between both constructs. Despite that fact that in some cases, a dependence could be observed between the generation of trust and the establishment of a therapeutic alliance (M06, M22, M24, M28,M36), a lower rating was achieved in the SOFTA and a higher rating in the Measurement Scale of General Trust-Building in the case of mediators 03, M05,

M33, M11, M14 and M40, while mediators 10 and M38 achieved a higher rating inthe dimensions that reflect the establishment of a therapeutic alliance and a lower rating for general trust-building.

Bearing in mind the fact that the sample is n=30, a total of 8 mediators (26.6%) achieveda high score in one questionnaire and a low score in the other, while a total of 5 (16.6%) achieved a similar score in both. This is why only a slight or moderate relationship between both can be affirmed.

Conclusions

Although in literature, it has been claimed that trust is an indispensable prerequisite for the establishment of a therapeutic alliance, the obtained results at the Balearic Mediation Service do not point to a significant relationship between trust-building and such an alliance. We raisethe hypothesis that trust might be a key factor in the establishment of a therapeutic alliance butthat a therapeutic alliance is not indispensable in trust-building between mediators and disputing parties. This calls for some amendments to the study's original underlying assumptions. In future research, nonetheless, this study must be replicated in other countries, using different types of mediation processes, in order to test whether the same results are achieved. In this way, possible generalizations can be avoided, given the complexity and multidisciplinary nature of this social science.

References

Méndez Monleón, V. & Casado, T. (2018). Fundamentos para la construcción de una relación de confianza en Mediación Familiar. *Revista de Mediación. ADR, Análisis y Resolución de Conflictos, 11*(2), 1-9; DOI: 10.2307/j.ctv1s7chxb.8.

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*, 252-260; DOI: 10.1037/h0085885.

Bordin, E. (1994). Theory and research on the therapeutic working alliance: New directions. In A. Horvath y L. Greenberg (Eds.), *The working alliance: Theory, research and practice* (pp. 13-37). New York: Wiley.

Butler, J.K. (1999). Trust expectations, information sharing, climate of trust and negotiation effectiveness and efficiency. *Group and Organization Management, 24*(2), 217-238; DOI: 10.1177/1059601199242005.

Corbella, S. & Botella, L. (2003). La alianza terapéutica: historia, investigación y evaluación. *Anales de Psicología, 19*(2), 205-221.

Crits-Christoph, P. & Gibbons, M.B. (2003). Research developments on the therapeutic alliance in psychodynamic psychotherapy. *Psychoanalytic Inquiry, 23*, 332-349; DOI: 10.1080/07351692309349036.

Davis, A. & Gadlin, H. (1988). Mediators gain trust the old-fashioned way - We earn it! *Negotiation Journal, 4*(1), 55-62; DOI: 10.1111/j.1571-9979.1988.tb00446.x.

Escudero, V. & Friedlander, M. (2001). *SOATIF-o for clients*. Instrument not published. Available at: http://softa-soatif.com/es/

Escudero, V., Friedlander, M. & Deihl, L. (2004). *SOATIF-o for therapists*. Instrument notpublished. Available at: http://softa-soatif.com/es/

Feixas, G. & Miró, M. T. (1993). *Aproximaciones a la psicoterapia: Una introducción a lostratamientos psicológicos*. Barcelona: Paidós.

Friedlander, M., Escudero, V. & Heatherington, L. (2009). *La alianza terapéutica en laterapia familiar y de pareja*. Barcelona: Paidós.

Goldberg, S. (2005). The secrets of successful mediators. *Negotiation Journal, 21*(3), 365-376; DOI: 10.1111/j.1571-9979.2005.00069.x.

Horvath, A.O. (2005). The therapeutic relationship: Research and theory. An introduction tothe special issue. *Journal of the Society for Psychotherapy Research, 15*(1-2), 9-24.

Horvath, A.O. & Bedi, R. P. (2002). The Alliance. In J. C. Norcross (Ed.). *Psychotherapy Relationships that Work. Therapist Contributions and Responsiveness to Patients* (pp. 37-70). New York: Oxford University Press.

Landau, D. & Landau, S. (1997). Confidence-Building Measures in Mediation. *Mediation Quarterly, 15*(2), 97-103; DOI: 10.1002/crq.3900150204.

Luborsky, L., Crits-Christoph, P., Mintz, J. & Auerbach, A. (1988). *Who will benefit from psychotherapy? Predicting therapeutic outcomes*. New York: Basic Books; DOI: 10.1176/ps.40.11.1203.

Martin, D. J., Garske, J. P. and Davis, K. M. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta analytic review. *Journal of Consulting andClinical Psychology, 68*, 438-450; DOI: 10.1080/03124070008415219.

McCarthy, W. (1985). The role of power and principle in getting to yes. *Negotiation Journal, 2*(1), 59-66; DOI: 10.1111/j.1571-9979.1985.tb00292.x.

McKnight, D. H. & Chervany, N. L. (2006). Reflections on an initial trust-building model. In R. Bachmann & A. Zaheer (Eds.). *Handbook of Trust Research* (pp. 29-51). Cheltenham,Northampton: Edward Elgar; DOI: 10.4337/9781847202819.00008.

McKnight, D. H., Cummings, L. L. & Chervany, N. L. (1998). Initial trust formation in neworganizational relationships. *Academy of Management Review, 23*(3), 473-490; DOI: 10.5465/amr.1998.926622.

Meissner, W. W. (2006). The therapeutic alliance. A proteus in disguise. *Psychotherapy: Theory, Research, Practice, Training. American Psychological Association, 43*(3), 264-270; DOI: 10.1037/0033-3204.43.3.264.

Norcross (2006). International Clinical Workshop *Psychotherapeutic Relationships That Work. Workshop presented at the Adolfo Ibáñez University*. Chile.

Poitras, J. (2009). What Makes Parties Trust Mediators. *Negotiation Journal, 25*(3), 307-325; DOI: 10.1111/j.1571-9979.2009.00228.x.

Rogers, C. R. (1989). *El proceso de convertirse en persona*. Barcelona: Paidós.

Stimec, A. & Poitras, J. (2009). Building trust with parties: Are mediators overdoing it? *Conflict Resolution Quarterly, 23*(6), 317-331; DOI: 10.1002/crq.235.

Summers, R. F. & Barber, J. P. (2003). Therapeutic Alliance as a Measurable Psychotherapy Skill. *Academic Psychiatry, 27*, 3; DOI: 10.1176/appi.ap.27.3.160.

Tracey, T. J. & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*(3), 207-210; DOI: 10.1037/1040-3590.1.3.207.

Waizmann, V. & Roussos, A. (2009). Acerca de la dificultad en la conceptuación de la alianza terapéutica. *Intersubjetivo, 1*(10), 122-133.