

Almost Ninety Years of Common Factors: Are They Still Useful in Research and Practice?

Sigal Zilcha-Mano

The Department of Psychology, University of Haifa

Corresponding Author's Contact Information:

Sigal Zilcha-Mano, PhD

Associate Professor, Department of Psychology, University of Haifa

Mount Carmel, Haifa 31905, Israel

Telephone: 972-4-8249047, 972-52-3385944

E-mail: sigalzil@gmail.com

Traditionally, psychotherapy distinguishes between "common factors" and "specific mechanisms." Common factors can be defined as "unrecognized factors in any therapeutic situation—factors that may be even more important than those being purposely employed" (Rosenzweig, 1936, p. 412). Specific mechanisms, by contrast, are deliberately targeted by given therapeutic approaches as the primary drivers of change. This distinction is based on the implicit assumption that each therapeutic ingredient fits exclusively into one of these categories. In this ViewPoint, I argue that the common vs. specific dichotomy is both arbitrary and potentially detrimental. It risks preventing clinicians from using specific techniques to target some of the most effective therapeutic mechanisms identified in research.

The alliance, widely conceptualized as a common factor across treatment orientations and patient populations, serves as a compelling example to illustrate this potential risk. When viewed as non-specific to particular treatment approaches or patient subgroups, therapists may inadvertently be discouraged from utilizing specific, manual-based techniques designed to directly target and enhance the alliance for certain populations. For example, manuals focusing on addressing alliance ruptures (Eubanks et al., 2023) or facilitating corrective emotional experiences within the therapeutic relationship can be particularly effective for patients with major interpersonal difficulties. Overlooking these tailored, manual-specific approaches risks missing critical opportunities to optimize treatment outcomes for these subgroups.

The TLSL Framework: A Dual Perspective on Mechanisms of Change

In 2017, I introduced the trait-like and state-like (TLSL) theoretical framework, proposing that each mechanism of change consists of both trait-like and state-like components (Zilcha-Mano, 2017). The *trait-like* component refers to relatively stable differences between individuals on the

levels of given mechanisms of change. It reflects the characteristic, enduring dynamic patterns of a mechanism for an individual before treatment, indicating what distinguishes that individual from others. Trait-like components of mechanisms of change are not expected to drive therapeutic change unless they are directly targeted in treatment to induce state-like changes in them. By contrast, the *state-like* component refers to within-individual changes in the level of a given mechanism of change. These changes occur when a mechanism is actively targeted during treatment, leading to therapeutic change in treatment outcome. Distinguishing between these components is crucial for understanding whether improvements observed in-treatment reflect genuine state-like changes within the individual, pre-existing trait-like dynamics, or an indistinct combination of the two.

According to the TLSL framework, mechanisms are not inherently common or specific; rather, each has the potential to function as either or both, depending on how they are used in treatment. When a mechanism (e.g., the patient's ability to form a strong alliance or high expectations) is relied upon but not directly targeted as a primary driver of therapeutic change, it functions as a common mechanism, building on the patient's trait-like characteristics. However, when targeted directly to facilitate state-like change, it becomes a specific mechanism. The role of any mechanism may shift between the two during therapy, much like a gestalt image alternating between figure and ground (Figure 1). Failure to disentangle the roles of trait-like and state-like components can lead to the erroneous conclusion that "everything works for everyone." This misinterpretation is reinforced by a prevalent finding observed in psychotherapy research: improvements in one mechanism often lead to improvements in others, even when they are not directly targeted. For example, in psychodynamic therapy, cognitive mechanisms may improve

not because they were directly targeted but as a byproduct of therapeutic progress driven by other mechanisms (Zilcha-Mano et al., 2016).

Empirical findings supporting the TLSL framework: Alliance as a proof of concept

TLSL was first applied to the therapeutic alliance (Zilcha-Mano, 2017), widely regarded as the quintessential common factor. According to TLSL, the alliance, like any mechanism, can function both as a common and specific mechanism, depending on its role at a given point in treatment. The trait-like interpersonal abilities and tendencies patients bring to therapy (e.g., their ability to form adaptive helpful relationships) function as a common mechanism. The patients' trait-like characteristics, combined with the therapists' trait-like capacities, determine the overall trait-like alliance of the therapeutic dyad. When targeted directly, by repairing ruptures or corrective experiences, the alliance serves as a specific mechanism, fostering state-like improvements that reshape the patient's relational abilities. When maintained and generalized, these state-like changes become enduring trait-like characteristics, reshaping future interactions.

A synthesis of research disentangling the trait-like and state-like components of the alliance supports the validity of the TLSL framework (Zilcha-Mano & Fisher, 2022). Empirical findings show that trait-like components reflect pre-treatment, stable characteristics of both patients and therapists, like interpersonal skills and attachment orientation. By contrast, state-like changes reflect in-session processes, like corrective emotional experiences. Both components uniquely contribute to treatment outcome, demonstrating the ability of the alliance to function as both a common and specific mechanism of change.

Empirical findings supporting the TLSL framework: Going beyond alliance

The utility of TLSL in elucidating the distinct roles of alliance paved the way for its application to other therapeutic mechanisms (Zilcha-Mano, 2021). For instance, when examining patients' insight into their interpersonal tendencies as a mechanism of change, both trait-like and state-like components were associated with treatment outcomes but in opposite directions (Front et al., 2021). Patients with *lower* pre-treatment trait-like levels of insight benefited more from treatment (negative association); those with *greater* in-treatment state-like improvements in insight showed better outcomes (positive association). These opposite effects attest to the importance of disentangling the two components; failure to do so may have contributed to the mixed findings in the literature on mechanisms of change. Another compelling example is non-verbal synchrony between patients and therapists as a mechanism of change (Cohen et al., 2021). Studies that do not distinguish between trait-like and state-like components of synchrony have yielded mixed findings regarding its effect on treatment outcome. For example, in a sample of patients undergoing psychotherapy for depression, synchrony showed no association with outcome when the components were not disentangled, but when separated into trait-like and state-like, only the state-like component emerged as a significant predictor of treatment success (Cohen et al., 2021). This finding demonstrates the importance of state-like synchrony as a specific mechanism that can be actively targeted to facilitate subsequent therapeutic change.

The TLSL framework provides a golden path to personalized treatment

TLSL also demonstrates the importance of reintegrating trait-like and state-like components by exploring their synergistic effects to facilitate personalized treatment, with trait-like components helping identify subpopulations most likely to benefit from state-like improvements (Zilcha-Mano, 2021). This synergy may manifest as either compensatory or complementary effects. In

the compensatory model, those with poorer trait-like levels benefit most from state-like improvements, compensating for their weakness. In the complementary model, those with higher trait-like levels benefit most from state-like improvements, capitalizing on their strengths.

The utility of this synergistic effect has been demonstrated across various mechanisms, attesting to its role in elucidating therapeutic change. As an example of a compensatory effect, research on amygdala activation revealed that individuals with trait-like deactivation benefited most from interventions that drove state-like increases in amygdala activity (Zilcha-Mano et al., 2022). A similar compensatory pattern was found in the activation of the reward system in individuals with major depressive disorder (Zilcha-Mano et al., 2022). Other mechanisms operate through complementary effects. For instance, individuals with greater pre-treatment hippocampal volume (a resilience factor) benefited most from a treatment driving state-like increases in hippocampal volume as its key mechanism of change (Zilcha-Mano et al., 2023).

Summary and future directions

The TLSL theoretical framework has demonstrated that the term “common factor” is less useful as a fixed attribute and it is more productive to consider it as one potential role that mechanisms may play, alongside their ability to function as specific mechanisms targeted directly to drive state-like therapeutic change. This shift parallels the evolution from viewing individual characteristics as pure traits (e.g., personality traits) or states (e.g., emotional states) to recognizing them as coexisting dimensions of the same construct (Zilcha-Mano, 2024): Personality traits can display state-like fluctuations across time and contexts, while emotional states may follow stable trait-like patterns over time.

The TLSL framework offers a fine-grained perspective on mechanisms of change, opening new paths for research. A promising direction is exploring whether the same mechanism can play compensatory or complementary roles across individuals or for the same individual at different times. For example, a strong pre-treatment trait-like alliance may act as a complementary mechanism for some patients, whereas a weaker alliance might offer an opportunity for compensatory corrective experiences in others. Additionally, research can examine within-individual variability, exploring how the role of a mechanism shifts over time based on patients' personal and therapy challenges, life circumstances, or even the therapist's professional development (e.g., exposure to new techniques and treatment modules).

References

- Cohen, K., Tal, S., Ramseyer, F.T., & Zilcha-Mano, S. (2021). The association between motion synchrony and alliance is more complex than we thought: Disentangling the state-like and trait-like effects of the alliance. *Clinical Psychological Science*, 9(4), 634-648.
- Eubanks, C. F., Muran, J. C., & Samstag, L. W. (2023). Alliance-focused training: Teaching therapists to navigate alliance ruptures. In L. G. Castonguay & C. E. Hill (Eds.), *Becoming better psychotherapists: Advancing training and supervision* (pp. 107–126). American Psychological Association.
- Front, O., Yaffe, L., Wisman H., Viksman P., Kaplan H. & Zilcha-Mano, S. (2021). Insight as a dual-perspective construct: Convergence between patients' and professional evaluators' perspective on baseline level of insight and on changes in insight. *Psychotherapy*, 58(3), 372-378.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6, 412–415.

Zilcha-Mano, S. (2017). Is alliance really therapeutic? A systematic answer based on recent methodological developments. *American Psychologist*, 72(4), 311–325.

Zilcha-Mano, S. (2021). Toward personalized psychotherapy: The importance of the trait-like / state-like distinction for understanding therapeutic change. *American Psychologist*, 76(3), 516-528.

Zilcha-Mano, S. (2024). Individual-specific animated profiles of mental health. *Perspectives on Psychological Science*. 17456916231226308.

Zilcha-Mano, S., Chui, H., Dolev, T., McCarthy, K. S., Dinger, U., & Barber, J. P. (2016). Changes in causal attributions and relationship representations: Are they specific or common mechanisms in the treatment of depression? *Journal of Affective Disorders*, 193, 73-80.

Zilcha-Mano S, Duck O, Suarez-Jimenez B, Zhu X, Lazarov A, Helpman., Malka, M. & Neria, Y. (2023). Underlying hippocampal mechanism of PTSD-treatment outcome: Evidence from two clinical trials. *Biological Psychiatry: Global Open Science*. 3(4), 867–874.

Zilcha-Mano, S., & Fisher, H. (2022). Distinct roles of state-like and trait-like patient-therapist alliance in psychotherapy. *Nature Reviews in Psychology*, 1(4), 194-210.

Zilcha-Mano, S. Solomonov, N., Pozner, J., Roose, S., & Rutherford, B. (2022). Proof of concept of the contribution of the interaction between trait-like and state-like effects in Biological psychiatry. *Journal of Personalized Medicine*, 12, 1197.

Figure 1. Mechanisms of Change: Shifting Between Common and Specific Roles in Therapy. Each mechanism has the potential to function as both a common and a specific mechanism in the course of therapy. These roles may shift over time, much like a gestalt image that alternates between figure and ground. In this way, the same mechanism can fulfill different roles depending on the therapeutic context: serving as a common mechanism in one instance and as a specific one in another.

