

# Resolving Therapeutic Impasses: A Relational Perspective

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# Books & DVDs

## ■ BOOKS

- Safran, J.D. & Muran, J.C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford

## ■ DVDs

- Safran, J.D. (2009). *Psychoanalytic Therapy Over Time*. The American Psychological Association. [www.apa.org](http://www.apa.org)
- Safran, J.D. (2008). *Relational Psychotherapy*. The American Psychological Association. [www.apa.org](http://www.apa.org)
- Safran, J.D. (2006). *Resolving Therapeutic Impasses*. [www.amazon.com](http://www.amazon.com)

# Psychotherapy Research

- All therapies equally effective
- Treated patient do better than 80% of patients in untreated control groups
- 62% of panic disorder patients, 52% of GAD patients, 37% depressed patients improved at termination (Westen & Morrison, 2001)
- Attrition rates range from 47%-67% (Sledge et al., 1990; Wierzbicki & Pekarik, 1993)

# Predicting outcome

- Quality of alliance good predictor of outcome
- Negative interpersonal process predicts poor outcome
- Some therapists more effective than others (up to 18% of variance: Lutz et al., 2007)
- Effective therapists better at establishing alliance
- Effective therapists more self-accepting

# THERAPEUTIC ALLIANCE

- Richard Sterba
- Elizabeth Zetzel
- Ralph Greenson
  
- **The Widening Scope**

# Edward Bordin

- Bond
- Tasks
- Goals

# Therapeutic alliance ruptures

# Therapeutic alliance ruptures

- Periods of tension or breakdown in collaboration or communication between patient & therapist
- Vary in duration & intensity
- Brief moments of tension or misunderstanding///Extended episodes
- Subtle shifts///Dramatic ruptures

# Patients' Descriptions of Ruptures

- I felt angry at her responses
- I'm frustrated and pissed off
- Frustrated with process
- Annoyance from previous session
- Feel angry at my therapist and don't know how to express it

- I don't feel he's hearing what I'm saying. He's fitting me into his theories
- I feel like I'm being examined. I get the feeling that I'm a guinea pig rather than a person with a life
- I anticipated that my reason for being late would be incorrectly interpreted
- It seemed we weren't on the same wavelength

- Confused about a question
- I don't know what to say or how to be more open or honest
- I was not certain what she wanted me to say
- I felt as though I was bullshitting. I don't know what to say
- I felt compelled to answer questions, but don't know what to say

- He is looking for a personal reaction to him that I seem not to have
- Therapist asks me to “stay with a feeling” and I don’t see the point
- I don’t see the value of talking about our relationship
- I don’t see the point of talking about my childhood

- Afraid of disappointing therapist
- It seemed like nothing I said or did was right
- I feel like I'm failing my therapist by not making progress

- He seems mildly insulting sometimes, not very supportive at others
- I feel patronized
- Sometimes I feel I need to defend myself
- I thought she was twisting my words and was angry at me
- Tension around my feeling that therapist was being critical

# Frequency of reporting ruptures

- Cognitive-behavioral

- Patients: 11%
- Therapists: 25%

- Psychodynamic

- Patients: 38%
- Therapists: 53%

# Two Rupture Categories



# Withdrawal Ruptures



# Withdrawal Rupture Markers

- Denial
- Minimal response
- Shifting topic
- Intellectualization
- Storytelling
- Talking about others' reactions
- Deferential and appeasing
- Content/affect split
- Self-criticism and/or hopelessness

# Confrontation Ruptures

# Confrontation Rupture Markers

- Complaints about...
  - therapist as a person
  - therapist's competence
  - the activities of therapy
  - being in therapy
  - the parameters of therapy
  - the schedule of therapy
  - progress in therapy
  - the research contract
- Patient defends self against therapist
- Direct efforts to control therapist

# Agency versus Relatedness

- SASB: Independence vs. interdependence
- Interpersonal circumplex (control vs. affiliation)  
Sidney Blatt (introjective vs. anaclitic) or  
self-definition vs. relatedness
- Aron Beck (sociotropy vs. autonomy)
- Margaret Mahler (symbiotic union vs. individuation)
- David Bakan (agency vs. communion)
- Jay Greenberg (effectance vs. security)

# Alliance as negotiation of:

- Tasks
- Goals
- Agency vs. Relatedness
- Definition of reality

What may be most crucial is neither gratification or frustration, but the process of negotiation itself, in which the analyst finds his own particular way to confirm and participate in the patient's subjective experience, yet slowly, over time, establishes his own presence and perspective in a way that the patient can find enriching rather than demolishing (Stephen Mitchell, 1993, p. 196)

# Constructivism

- No “objective reality” that is more or less accurately perceived
- Shift cuts across different therapeutic orientations
- consistent with postmodern sensibility
- Challenges view that therapist can have privileged view of reality (either external or internal)

# One-person psychology

- patient intrapsychic world is focus of exploration
- patients project fantasies onto blank screen
- therapist is neutral observer
- therapist stands outside of field of investigation

# Two-person psychology

- Michael Balint (1968) coined the term
- Patient-therapist relationship is the object of study rather than the patient
- Sullivan: The therapist “has an inescapable, inextricable involvement in all that goes on in the interview; and to the extent that he is unconscious or unwitting of his participation in the interview, to that extent he does not know what is happening.”

## RUPTURE//IMPASSE// ENACTMENT:

-patient and therapist embedded in relational configuration they cannot see

-task is to unpack, elucidate, disembed

# Relational matrix

- Individual's self-perpetuating cycle of internal representations (object relations/relational schemas), actions and characteristic responses of others

# Interventions as relational acts

- Distinguish between content of intervention vs. implicit interpersonal statement
- e.g., cognitive therapist using socratic questioning
- e.g., Kleinian analyst making deep interpretations
- e.g., client centered therapist or self-psychologist using empathic reflections

# Beginner's Mind

- Preconceptions limit ability to develop fresh perspective necessary to transform impasse
- Bion: "Approach every session without memory and desire."
- Suzuki: "If your mind is empty, it is always ready for anything. In the **beginner's mind**, there are many possibilities; in the expert's mind there are few."

# Mindfulness

- Directing one's attention in order to become aware of thoughts, feelings, fantasies, or actions as they take place in moment
- Important parallels with Freud's evenly hovering attention and Sterba's observing ego
- involves the use of structured, systematic exercises

# Mindfulness: 3 Principles

- Direction of attention
- Remembering
- Nonjudgmental awareness

# Internal space

- loosening of attachment to one's cognitive-affective processes
- ability to see them as constructions of mind
- reduces constriction resulting from overidentification with these processes
- allows one to reflect on them and use them and use them therapeutically

# THERAPEUTIC METACOMMUNICATION

- An attempt to step outside of the relational configuration that is being enacted by treating it as the focus of exploration
- Communication about the transaction or implicit communication that is taking place
- Mindfulness in action
- An attempt to bring ongoing awareness to bear on the interactive process as it unfolds

# Affect coordination & repair (Tronick, 1987)

- Mothers & infants spend 30% of time with matched affect
- Interactive repairs occur once every 3-5 seconds
- Functional vs. dysfunctional dyads

# Therapist Mindfulness & Affect Regulation in Psychotherapy

- Growing evidence that a range of different forms of psychopathology involve deficits in capacity for affect regulation (e.g., Schore, 2003)

- Affect regulation involves tolerating, modulating and making use of a range of different affective states
- Both pleasurable and painful
- Without need for dissociation

- Movement afoot in diverse therapeutic traditions to develop comprehensive motivational theory
- Grounded in contemporary emotion theory & research
- (Greenberg & colleagues, multiple publications)
- Spezzano, Fosha, Valliant, Bucci

- Emotions biologically wired into the human organism through an evolutionary process
- Play an adaptive role in survival of species
- Safeguard the concerns of the organism
- (Ekman, Davidson, Frijda, Izard, etc.)

- Emotions are thus a type of embodied knowledge

- Healthy functioning involves integration of affective information with higher level cognitive processing in order to act in a fashion grounded organismically based need, but not bound by reflexive action

# Therapy teaches affect regulation skills - MENTALIZATION

## ■ EXPLICITLY

- CBT
- Interpretation
- EFT
- Mindfulness

## ■ EXPLICITLY/RELATIONALLY

- Reading others affective displays takes place unconsciously
- e.g., unconsciously read other's anger & respond with anger we are unaware of
- Other may be unaware of his/her anger as well

- Development of affect regulation skills

- People develop capacity for affect regulation through their interactions with attachment figures

# Mother-Infant research

- Ongoing process of mutual affective regulation between mothers & infants through which both partners influence each others' affective states (Beebe & Lachman, 2002; Tronick, 1989)

- In healthy developmental process there is an optimal balance between interactive & self-regulation
- Periods when mother & infant affectively coordinated,
- Periods when they are not

- e.g., mother who is excessively dependent on emotional contact with infant will pursue eye contact even when he/she averts gaze

- e.g., child who learns that parents respond to painful feelings with misattunement or catastrophic responses
- Learns to regulate own feelings

- Without experiencing these feelings as tolerable within the relationship
- Will not learn to use relationships in healthy fashions to regulate painful or distressing feelings
- Will not learn healthy self-regulation skills

- Thus patients often have difficulty with regulating their own affective experience
- And with using others to regulate their affective experience

- Not unusual to alternate back and forth between excessive self-regulation
- And angry, aggressive, entitled demand for nurturance
- That makes it difficult to be responsive
- In this state patients find it difficult to be open to whatever *can* give them

- What type of therapist internal skills facilitate adaptive mutual regulation?

- In treatment therapist's ability to resonate with patient's more painful emotions
- And to tolerate intensely painful and frightening emotions evoked in them can be transformative for patients

- This type of *affective containment*
- i.e. processing one's own affective response to patients in nondefensive fashion
- Can be powerful way of helping them learn that relationships will not necessarily be destroyed by "catastrophic" feelings
- Learn they can survive these feelings

- In order to provide this affective containment for patients
- Therapists need capacity to regulate own difficult feelings in constructive fashion

- Therapist's state of mind as an instrument of change

# Relevant state has something to do with:

- Self-acceptance
- Allowing and accepting one's internal experience, rather than fighting against it
- "letting go"
- Surrendering to experience
- While reflecting on it

- Metacommunication works in part by helping therapist enter into a therapeutic state of mind through:
- Helping him/her create internal space by reflecting out loud about current transaction
- Saying “unsayable”
- An act of freedom (Neville Symington)