

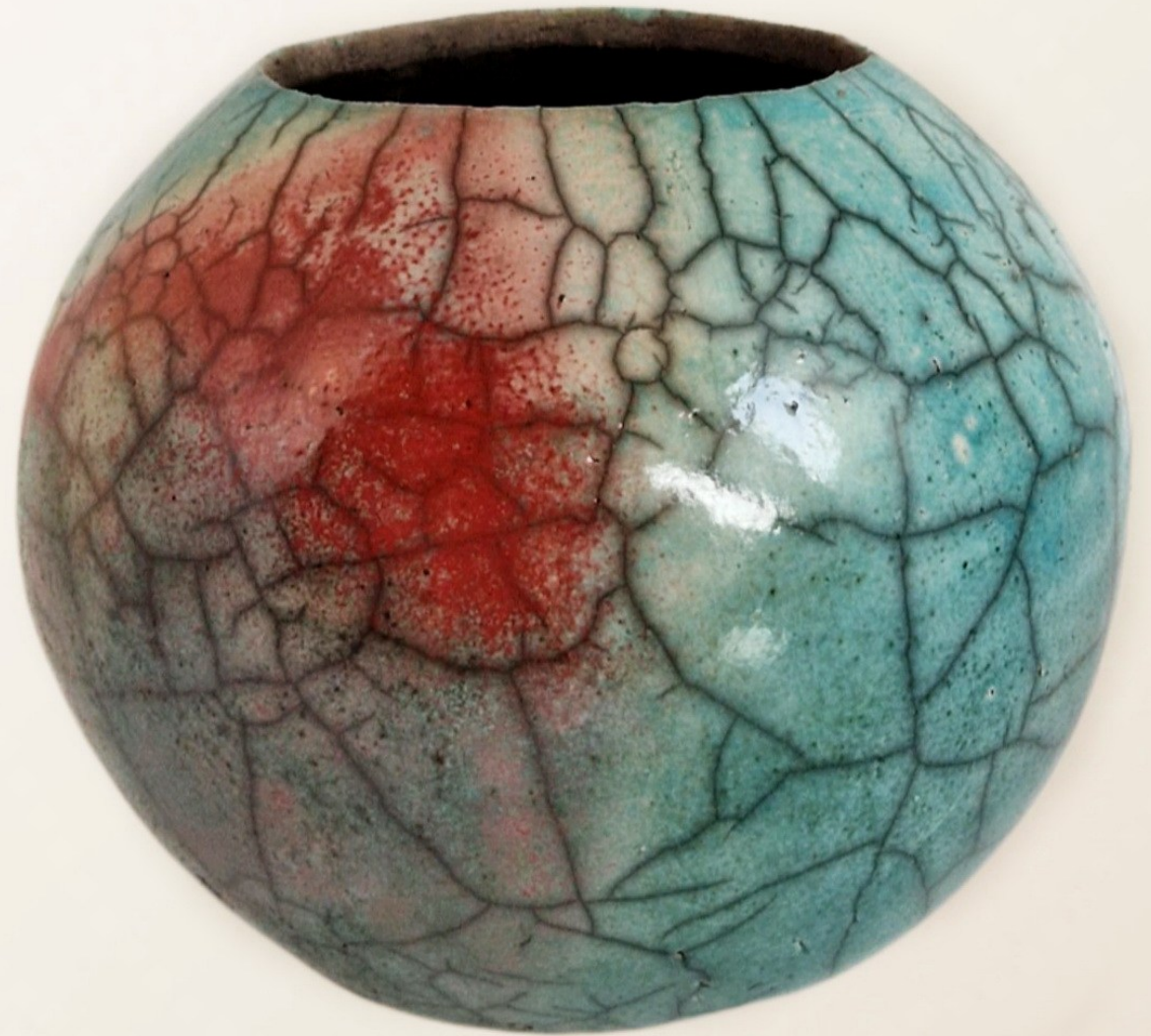


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# How to mentalize a rupture?

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# Institute for Psychosocial Prevention

- Heidelberg University Hospital
- Center for Psychosocial Medicine
- Research
- Counseling and therapy
- Academic teaching



# Therapeutic alliance

- **Freud (1912/1958; 1913)**
  - Therapy activates the patient's *defense mechanisms*
  - Cooperation can be maintained in successful therapies
    - Maintaining factor: *Attachment* to the therapist through positive transference
- **Luborsky (1976)**
  - Phase I: *secure, supportive, caring* relationship
  - Phase II: Patient invests in therapeutic process; *shared responsibility* for therapeutic process



# Mechanism of change: Corrective emotional experience



# Therapeutic alliance

- **Bordin (1979)**
  - Working Alliance: collaborative attitude
- **Safran & Muran (2006)**
  - Alliance on an implicit level: negotiating specific wishes/basic needs (autonomy and relatedness)
- Meta-analysis on the relationship to treatment outcome
  - Aggregated correlation:  $r = .278$  (Flückiger et al., 2018)

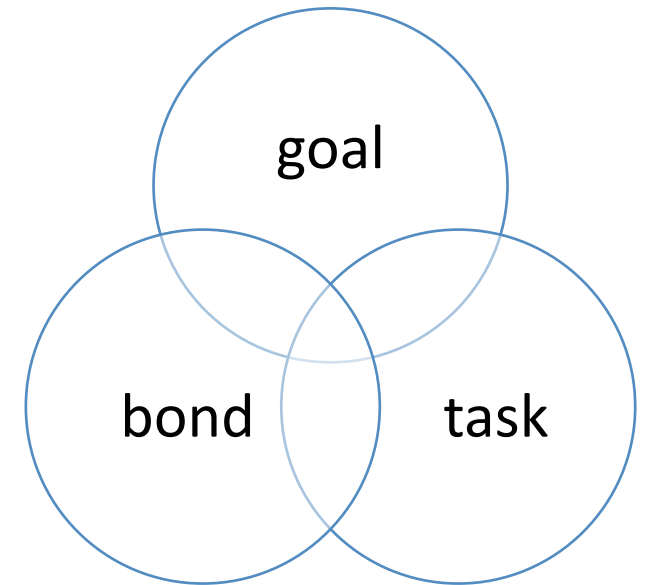


Figure 1: Working relationship according to Bordin (1979)

# Rupture & repair therapy Outcome

- Meta-analysis: significant, moderate association between rupture resolution pattern and positive treatment outcome ( $r = .29$ ) (Eubanks, Muran & Safran, 2018)
- Therapy outcome: Non-"healed" fractures < therapies without fractures < "healed" fractures (Larsson et al., 2018)

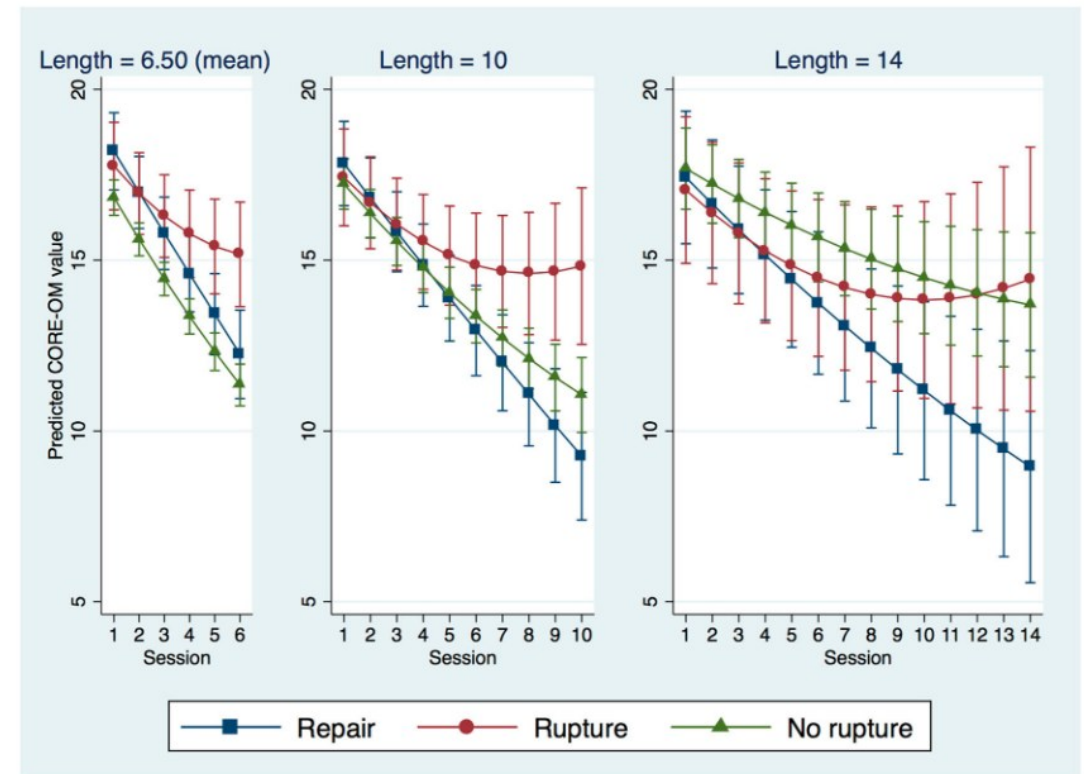


Figure 1. Trajectories of predicted CORE-OM values at three different treatment lengths.

# Interpersonal skills

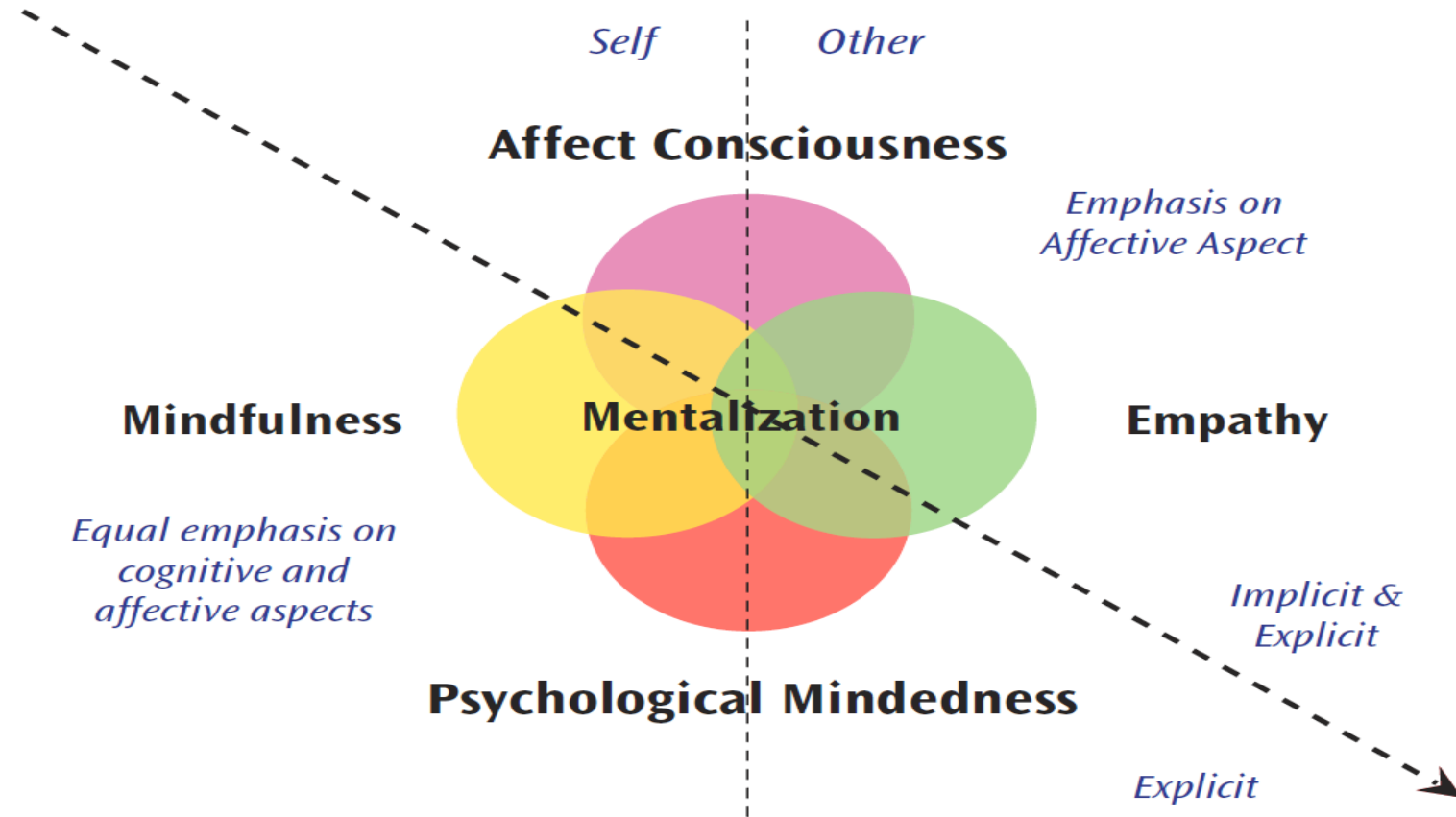
- Skills of a helping person that have a positive impact on people in emotional and psychological distress (Anderson & Patterson, 2013)
- Learned emotional and interpersonal patterns
- Skills predict therapy outcome and change in symptoms (Anderson, 2016; Schöttke et al., 2015)

## Interpersonal skills (Anderson and Patterson, 2013)

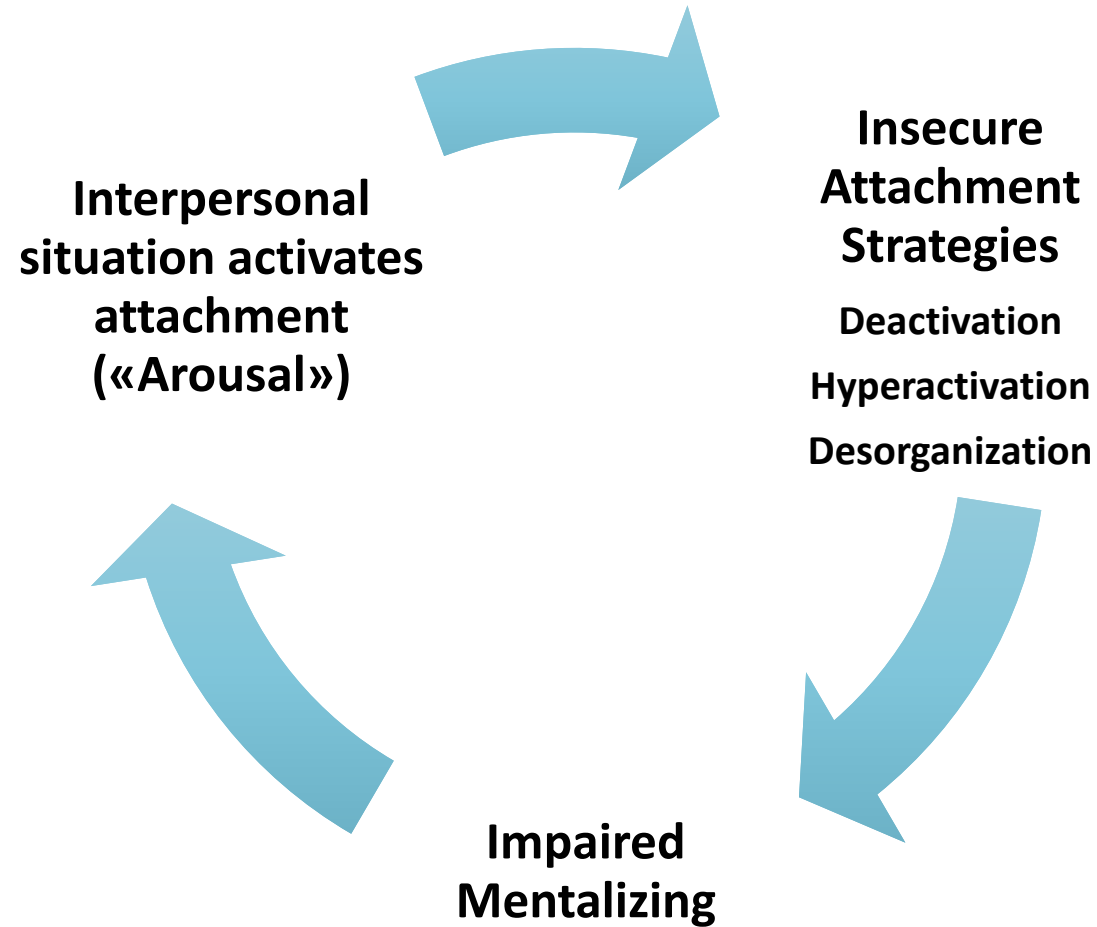
1. Verbal expressiveness
2. Hope and positive expectations
3. Persuasiveness
4. Emotional expression
5. Warmth, acceptance and understanding
6. Empathy
7. Ability to form alliances
8. Reaction capacity for alliance breaks

# Mentalizing

- Ability to imagine inner (mental) states in oneself and in others
- Behaviour is based on mental states (Fonagy et al. 2002)
- Self and others are intentional human beings

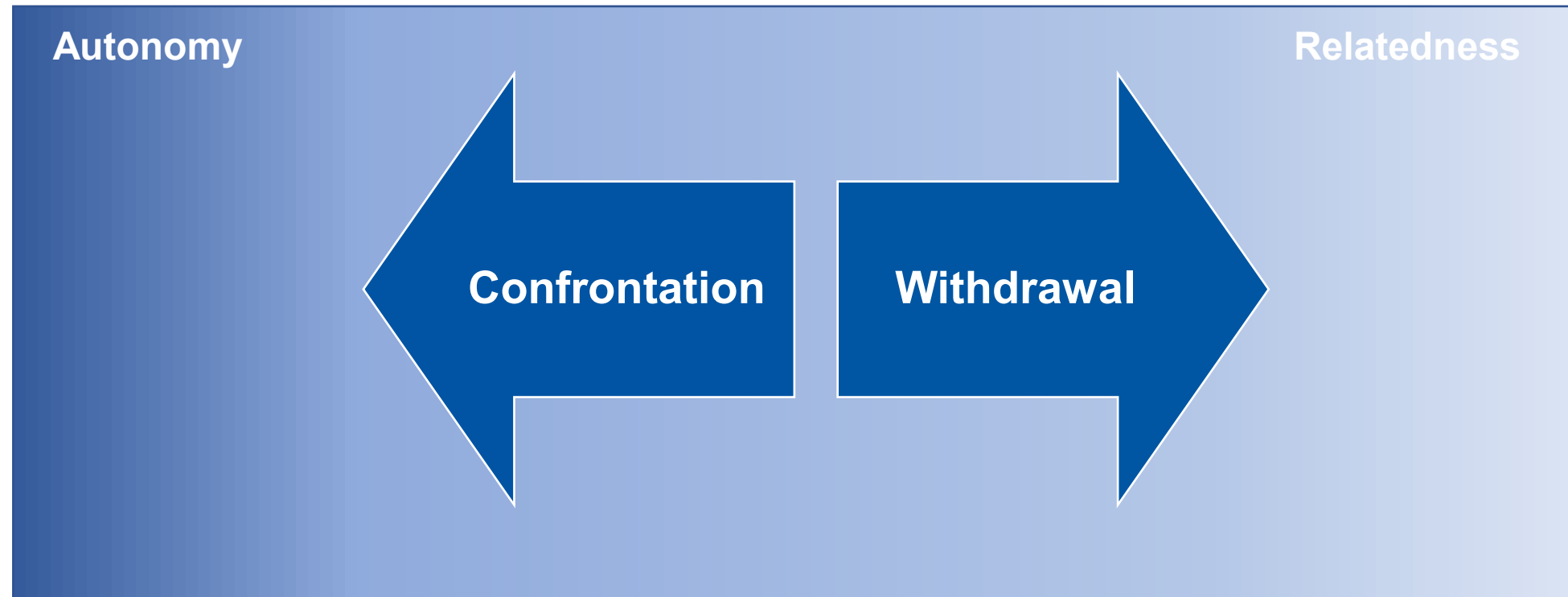


# Attachment and Mentalizing



# Rupture & repair

- **Rupture:** breakdown of goal-oriented cooperation between therapist and patient (Muran et al., 2010)
- **IMPORTANT:** Co-production of patient and therapist



# Rupture & Repair - Marker

## Interpersonal markers (What you can see)

### Confrontation

- Complaints
- Complaints about lack of progress
- Defensiveness
- Exerting control/pressure
- Rejection of the therapist

### Withdrawal

- Denial
- Minimal reactions
- Abstract communication
- Change of subject
- Excessive compliance
- Self-criticism
- Attempts at isolation and appeasement

## Intrapersonal markers (what you can feel)

### Basic emotion

- Fear and anxiety
- Anger and frustration
- Sadness (no compassion)

### Other complex emotions

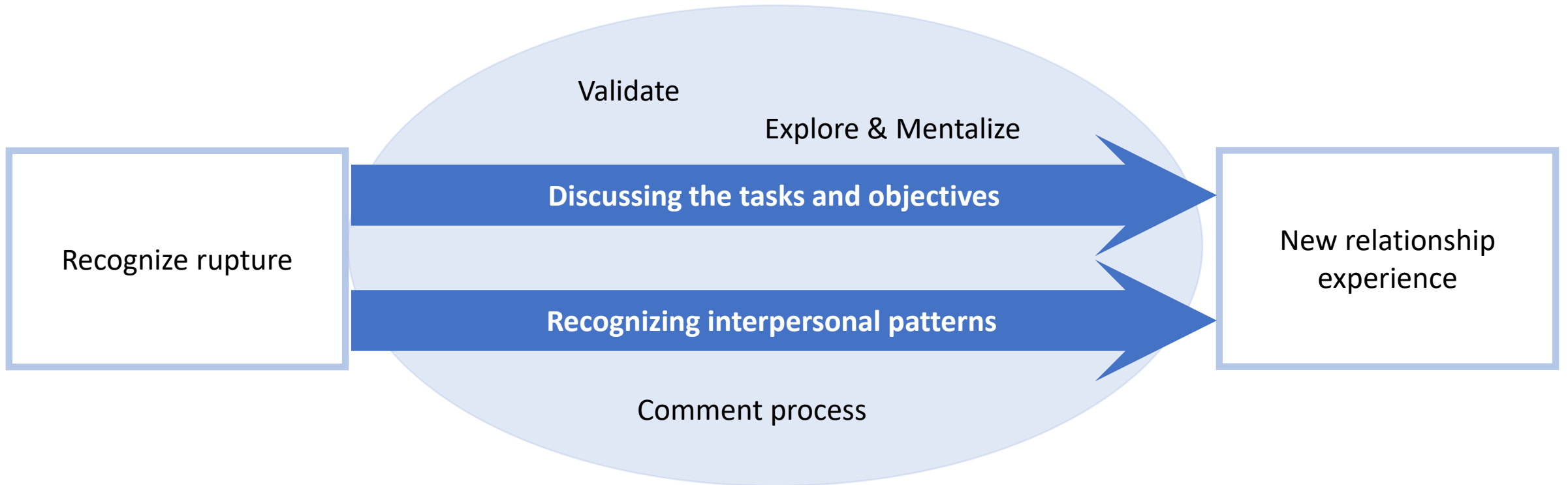
- Boredom (daydreaming)
- Temptation (manipulation)
- Lack of empathy (over-identification)
- Hate (or anger)

### Self-conscious emotions

- Guilt and blame
- Embarrassment and shame
- Pride and hubris
- Despair and hopelessness

+ Anxiety

# Rupture & Repair - Strategies



# Repair strategy: Validation

- **Validate the rupture experience of the other person** (Eubanks, Muran & Safran, 2014; Brockmann et al., 2022)

- Acknowledge that the other person's withdrawal or confrontation is understandable and possibly adaptive
- Consists of 4 sub-items
  - **Identify** emotions
  - Communicating emotions
  - **Contextualize** emotions
  - Normalize emotions

*\*T has approached P about an incident in the recent past. P reacts very cautiously and becomes increasingly withdrawn. T then asks about the reasons for this withdrawal\**

P: It's very hard to talk about it. (...) It's hard to believe that this happened to me. What a crazy world! I don't even watch the news anymore, it's just too much for me. What a world...

T: Those were just very strong feelings of fear, and now you're somehow trying to put some distance between yourself and them. You're protecting yourself, and that makes a lot of sense! Maybe it's good to have some distance from your pain right now.

# Repair strategy Exploring & mentalizing

- **Exploring the rupture** (Eubanks, Muran & Safran, 2014)
  - Invite the other person to elaborate, explore or clarify the negative or vulnerable feelings. Details of the rupture experience may be shared.
  - Presenting their own perception of the rupture experience and recognizing their own contributions to it (Muran & Eubanks, 2020)
  - In case of avoidance: Why is exploration of the rupture avoided?

P: Oh, I don't know. Somehow I thought it would all go faster here.

T: You seem to be disappointed with how the therapy is progressing. Can you tell me more about this disappointment?


# Repair strategy: Comment on the process

- **Commenting on the process in the here-and-now** (Levenson, Gay & Binder, 2023)

- Ask for permission to take a closer look at what has just happened between therapist and patient
- Naming what has just happened
- "Explore & Mentalize"
  - Option 1: Invite the patient to explore his/her feelings about this
  - Option 2: Make an assumption about the patient's feelings

*P asks T if he/she watched the news the previous evening. When he/she says no, P gets angry and accuses T of being ignorant and not taking the slightest interest in her/him\*.*

T: I realize that you've just gotten angry with me. I would like to pause for a moment and look at what has just happened here and what else might be behind it. What do you think or feel about it right now?



Practice  
video

# Practical exercise 1: "Validate" - target skills

1.

- Identify emotions

2.

- Communicating emotions

3.

- Contextualize emotions

4.

- Normalize emotions

# Practical exercise 2: "Exploring & mentalizing" - target skills

1.

- Ask about ambiguities, motives, wishes

2.

- Present own perception and position, possibly recognize own contribution

3.

- Offer to jointly explore and mentalize options for further action

# Practical exercise 3: "Commenting on the process" - target skills

1.

- Validate the patient's experience

2.

- Ask for permission to take a closer look at what has just happened between therapist and patient

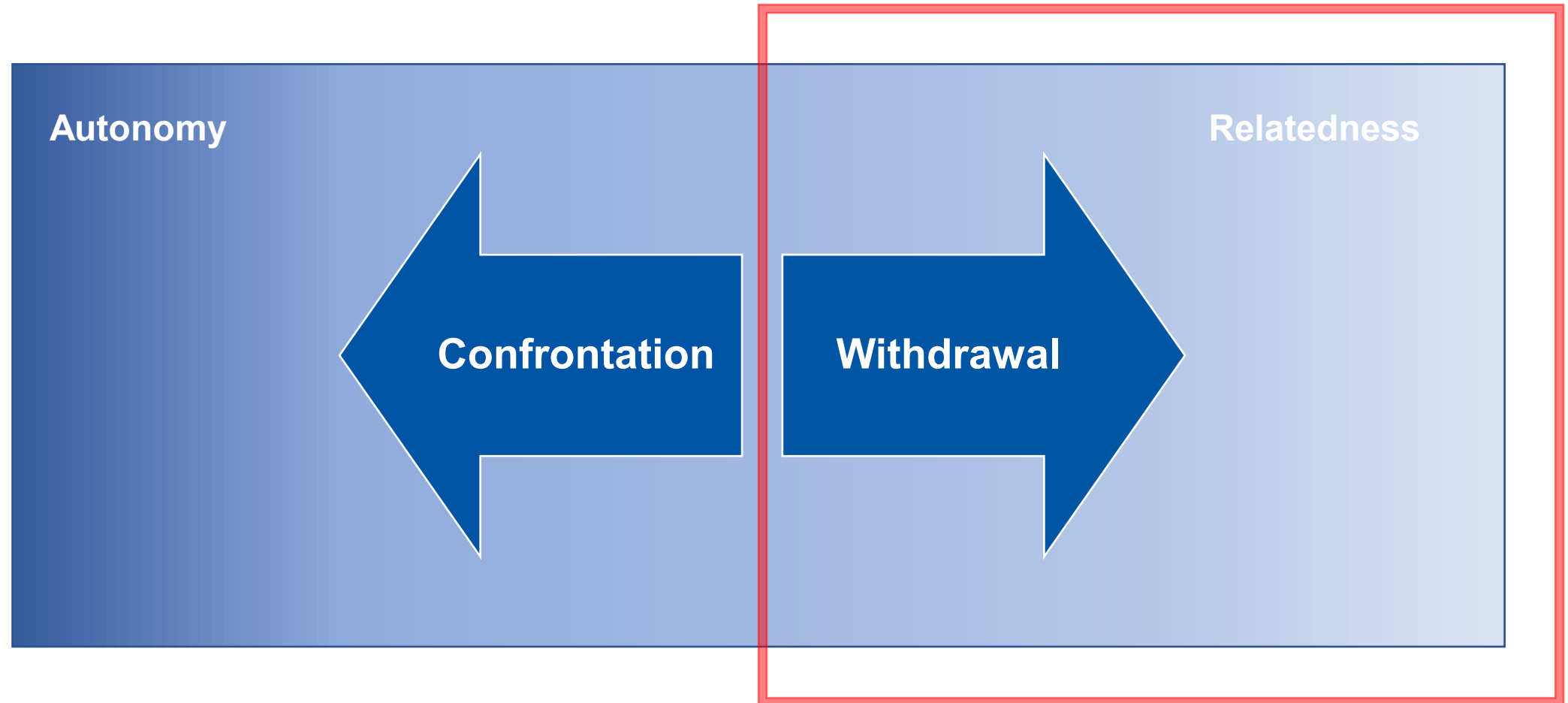
3.

- Naming what has just happened

4.

- Make an assumption about the patient's feelings

# Overview of ruptures



# Withdrawal rupture - identifying features

Denial

Minimal answers

Self-criticism/  
hopelessness

Evasive storytelling

Submissive and  
appeasing

Content/effect  
fission

Abstract  
communication

# Withdrawal rupture - identifying features

Denial

Patient denies clearly recognizable emotions, the importance of an interpersonal relationship or other events that could be relevant to the therapy.

T: Are you all right? You seem upset.

P: No, it's all good.

Minimum answers

Self-criticism/  
hopelessness

# Withdrawal rupture - identifying features

Denial

Patient denies clearly recognizable emotions, the importance of an interpersonal relationship or other events that could be relevant to the therapy.

Minimum answers

Patient becomes silent, responds only minimally to questions or statements that are intended to initiate/keep the therapy conversation going.

Self-criticism/  
hopelessness

T: That sounds like it was a very difficult situation for you. How did you feel about it?

P: \*shrugs shoulders\*

# Withdrawal rupture - identifying features

## Denial

Patient denies clearly recognizable emotions, the importance of an interpersonal relationship or other events that could be relevant to the therapy.

## Minimum answers

Patient becomes silent, responds only minimally to questions or statements that are intended to initiate/keep the therapy conversation going.

## Self-criticism/ hopelessness

Patient sinks into a depressive process of self-criticism/hopelessness that excludes the possibility of improvement through therapy.

T: That seems to be very important to you. Can you tell me a bit more about it?

P: \*sighs\* What's the point? It's not going to make me feel any better.

# Withdrawal rupture - identifying features

Evasive storytelling

Patient tells stories or changes the subject to avoid therapy (work)

Submissive and  
appeasing

Content/effect  
fission

Abstract  
communication

T: I think we should talk about the therapy goals again. I have the feeling that we're not pulling in the same direction at the moment. Would you be willing to talk to me about it?

P: You know, that reminds me of a situation at work. We were working on this project - oh, did I tell you about the project? That's really interesting ...

# Withdrawal rupture - identifying features

Evasive storytelling

Patient tells stories or changes the subject to avoid therapy (work)

Submissive and appeasing

Patient is overly compliant with the therapist and adapts strongly to him/her.

Content/effect fission

Abstract communication

T: I think it would be useful for you to write down and record your thoughts and feelings about "asking for a promotion" at home.

P: \*Tense body language, looks very uncomfortable\*  
That sounds like a good idea. I'll do that.

# Withdrawal rupture - identifying features

Evasive storytelling

Patient tells stories or changes the subject to avoid therapy (work)

Submissive and appeasing

Patient is overly compliant with the therapist and adapts strongly to him/her.

Content/effect fission

Patient shows emotions that do not match the content of the story.

Abstract communication

T: It's not easy for you to talk about your sad feelings.

P: \*forced, broad smile\*  
Yeah, I'm not so good at talking about that. \*laughs nervously\*

# Withdrawal rupture - identifying features

Evasive storytelling

Patient tells stories or changes the subject to avoid therapy (work)

Submissive and appeasing

Patient is overly compliant with the therapist and adapts strongly to him/her.

Content/effect fission

Patient shows emotions that do not match the content of the story.

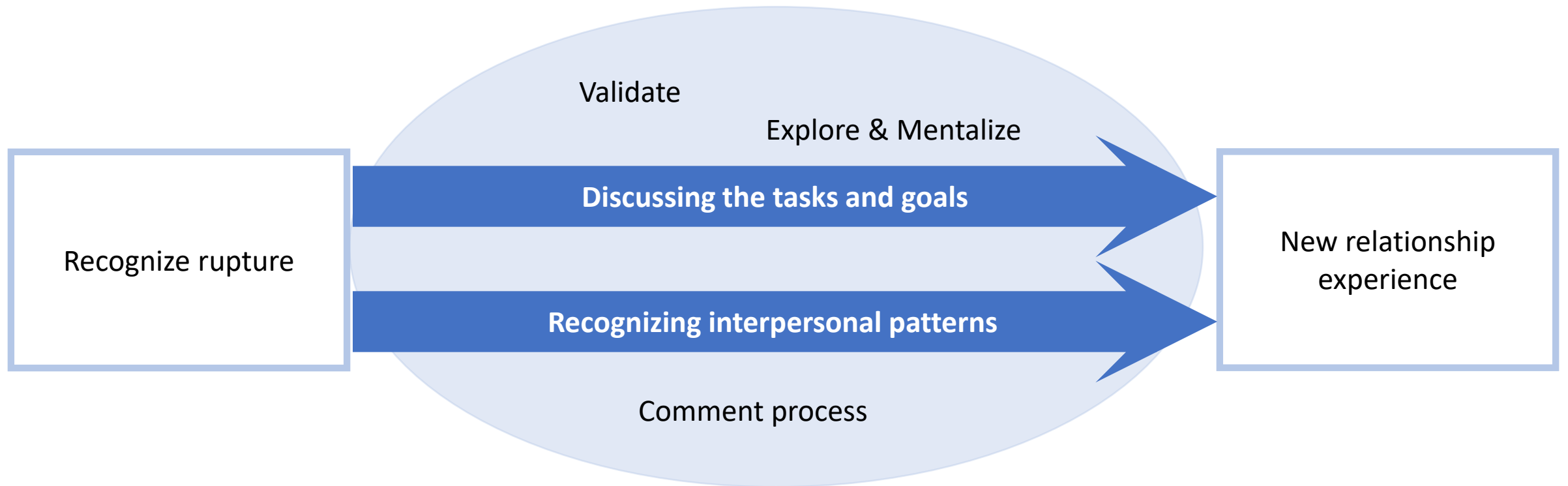
Abstract communication

Patient avoids therapy (work) through vague and abstract language.

T: How did you feel when you were rejected by her?

P: It got me thinking that my relationship with her is an example of the rise of transactional relationships in today's society. I think you and I are very influenced by that.

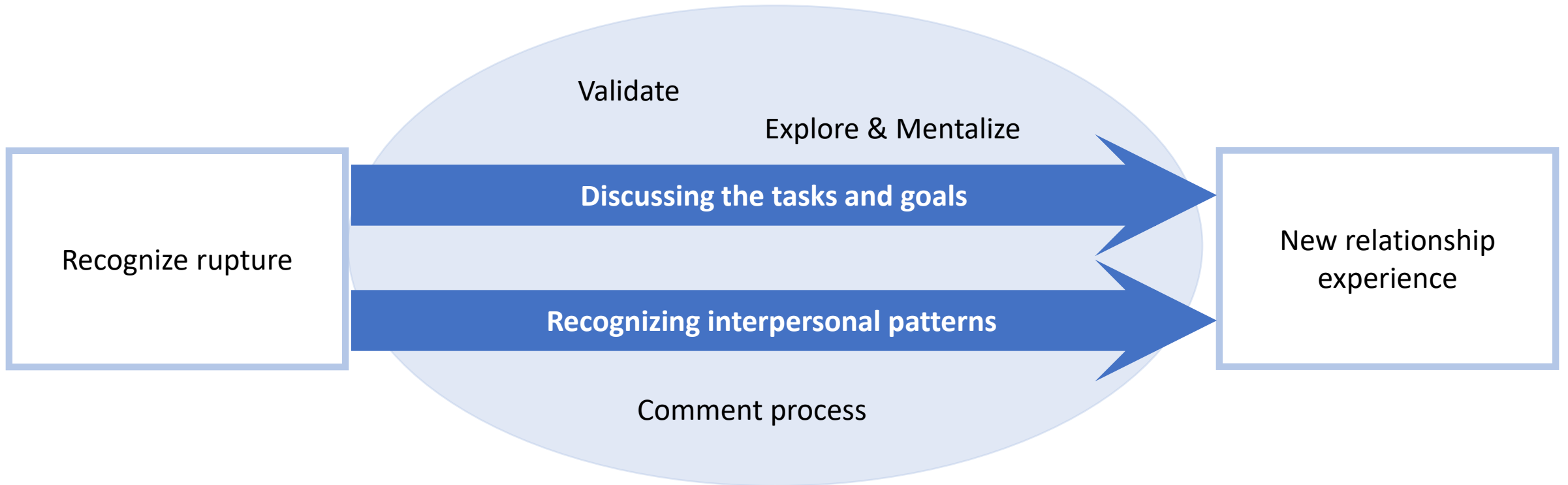
# Repair strategies



# Summary

<b>Basic variables</b>		
<b>Validate</b> <ul style="list-style-type: none"><li>• Respecting the patient's perceptions</li></ul>	<b>Comment process</b> <ul style="list-style-type: none"><li>• Address the therapeutic process with the patient.</li><li>• Discuss which mechanisms have come into play in the therapeutic relationship</li></ul>	<b>Explore &amp; Mentalize</b> <ul style="list-style-type: none"><li>• Try to better understand the patient's point of view</li><li>• Understanding the implications of the patient's perceptions</li></ul>

# Repair strategies



## Discussing the tasks and objectives

Difficulties in working together  
with regard to therapy tasks and  
goals

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graph TD; A([Difficulties in working together with regard to therapy tasks and goals]) --> B[Repeat approach]; A --> C[Explain basic principles]; A --> D[Explicitly recognize difficulties]; A --> E[Discuss obstacles (internal/external)]; A --> F[Discuss alternatives]; A --> G[Change/adaptation]; B --> H([Collaboration on the original or an alternative task/goal]); C --> H; D --> H; E --> H; F --> H; G --> H;
```

Repeat  
approach

Explain basic  
principles

Explicitly  
recognize  
difficulties

Discuss obstacles  
(internal/external)

Discuss  
alternatives

Change/adapt  
ation

Collaboration on the original or an  
alternative task/goal

# Practical exercise 3: Target skills

1.

- Obtain the patient's consent to take a closer look at the situation

2.

- Naming what has happened in the therapeutic relationship.

3.

- Invite the patient to explore the situation **or** make assumptions about the patient's feelings.

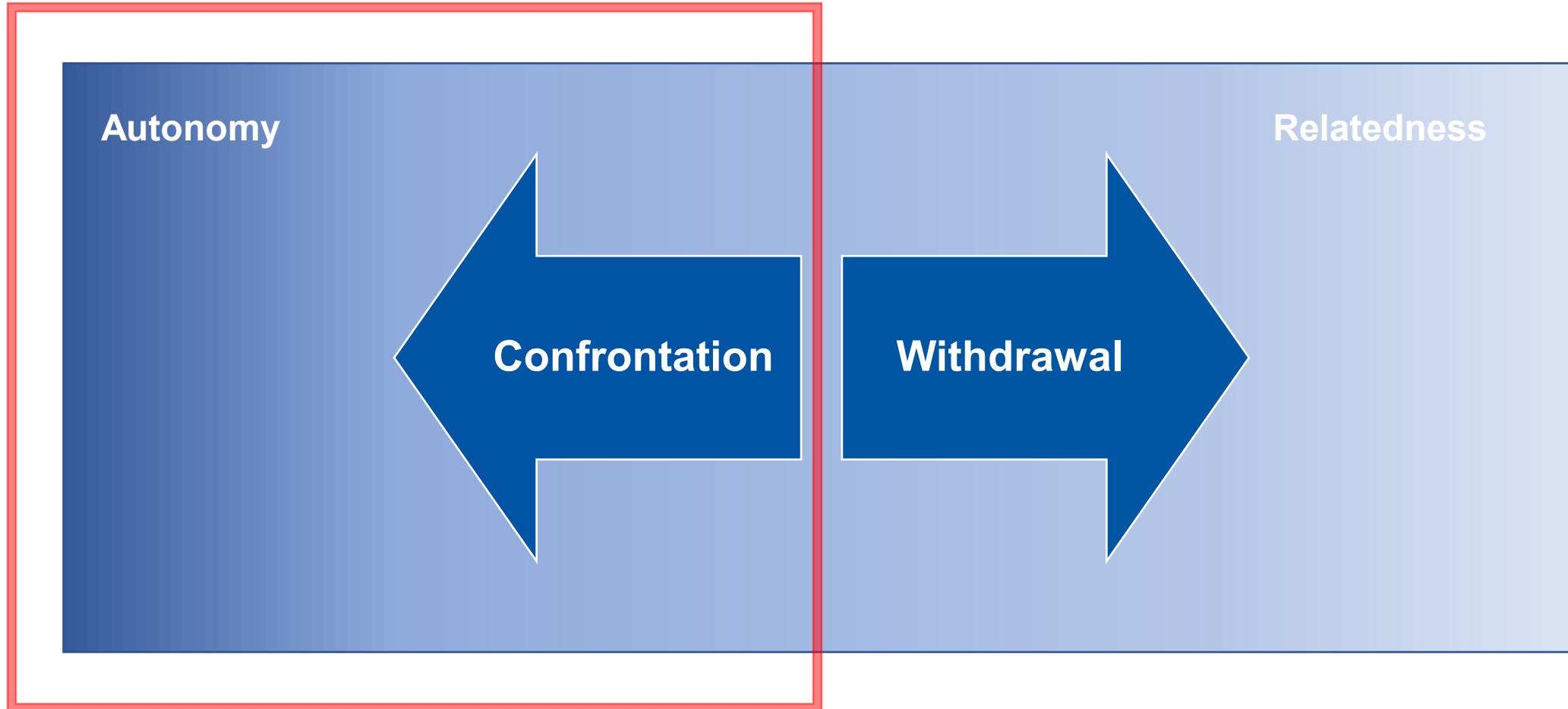
4.

- Discuss further procedure regarding the therapy task



Practice  
video

# Overview of ruptures



# Confrontation rupture - recognition features

Complaints/concerns about the therapist

Patient rejects intervention by the therapist

Complaints/concerns about the therapy activities

Complaints/concerns in relation to the parameters of the therapy

Complaints/concerns about the progress of the therapy

Patient defends themselves against therapist

Efforts to control/pressure the therapist

# Confrontation rupture - identifying features

Complaints/concerns  
responsibilities towards t  
he therapist

Patient expresses negative feelings or concerns about the therapist.

P: I can see that I'm not going to get anything useful out of you.

Patient rejects  
intervention by the  
therapist

Complaints/concerns  
on the therapy activities

# Confrontation rupture - identifying features

Complaints/concerns  
responsibilities towards the  
therapist

Patient expresses negative feelings or concerns about the therapist.

Patient rejects  
intervention by the  
therapist

Patient rejects or refuses the therapist's intervention.

T: When did your insomnia start?  
P: What difference does it make. It's irrelevant.

Complaints/concerns  
on the therapy activities

# Confrontation rupture - identifying features

Complaints/concerns responsibilities towards the therapist

Patient expresses negative feelings or concerns about the therapist.

Patient rejects intervention by the therapist

Patient rejects or refuses the therapist's intervention.

Complaints/concerns on the therapy activities

Patient expresses dissatisfaction, discomfort or disagrees with certain therapy tasks such as homework, empty chair exercises or exposure.

P: I really don't understand what you're asking me to do with these thought records. I don't understand what they're supposed to be good for at all.

# Confrontation rupture - identifying features

Complaints/concerns in relation to the parameters of the therapy

Patient expresses complaints or concerns about treatment parameters, such as appointments, frequency of sessions or filling out questionnaires.

P: Once a week is not enough time to solve all my problems!

Complaints/concerns about the progress of the therapy

Patient defends themselves against therapist

Efforts to control/pressure the therapist

# Confrontation rupture - identifying features

Complaints/concerns in relation to the parameters of the therapy

Patient expresses complaints or concerns about treatment parameters, such as appointments, frequency of sessions or filling out questionnaires.

Complaints/concerns about the progress of the therapy

Patient expresses complaints, concerns or doubts about the progress that can be or has been made in therapy.

Patient defends themselves against therapist

Efforts to control/pressure the therapist

P: I've been coming here for four weeks now and I can't really think of anything that has changed. Maybe it was all just a waste of time.

# Confrontation rupture - identifying features

Complaints/concerns in relation to the parameters of the therapy

Patient expresses complaints or concerns about treatment parameters, such as appointments, frequency of sessions or filling out questionnaires.

Complaints/concerns about the progress of the therapy

Patient expresses complaints, concerns or doubts about the progress that can be or has been made in therapy.

Patient defends themselves against therapist

Patient defends his/her own thoughts, feelings or behavior against what he/she perceives as criticism or judgment from the therapist.

Efforts to control/pressure the therapist

T: Some things have changed for you.

P: But I think it's normal for people to change. I'm in a transition phase. That doesn't mean I'm unstable!

# Confrontation rupture - identifying features

Complaints/concerns in relation to the parameters of the therapy

Patient expresses complaints or concerns about treatment parameters, such as appointments, frequency of sessions or filling out questionnaires.

Complaints/concerns about the progress of the therapy

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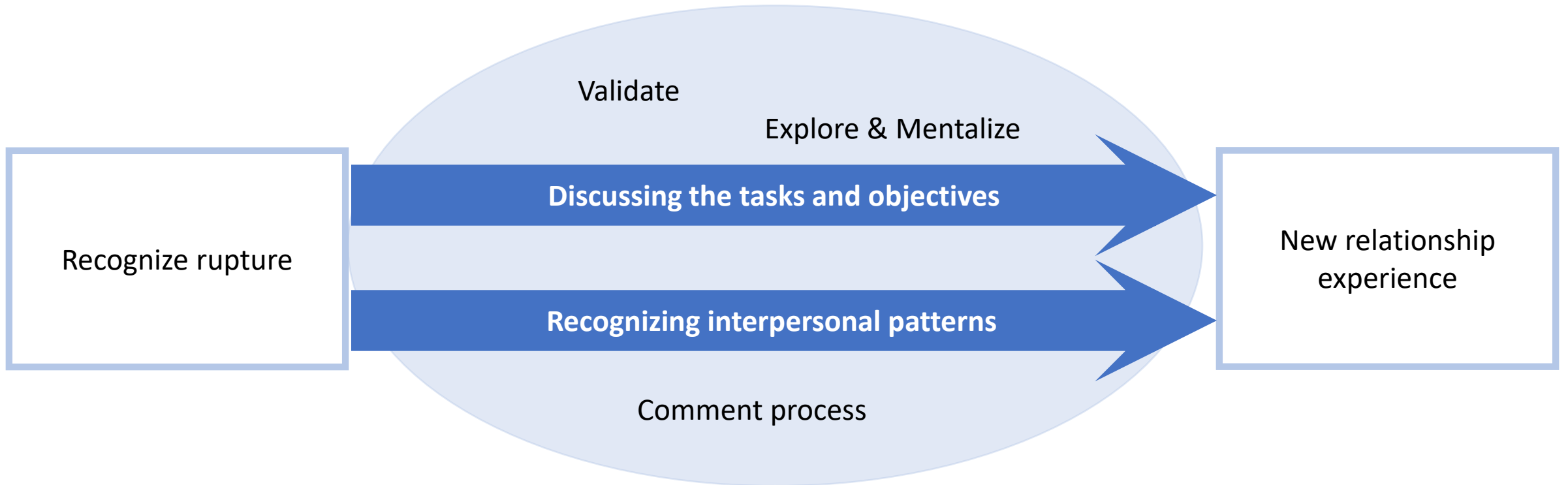
Patient defends his/her own thoughts, feelings or behavior against what he/she perceives as criticism or judgment from the therapist.

Efforts to control/pressure the therapist

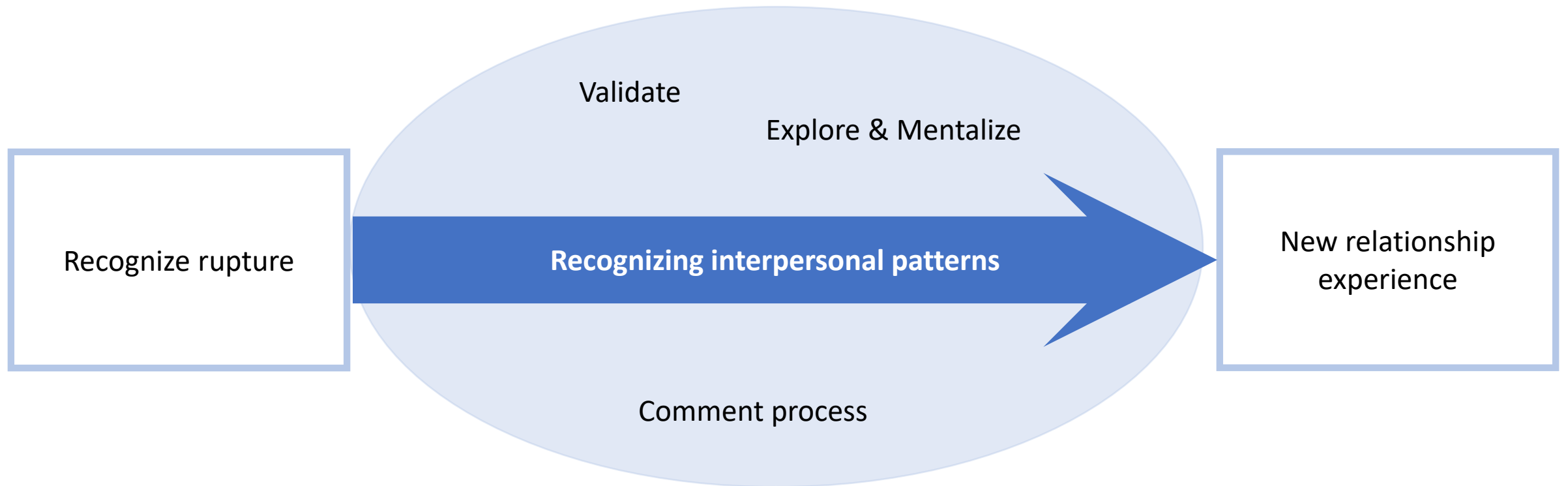
Patient tries to control the therapist and/or the session, or puts pressure on the therapist to solve their problems quickly.

P: I would like to know how this therapy works. Tell me how it will help me with my problems. And not this pompous therapist talk; I want a direct answer.

# Repair strategies



# Repair strategies



# Repair strategy - recognizing interpersonal patterns

- **Making connections with other interpersonal patterns** (Levenson, Gay & Binder, 2023)
  - Reflect on whether what the patient has said/felt about others or done to others has parallels to events in the therapeutic relationship
  - Offer the patient a brief, tactful summary of the possible parallels
  - Ask the patient what he/she thinks or feels about this

*\*In the course of the therapy, P said that he/she had often had difficulties in the past in maintaining close friendly relationships because he/she was afraid of not being understood properly.*

P (restrained and introverted): I honestly don't know if this is going to do any good... I mean, you can't understand it anyway...

T: It seems to me that something very similar is happening here as in your other private relationships: You're afraid of not being understood and are therefore withdrawing. Or how do you feel about that?

# Practical exercise 3: Target skills

1.

- Obtain the patient's consent to take a closer look at the situation

2.

- Naming what has happened in the therapeutic relationship

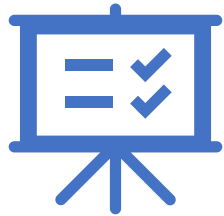
3.

- Offer the patient a brief, tactful summary of the possible parallels

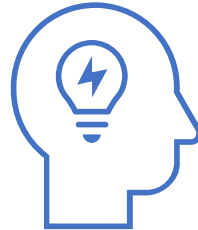
4.

- Ask the patient what he/she thinks or feels about this

# Check-Out



What are you taking away  
from today's seminar?



What did you find  
difficult/easy?



Do you have any wishes  
for the next seminar?



Thank you for your attention!  
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