



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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REPAIRING RUPTURE

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Definition: The therapist repairs a rupture in the therapeutic alliance with the patient by using one or more different procedures. In *confrontation ruptures* the patient shows problems in the alliance by expressing hostility or criticism toward the therapist. In *withdrawal ruptures* the patient manifests alliance problems by withdrawing from the therapeutic process or by deferring or expressing negative feelings indirectly.

Elements: a) The therapist senses a rupture in the therapeutic alliance, b) draws it to the patient's attention (e.g. '*I sense a feeling of tension in our relationship right now. Do you feel the same?*'), c) explores the patient's experience of the rupture ('*Do you have any sense of what you're experiencing right now?*'), and d) tries to resolve the rupture in different ways such as 1) clarifying any misunderstanding, 2) reiterating the therapeutic rationale ('*Exploring that's going on between you and me may help us understand what's going on in your relationship with other people*') in order to strengthen the alliance, 3) empathizing with the patient's experience, 4) accepting responsibility for his/her own contribution to the rupture, 4) responding non-defensively to the patient's concern, 5) collaborating with the patient to try to establish a shared perspective on what is taking place in the relationship ('*We're both feeling criticized and trying to blame the other person for what's taking place between us*').

Related procedures: *Transference interpretation, addressing empathic failures.*

Application: This therapeutic principle is relevant to a range of different therapeutic modalities.

1st Use? Safran JD et al (1990)

References:

1. Horvath AO, Bedi RP (2002) The Alliance. In JC Norcross (Ed.) *Psychotherapy relationships that work*. New York: Oxford.
2. Safran JD, Muran JC (2000) *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford Publications.
3. Safran JD, Crocker P, McMain S, Murray P (1990) Therapeutic alliance rupture as a therapy event for empirical investigation *Psychotherapy*, 27: 154-165.
4. Strauss JL, Hayes AM, Johnson SL, Johnson, Newman CF, Brown GK, Barber JP, Laurenceau J-P, Beck AT (2006) Early alliance, alliance ruptures, and symptom change in a nonrandomized trial of cognitive therapy for avoidant and obsessive-compulsive personality disorders. *J Consult Clinical Psychology*, 74: 337-345.

Case Illustrations (Safran & Muran 2000)

1. Repair of confrontation rupture

Susan was depressed, in her early 20s, and on an antidepressant. She'd improved once three years earlier with an antidepressant, but relapsed one month ago for no clear reason. She was extremely ambivalent about psychotherapy, feeling this implied she was to blame for her problems. More than once she asked her therapist if he felt she should be on antidepressants; he sensed she was testing him to see if he could accept

that her depression was biological and therefore beyond her control. The therapist tried to explore the meaning of her question and to convey that he'd support whatever she decided, but she seemed to regard any exploration of her experience as intrusive and any reassurance as hollow. During such exchanges the therapist felt cautious, unspontaneous, and concerned about saying the wrong thing. On one occasion he said: *"It feels to me as if we're two chess players, carefully sizing one another up and trying to decide their next move. Do you know what I mean?"* Susan said the image fitted her too, so he asked her what it felt like to be playing chess with him. This led to exploration of her need to act with extreme caution in order to protect herself from him, which in turn helped her to start exploring her deep mistrust and feelings of vulnerability.

2. Repair of withdrawal rupture

Sam was a middle-aged writer who sought treatment for a writer's block and associated depression. From the start his therapist was struck with his thoughtfulness, intelligence and psychological maturity. Sam had clearly struggled deeply with important issues in his life and worked out a well-articulated philosophy. In their first few sessions the therapist found herself greatly admiring Sam and doubting her own ability to help him. To try to explore what might be going on in their relationship she said to Sam *"You know, I find myself really admiring you. You've obviously thought about things deeply, and I find myself respecting your wisdom. At the same time, I find myself wondering if anything I could say or do would be of value to you. You seem to be generating your own answers as you raise the questions, and you seem very self-sufficient to me."* This opened the door to a core relational theme for Sam that was interfering with the establishment of an alliance. Over time he was able to talk about his sense that others could not be counted on and that he would ultimately have to look after himself. A related link was between his self-esteem and experiencing himself as wise, and his difficulty in seeking help from another since this would threaten his self-esteem.