SA3

Resolving Therapeutic Impasses

(Jeremy Safran, PhD)
Resolving Therapeutic Impasses

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“Our time is up”

Two-person psychology

- Patients & therapist influence one another on ongoing basis through both verbal & nonverbal communication
- Therapist cannot stand outside of interpersonal field
- Enactment
- “doer or done to position” Jessica Benjamin
- Internal paralysis
- Unacceptable feelings disowned
- Collapse of internal space

- Bond
- Task
- Goal
- Frame
- Construction of reality

- Agreement
- Ongoing negotiation

Alliance Rupture
**Rupture & Repair**

- 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

**Still Face Paradigm**

![Image of a woman with a neutral expression]

**Impasses & Ruptures as Opportunities**
**Confrontation Rupture**

Patient criticizes or controls therapist

- Complaints
- Rejects intervention
- Pressure

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**The experiential level**

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**Withdrawal Rupture**

Patient avoids, complies or defers to therapist

- Minimal response
- Shift topic
- Avoidant storytelling
- Deferential & appeasing
Withdrawal (Les)

If I were the therapist right now, I’d be feeling:

Complex communication: Lauren
All communications are relational acts

- Linking countertransference to patient’s paralinguistic communications

Metacommunication (Jessica)

- An attempt to shift towards a meta-perspective on the patient therapist-interaction
- Inviting the patient to collaborate on the task of trying to develop a shared perspective on what’s going on
- The third (Jessica Benjamin, Lewis Aron)
- Involves exploring experience and actions linked to it
**Principles of Metacommunication**

- Invite collaborative inquiry
- Establish as sense of “we-ness”
- Skillful tentativeness
- What is happening *this moment*
- Track patient’s responses to interventions carefully
- The relational configuration is constantly changing

- Explore (and acknowledge) one’s own contributions
- Connecting patterns?
- Expect repair efforts to precipitate new ruptures
- Ongoing process of refining understanding

*Karen (APA 2009)*
**Additional principles**

- Skillful self-disclosure
- Connecting feelings and paralinguistic communications
- Putting the unsayable into words
- Focus on awareness; not change
- The dialectic of faith versus despair

**General strategies**

- Immediate vs. exploratory
- Explicit versus implicit

**Immediate**

* (maintaining or “getting back on track”)
- Explaining rationale
- Changing tasks or goals
- Clarifying misunderstanding
**Exploratory**
(Exploring core relational themes)

- Understanding & disembedding take place at same time
- Change in internal object relations or implicit relational knowing

**Implicit**

- Silent reflection and metacommunication

**The Inner Work of the Therapist**
**Emotion**

- Adaptive function
- Immediate, bodily sensed appraisal
- Action disposition information
- Internally generated information about self in relationship to environment
- A primal form of communication

**Human beings are hardwired to read each other’s emotion displays**

**Mindfulness**

- Attention to the present moment
- Tracking what emerges in the moment at three levels
- Attitude of curiosity
- Nonjudgmental awareness
- Acceptance
**Felt Sense**
Eugene Gendlin

- Preconceptual bodily-felt appraisal of personal meaning of emergent situation
- Unformulated experience
- The process of reflecting on our felt-sense involves both discovery and construction
- Provides a doorway into understanding both ourselves and the current situation

**Returning to Kate**
*collapsed internal space*

- Freedom to see options
- Freedom to act spontaneously
- Freedom to reflect on internal experience and use therapeutically
Re-opening collapsed internal space

Internal Movement

- Surrender
- Self-acceptance
- Allowing and accepting one’s internal experience, rather than fighting against it
- “letting go”

The therapist’s state of mind as an instrument of change

- Containment
- Survival
- Affect regulation
- Self & Interactive regulation
Conclusion

Michael Balint

At times the therapist must do everything in his power not to become, or to behave as a separate, sharply-contoured object. In other words, he must allow his patients to related to, or exist with him as if he were one of the primary substances.

• This means he should be willing to carry the patient, not actively but like water carries the swimmer or the earth carries the walker, that is, to be there for the patient, to be used without too much resistance against being used.
Over and above all this, he must be there, must always be there, and must be indestructible—as are water and earth.

-Michael Balint

Resources

Safran & Muran (2000)
Guilford Press
Training DVDs


Center for Alliance-focused Training

http://www.therapeutic-alliance.org/