Understanding Alliance Ruptures: What Do They Look Like?

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ABSTRACT

The Therapeutic Alliance (TA) has a significant impact on treatment outcome. 'Ruptures' – rifts in the client-therapist relationship – threaten TA and carry a number of subsequent risks, including: further drops in TA, interrupted therapeutic progress and a greater likelihood of unilateral client termination. Successfully recognizing a rupture may not only prevent these risks, but can provide a target for therapeutic work, and, when accompanied by successful repair, may produce TA levels that surpass pre-rupture levels. Despite knowledge that ruptures are common to treatment, research has not addressed whether therapists are skilled at recognizing and understanding ruptures. This question is thwarted by the more foundational gap in knowledge: there is no description of what a therapist *should* be looking to recognize.

The present research identifies a sampling of rupture indicators (72 items) using an emotion language context. These indicators are stimuli in a card-sorting task completed by two groups of participants: a New Zealand sample (N=33) and a native Japanese one (N=37). Similarity data derived from this task were analyzed using multidimensional scaling (MDS) to produce a unified three-dimensional model that sufficiently represents both samples.

The identified dimensions on which rupture indicators are likely to vary are: Interaction Type (i.e. are the indicators a withdrawal or confrontational type), Derivation of Meaning (i.e. is the indicator biologically based or does it convey a socially constructed meaning?), and Subject Focus (is the indicator directed at the other, interpersonal, or at the self, intrapersonal). Also identified in the model were 12 different clusters, or kinds, of rupture indicators (e.g. *physically aggressive, verbally defiant, submissive speech content, physiological distress).*

Conclusions are drawn from this analysis and recommendations follow on ways to further validate this model. Also discussed are applications of this model to enhance training programs for rupture recognition, to improve recognition ability in practice and also to facilitate consistent rupture recognition strategies for research purposes. This may precipitate future research exploring correlations between rupture incidence rates, and presentation types according to therapist and client variables.

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ABBREVIATIONS

3D	Three-dimensional
APA	American Psychological Association
ARM	Agnew Relationship Measure
BPD	Borderline personality disorder
CANCORR	Canonical correlation
CBT	Cognitive Behavioural Therapy
EI	Emotional intelligence
GOPA	Grouping, opposites, partitioning, adding
HCA	Hierarchical cluster analysis
IPC	International Pacific College
IPCHEC	International Pacific College Human Ethics Committee
MANOVA	Multivariate analysis of variance
MDS	Multi-dimensional scaling
MOSS	Method of successive sorts
MUHEC	Massey University Human Ethics Committee
PSQ	Post Session Questionnaire
R/R	Rupture and repair [cycle]
SRS	Session Rating Scale
TA	Therapeutic alliance
TLDP	Time Limited Dynamic Psychotherapy
WAI	Working Alliance Inventory

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