In this article I argue that the clarification of the processes involved in working through breaches or ruptures in the therapeutic alliance, is a vitally important task for psychotherapy theorists and researchers. I suggest that these inevitable problems in the therapeutic alliance provide important opportunities for clarifying factors that may create barriers to authentic relatedness in clients' everyday lives. Furthermore, working through these problems can provide clients with valuable experience in the important tasks of reconciling the needs for relatedness and agency, and of coming to accept both self and other.

The centrality of these tasks to the human condition has been recognized across the ages and across different cultures. The current paradigm shift in psychotherapy theory and practice toward more relational and constructivist perspectives, however, has established a particularly ripe climate for enhancing our understanding of the client-therapist relationship through a differentiated exploration of these concerns.

About a year after the separation of my parents broke up the home of my childhood in Vienna ... I had been brought to the house in which my grandparents lived. It had a rectangular inner courtyard surrounded by a wooden balcony extending to the roof on which one could walk around the build-

Correspondence regarding this article should be addressed to Jeremy D. Safran, Psychology Department, New School for Social Research, Graduate Faculty of Political and Social Science, 65 Fifth Avenue, New York, NY 10003.
The consistent failure to find differences in the efficacy of different forms of psychotherapy and the finding that therapy nonspecific factors account for a good proportion of the variance, are leading a growing number of psychotherapy researchers to focus on the therapeutic relationship (Lambert, 1983). In this context the therapeutic alliance has emerged as a concept of pivotal significance. While originating in psychoanalytic theory (Greenson, 1967; Sterba, 1934; Zetzel, 1956) the alliance has come to be conceptualized in transtheoretical terms as a prerequisite for change in all forms of therapy (Bordin, 1979), and an impressive body of empirical research consistent with this conceptualization has accumulated (Alexander & Luborsky, 1986; Horvath & Greenberg, 1989; Horvath & Symonds, 1991; Marmar, Weiss, & Gaston, 1989; Orlinsky & Howard, 1986; Suh et al., 1989).

In this article I will argue that: 1) The exploration and resolution of difficulties in establishing and/or maintaining a good therapeutic alliance can play a critical role in helping people change; 2) The clarification of in-session transactions involved in resolving problems in the therapeutic alliance is one of the most important practical challenges confronting therapists and psychotherapy researchers today; and 3) The clarification of the theoretical mechanisms through which resolving such problems can lead to change is a particularly important and potentially illuminating task. I will begin by exploring the value of focusing on alliance ruptures from the perspectives of therapeutic efficacy and theory development. I will then speculate on the processes through which healing such breaches or ruptures can lead to change.

In this discussion of underlying processes, I will argue that breaches in the alliance are particularly important junctures in therapy to explore, because they are paradigmatic of a fundamental dilemma of human existence, i.e., the need to reconcile our innate desire for interpersonal relatedness and the reality of our separateness. I will illustrate various ways in which this theme recurs as a central issue in a wide range of psychological, philosophical, and spiritual traditions, and then attempt to clarify some of the ways in which the process of working through alliance ruptures can help to facilitate the reconciliation of this dilemma.

Therapeutic Efficacy

The consistent finding that the average client tends to benefit from psychotherapy, regardless of the particular approach employed (Luborsky, Singer & Luborsky, 1975; Shapiro, 1985; Smith & Glass, 1983) obscures the fact that in any treatment study, some specific clients improve, while others either fail to improve, or deteriorate (Bergin, 1970). Who are the clients who fail to benefit from psychotherapy? The empirical evidence suggests that the quality of the therapeutic alliance is the best available predictor of therapy outcome. At a practical level, it would thus seem critical to develop ways of helping those clients who do not benefit from therapy as readily as the average client—those clients with whom it is difficult to establish or maintain a good therapeutic alliance.

Evidence is beginning to emerge that different therapists possess different abilities in this respect (Lambert, 1989; Orlinsky & Howard, 1980; Ricks, 1974). Luborsky et al. (1985), for example, demonstrated that while clients responded equally well to three different treatment conditions, individual therapists (regardless of treatment condition) displayed different levels of effectiveness with their clients, and that a major variable mediating their effectiveness was their ability to establish good therapeutic alliances. In a follow-up to this study, Luborsky et al. (1986) reanalyzed the data from four major outcome studies and found that, in all studies, the contribution to outcome of the individual therapist variable overshadowed treatment modality effects.

In the first Vanderbilt psychotherapy study, Strupp (1980) observed that a major factor distinguishing poor outcome cases was the therapists' difficulty establishing good therapeutic alliances with their clients, because of a tendency to become caught in negative interactional cycles in which they responded to client hostility with their own counterhostility. This observation was subsequently supported in a more systematic fashion with data from the Vanderbilt II study, where it was demonstrated that a major factor distinguishing treatment failures from treatment successes was the tendency for therapists to become locked into negative complementary cycles with their clients (Henry, Schacht & Strupp, 1986; Henry et al., 1990).

The importance of focusing our theoretical and research efforts on the topic of refining our un-
derstanding of the best way to work with problematic therapeutic alliances becomes highlighted when one stops to consider that the therapists in both of these studies were well trained and experienced. As Strupp (1980) remarked in the wake of the Vanderbilt I study:

The plain fact is that any therapist—indeed any human being—cannot remain immune from negative (angry) reactions to the suppressed and repressed rage regularly encountered in patients with moderate to severe disturbances. As soon as one enters the inner world of such a person through a therapeutic relationship, one is faced with the inescapable necessity of dealing with one’s own response to the patient’s tendency to make the therapist a partner in his difficulties via the transference. In the Vanderbilt Project, therapists—even highly experienced ones and those who had undergone a personal analysis—tended to respond to such patients with counter-hostility that not uncommonly took the form of coldness, distancing, and other forms of rejection (p. 953).

These observations become particularly trenchant in light of the fact that the therapists in the Vanderbilt II study were explicitly trained to work with the type of negative interactional cycles that had been observed in the Vanderbilt I study. The clarification of the processes involved in working therapeutically with these negative interactional cycles and in resolving ruptures in the therapeutic alliance would thus seem to be an important direction for future psychotherapy research and theory development (cf. Foreman & Marmar, 1985; Safran et al., 1990; Safran & Segal, 1990). Since I have described our research program in this area elsewhere (Safran, 1993; Safran et al., 1990; Safran, Muran & Wallner, in press; Safran, Muran & Wallner, 1991), I will focus here exclusively on theoretical issues.

The Alliance Rupture as a Window into Core Themes

While a breach or rupture in the therapeutic alliance can be a serious barrier to therapeutic progress, it can also provide the therapist with indispensable information. The impact of any therapist action is always mediated by the client’s construal of that action. A problem in the alliance thus provides an important opportunity for clarifying construal patterns that may be characteristic for the client (Safran, 1993; Safran et al., 1990; Safran & Segal, 1990). From an interpersonal perspective, any strain in the therapeutic alliance reflects both client and therapist contributions. The relative importance of these two contributions will vary from case to case. In some cases the therapist may intervene in a fashion that the average client will experience as helpful, but which is experienced as critical, invalidating, or withholding by a particular client. In such cases, the exploration of the way in which the client is construing the therapist’s actions can potentially lead to the clarification of core organizing principles that shape the meaning of interpersonal events for the client. For example, a client who experiences a therapist’s silence as hindering, may have a general tendency to perceive others as withholding or emotionally unavailable. A client who experiences a therapist’s more active interventions as hindering may have a generalized tendency to perceive others as controlling or intrusive.

Thus, as interpersonally oriented theorists emphasize, it is always important for the therapist to clarify the contributions that both parties are making to the interaction (Gill, 1982; Greenberg, 1991; Hoffman, 1991; Kiesler, 1986; Stolorow, 1988). In some cases a hindering intervention reflects either a technique or a therapist characteristic that will emerge with most clients. For example, a therapist who employs a particularly confrontative approach, either because of his or her therapeutic orientation or because of his or her own aggressive interpersonal style (or both), may have difficulty establishing an alliance with many clients. In other cases therapists contribute to problems in the therapeutic alliance by unwittingly participating in vicious cycles not unlike those characteristic of the client’s other interactions. For example, a therapist who responds to a hostile client with counterhostility confirms the client’s view of others as hostile and obstructs the development of a good therapeutic alliance. A therapist who responds to a withdrawn client by pushing for self-disclosure confirms the client’s view of others as intrusive, thereby perpetuating a vicious cycle in which others are seen as intrusive; and the client withdraws as a form of self-protection.

The idea that clients and therapists often enact the type of vicious cycles that are thematic of the client’s other relationships has become a central theme in interpersonal/relationally oriented approaches to therapy. This theme, typically discussed under the general rubric of transference/countertransference dynamics, is understood in different terms by different theoretical traditions. Some theorists (e.g., Cashdan, 1988; Ogden, 1986; Racker, 1968; Tansey & Burke, 1989) invoke the concept of projective identification to
explain the mechanism through which these vicious cycles become enacted. Others hypothesize that they result from self-fulfilling prophecies in which the client’s dysfunctional expectations and maladaptive coping strategies lead them to behave in a way that ironically confirms their beliefs (e.g., Carson, 1969; Kiesler, 1986; Safran, 1990a; Strupp & Binder, 1984; Wachtel, 1977).

Regardless of the particular theoretical perspective one takes on this issue, however, the implication is that the interactional dynamic that impedes the development of a good therapeutic alliance may provide information about what Luborsky (1984) terms core conflictual relationship themes in the client’s life, and that the exploration of the way in which both therapist and client are contributing to the alliance breach can provide the therapist with critical data that would otherwise be unavailable. Another implication is that by resolving a breach in the alliance, rather than participating in a habitual dysfunctional cycle, the therapist can provide the client with a new, constructive interpersonal experience—a corrective emotional experience.

The Corrective Emotional Experience

The concept of the corrective emotional experience, while popularized by Alexander & French (1946), can be traced back to Ferenczi’s work in the early days of psychoanalytic thinking (a theme we shall return to later). To speculate about the factors which led to the discrediting of this concept in psychoanalytic thinking for many years, as well as those responsible for the current resurgence of interest in it, is beyond the scope of this article. [But see Haynal (1988) for an interesting discussion of this theme.] The trend in this direction, however, is clearly evident (Bollas, 1989; Kohut, 1984; Mitchell, 1988; Safran, 1990b; Strupp & Binder, 1984). It is also important to note the growing body of empirical evidence consistent with the hypothesis that the therapist’s ability to disconfirm the client’s dysfunctional beliefs about interpersonal relationships through the therapeutic relationship is an important mechanism of change (Weiss et al., 1987).

Kohut (1984) has been particularly influential in sensitizing clinicians to the therapeutic significance of resolving alliance breaches, or what he terms empathic failures, and has also made an important attempt to articulate the mechanisms through which healing such breaches can lead to change. According to Kohut (1984), therapeutic impasses typically reflect empathic failures on the therapist’s part, and the process of working through these empathic failures provides an important corrective emotional experience for the client. He theorizes that this process takes place through what he refers to as a transmuting internalization.

This, according to him, consists of the establishment of new internal structures through (to use his terminology); 1) the withdrawal of narcissistic cathexis from selfobject images, and 2) a subsequent process of internalization in which the client takes over some of the selfobject functions the therapist has been assuming, such as maintenance of self-cohesiveness and regulation of self-esteem. This model, while appealing at one level, becomes problematic when one is pressed to operationalize certain core constructs. To quote Eagle (1984):

Generally, the concept of internalization in the psychoanalytic literature is confused and confusing, and Kohut’s concept is no exception. When one attempts to ascertain what Kohut means, specifically, by “transmuting internalizations,” one reads, for example, that this involves the creation of internal psychic structures through the withdrawal of cathexes from object images. But what are psychic structures? And what does it mean to withdraw cathexes from object images? Unless one’s responses to these questions are reasonably clear and with empirical content and reference, the explanations of “transmuting internalizations” remain as vague as the term itself. Unfortunately, I believe one has to conclude that at this point, this key concept, employed by Kohut to describe and explain therapeutic change, has at best only approximate or perhaps apparent meaning. (p. 70).

In what follows, I will attempt to elucidate some of the meaning contained within this concept. My intention is to tease out some of the ideas and assumptions that either explicitly underlie or are implicit in Kohut’s formulation, and to advance some related ideas that are not. I will begin by exploring the potential significance that healing alliance ruptures may have in the growth process in fairly broad philosophical terms, and then move toward operationalizing some of the specific mechanisms that may be involved, in a later section of the article.

Alone with Others

In life we must all inevitably negotiate the paradox that by the very nature of our existence we are both alone and yet inescapably in the world with others. We are alone at a fundamental level. In the stark words of the eighth century Buddhist
Therapeutic Alliance Breaches

Philosopher, Shantideva: "At birth I was born alone and at death too I must die alone" (Bachelor, 1979, p. 98). Although we are able to share many things with other people, many of our most important experiences will never be shared. At the same time, we are by the very nature of our existence inescapably tied to others. We are born in relationship with others (we emerge from our mother’s womb) and attain a sense of self only in relation to others. Theorists as diverse as Mead (1934), Lacan (1964) and Kohut (1984) have used the metaphor of the mirror to express the role that the other plays in developing and maintaining one’s sense of self. As current developmental research demonstrates, human beings are biologically programmed to seek relationships with other people and to develop in context of relationships with other people (Bowlby, 1969; Stern, 1985). Moreover, beginning at a very early age, we appear to have a remarkable capacity for intersubjectivity—for sharing in and empathizing with the subjective experiences of others (Murphy & Messer, 1977; Trevarthan & Hubley, 1978).

Yet despite the intrinsically interpersonal nature of human existence, we are ultimately encapsulated by our own skin and set apart from others by virtue of our existence as independent organisms. No matter how hard we try, we cannot, on a continuing basis, achieve the type of union with others that permits us to escape from our aloneness. As human beings we thus spend our lives negotiating the paradox of our simultaneous aloneness and togetherness.

Balint (1935) spoke about what he termed the basic fault as being the essence of the human condition. According to him, the basic fault results from the fact that the environment fails to move in complete harmony with our needs. One’s first experience of this type is typically with the mother, who inevitably will be either absent when we need her or intrusive when we need to be left alone. As a result of this inevitable mismatch, one has their first experience of the environment being off in some sense. We begin to have a sense of being separate from our environment. This basic fault—the sense of there being something fundamentally wrong, of having fallen from a state of grace—is a universal theme in mythology, and the attempt to heal this basic fault is a central concern in all spiritual traditions.

In the Judeo-Christian tradition, this sense of having fallen from a state of grace is reflected in the myth of the expulsion from the Garden of Eden. Jewish culture is imbued with a sense of living in exile, both as an historical and a cosmic principle. Both Jewish and Christian traditions are concerned with healing our sense of separateness through obtaining a sense of union with the divine and with other human beings. This is particularly true of the Kabbalistic and Hassidic traditions in Judaism and of the Gnostic traditions in Christianity. The Hindu tradition sees the dilemma of the experience of human separateness as arising from the failure to recognize that we are all part of one universal essence—Brahma, and the recognition and experience of our fundamental being as part of this universal essence, as the solution. Buddhism views the basic human dilemma as arising from a mistaken conception of self as having a permanent and substantial nature, and the recognition of the nonduality of self and others as the solution. The pain and longing of separation, and the ecstasy of gnostic union, are expressed exquisitely in the poems of the thirteenth century Sufi mystic, Rumi:

```
Burning with longing-fire,
Wanting to sleep with my head on your doorsill,
My living is composed only of this trying
to be in your presence.
```

(Moyne & Barks, 1986, p. 64).

```
He is in each of my atoms,
Each of my raw nerves...
I'm a harp leaning against Him
This grief just a play of His fingers.
```

(Harvey, 1988, p. 68).

Various psychological theorists have, in different terms, written about the attempt to escape our isolation through union with others and of the different ways in which this theme is played out in everyday life, and within the arena of psychotherapy (e.g., Mahler, 1974; Rank, 1929; Spitz, 1965; Stone, 1961). It is interesting to note that from the early days of psychoanalytic theory, there were two parallel strands of thought, regarding the fundamental nature of human motivation. At the same time that Freud was articulating his drive metapsychology, which holds that the fundamental motivational principle consists of maintaining libidinal energy at a constant level, Ferenczi (1931) was emphasizing the importance of what Balint (1935), his student, later came to term “primary love,” i.e., the desire to “be loved always, everywhere, in every way, my whole body, my whole being” (Balint, 1935, p. 50).
He believed that neurosis develops as a result of splitting off a part of the self in order to maintain a relationship with one’s parents, and that therapy can provide what Balint (1935) later termed a “new beginning,” in which the patient learns to relate to the therapist without this type of split. According to him, the therapeutic situation can be used to allow the patient to abandon himself or herself to the phase of “passive object-love,” i.e., that phase in which, like the child, his or her needs are responded to perfectly by the other. When the patient inevitably experiences the reality of the therapeutic situation, and the limits of the analyst’s responsiveness become apparent, a trauma will ensue that re-enacts the trauma which initially took place when the infant was disillusioned about his or her own omnipotence in childhood.

Rank (1929), stimulated in part by his collaboration with Ferenczi, came to emphasize the birth trauma as being of fundamental etiological significance in all neuroses. Thus according to him, the major trauma involves the initial separation from the biologically symbiotic relationship with the mother, and all of life can be understood as an attempt to recover this symbiotic state. According to Rank (1945), the central problem for most persons seeking treatment is an inhibition in the ability to will. Willing is anxiety-provoking and guilt-producing for many patients because it involves self-assertion, which always involves a separation from the other. According to Rank, developmentally, one of the first expressions of will is in the form of negative will. The young child begins to differentiate himself/herself from the parents by saying “no.” If the parents are able to tolerate and validate these acts of self-assertion, it facilitates the development of a healthy and creative will and sense of agency in the child. If, however, the parents are threatened by this expression of will and enforce compliance, the child’s will becomes paralyzed and he or she never develops the ability to will in a healthy and creative fashion.

**Disillusionment and Maturation**

When the infant is initially born, he or she is completely dependent upon the mother and she in turn is predisposed to be physically and emotionally attuned to the infant. Winnicott (1965) referred to this as a state of primary maternal preoccupation. Because of this preoccupation, the infant begins, in a sense, with an absolute claim on his or her mother. Theorists such as Winnicott and Kohut believe that a phase in which the mother allows herself to be an object of the infant’s needs, plays an important role in helping the infant to acquire a fundamental sense of creativity. As Winnicott suggests, she participates in the creation of an illusion with the child. Through a type of playful activity the mother and child co-create the illusion that the child can, in a sense, create his or her own world, and this is instrumental in helping the child to develop a fundamental sense of his/her own agency, spontaneity, and creativity.

Gradually, however, as the mother moves out of her state of primary maternal preoccupation and becomes more attuned to her own needs and less responsive to the infant’s needs, the infant begins to experience disillusionment. If the mothering takes place in an optimal fashion (what Winnicott referred to as good-enough mothering and Kohut referred to as optimal frustration), this process of disillusionment is always within the range of the infant’s tolerance and is thus not experienced as traumatic. In a healthy developmental process, the individual, to some extent, comes to accept the independent existence of the other. One comes to accept the other’s status as a subject rather than an object of one’s needs, without having to stifle one’s own creativity and bodily felt needs in order to maintain contact with the other. If, however, the degree of disillusionment is traumatic, then the infant experiences an impingement on his or her own development, and is required to adapt to the mother’s needs rather than gradually learning to develop a sense of self which synthesizes his or her own bodily felt needs.

While in some cases this disillusionment process—of coming to terms with the separate existence of the other—is less traumatic than in others, it never takes place completely smoothly. To varying degrees, then, individuals spend their lives struggling with this issue of aloneness versus togetherness—with maintaining a sense of self as a vital, alive and real subject at the same time as maintaining a sense of others as real, independent subjects.

To varying degrees people continue to relate to others as objects—as characters in their own dramas, rather than as independent subjects. People try to control and possess others by trying to squeeze them into forms that fit their fantasies.
Therapeutic Alliance Breaches

and needs. In Martin Buber’s terms, people relate to others as “its” rather than as “Thou’s.”

The problem here is twofold. First, the world and people in it stubbornly refuse to conform to the shapes that we try to assign to them. There is thus a constant experience of frustration. Second, to the extent that we do treat people as objects and fail to recognize their status as subjects, we deprive them of the independent existence necessary for them to be able to provide relief from our experience of isolation. (Hegel’s master—slave dialectic). There is thus a supreme irony here, in that to the extent we succeed in obtaining our goal of possessing or controlling others (or at least deceiving ourselves into believing that we do), we increase our sense of aloneness.

In addition to attempting to manipulate others in an attempt to meet their own needs, people manipulate themselves, in an attempt to be some way that will help them maintain relatedness through meeting the needs of others. No matter how hard we try to bend ourselves into a particular form, however, we ultimately remain what we really are, for everyone to see. This of course was one of the brilliant insights that Wilhelm Reich had, when he pointed to the fact that one’s defenses are an integral part of their character, and are manifested in every molecule of their being. The photographer Diane Arbus (1972) once said that her portraits were designed to capture the discrepancy between intention and effect, i.e., the paradoxical way in which no matter what our illusions about ourselves are, we are there with all of our flaws including our attempts to hide them, for everyone to see.

The pathological nature of this type of self-manipulation has always been a central theme in humanistic psychotherapies (e.g., Perls, Hefferline & Goodman, 1951; Rogers, 1951). It was also recognized to some extent in classical psychoanalytic formulations, which emphasized the role of sexual repression in psychopathology, and saw the relaxation of the harshness of the superego as being an important part of the curative process. And just as there has always been a strand of psychoanalytic theory parallel to the mainstream, that emphasizes the importance of desire for union in human experience, and of the corrective emotional experience in therapy, there has always been a strand emphasizing the importance of liberating the organismically based self from the shackles of overconformity (Ferenczi, 1931; Rank, 1945; Reich, 1942). Increasingly, however, with the development of more relationally oriented psychoanalytic theories (e.g., Balint, 1935; Guntrip, 1969; Horney, 1945; Sullivan, 1953; Winnicott, 1965), the notion of the betrayal of the self through overconformity to society became a prominent theme.

Winnicott (1965) showed a particular concern with the problems caused by paralyzing one’s spontaneous, organismically based self through overconformity. This is captured with elegant simplicity in his distinction between the true self and the false self. According to him, the mother, by providing, what he termed, the appropriate “holding environment,” helps the infant to develop a sense of himself or herself as real. By recognizing the infant’s spontaneous gestures, she helps the infant begin to synthesize his or her spontaneous experience as part of the self, and this is the fundamental basis of the experience of being real.

Separation/individuation and the Representation of Self-other Interactions

According to Mahler (1974) the separation/individuation process is the most important developmental task facing the individual. She theorizes that the infant has a desire both for symbiotic union with the mother and a natural tendency to individuate. The infant’s natural curiosity in the world leads him or her to explore, thereby facilitating individuation. It requires the presence of the mother and her emotional availability, however, to facilitate this exploration and movement into the world. Mahler (1974) refers to this as “safe anchorage.” In a healthy developmental process the mother provides the optimal balance between emotional availability and the encouragement of autonomy. According to her, the development of emotional object constancy, i.e., the ability to maintain a symbolic representation of the mother in her absence, plays a crucial role in consolidating the individuation process and allowing the infant to engage exploratory behavior without her actual physical presence.

Bowlby (1969) also emphasizes the important role that the mother’s emotional availability plays in providing the infant with what he refers to as a “secure base” from which to explore. He, however, understands the significance of the mother–infant tie in ethological terms. From his perspective, attachment behavior, i.e., main-
Jeremy D. Safran

taining proximity to the attachment figure, is a biologically wired-in behavioral system that plays an adaptive role in the survival of the species. Bowlby’s (1969) concept of the working model provides a particularly useful way of understanding the way in which the infant’s cognitive-affective representation of interactions with attachment figures mediates development and subsequent interaction with others.

According to him, the infant’s internal representation of interactions with attachment figures plays an important role in maintaining proximity, by allowing him or her to predict self-other interactional contingencies. For example, the infant who learns that the expression of sad or angry feelings will result in abandonment can hide such feelings in order to maintain relatedness. As I have argued elsewhere, the working model can be thought of as a type of interpersonal schema that functions as a program for maintaining interpersonal relatedness (Safran, 1990a; Safran & Segal, 1990). This concept is similar in certain respects to other models of internalization (e.g., Fairbairn, 1952; Ogden, 1986; Sandler & Sandler, 1978). A critical distinction, however, is that it clearly specifies the way in which interpersonal events are internally represented, in terms consistent with contemporary memory theory [see Stern (1985) and Safran (1990a) for elaborations of this point]. It thus has the advantage of the type of conceptual clarity that lends itself well to empirical investigation (e.g., Hill & Safran, 1993; Main, Kaplan & Cassidy, 1985), and a growing number of theorists have been adopting it and elaborating upon it (Beebe, 1985; Nelson & Greendel, 1981; Safran, 1990a; Stern, 1985).

Affective Miscoordination and Repair

Recent research on empathic communication in infant-mother interactions provides some intriguing suggestions regarding the role that emotional attunement and its absence may play in the development of adaptive and dysfunctional interpersonal schemata. As theory and research in the areas of emotion and infant development suggest, emotional experience plays a central role in providing the individual with information about his or her own action dispositions (Greenberg & Safran, 1987; Lang, 1983; Leventhal, 1984). The extent to which an individual integrates and synthesizes affective information of various types thus determines the extent to which he or she ultimately develops a sense of a self that is grounded in his or her organismic, biologically rooted experience (Safran & Greenberg, 1991; Safran & Segal, 1990). Thus, as Stern (1985) points out, the process of affect attunement plays a central role in helping the child to articulate their emotional experience. Through this process, the child develops a sense of self that is grounded in his or her own bodily felt experience and communicable to the other.

A number of studies have demonstrated that there are consistent differences between the way in which healthy and dysfunctional mother-infant dyads deal with moments of affective attunement and misattunement (Tronick, 1989). In both healthy and dysfunctional dyads there is an ongoing oscillation between periods where mother and infant are affectively attuned or coordinated and periods where they are miscoordinated. In healthy mother-infant dyads, moments of affective miscoordination are typically followed by a repair in the interaction. For example, a child begins to experience sadness or joy and the mother misattunes to this emotion. In response to this misattunement, the child experiences a secondary emotion (e.g., anger). The mother then attunes to the secondary emotion and the dyad becomes affectively coordinated once again.

In contrast, in dysfunctional mother-infant dyads, the mother not only fails to attune to the primary emotion, but fails to attune to the secondary emotion as well. Tronick (1989), using Bowlby’s model of internalization suggests that in healthy mother-infant dyads, the ongoing oscillation between periods of miscoordination and repair ultimately serves a useful function by helping the infant to develop an adaptive interpersonal schema—one that represents the other as potentially available and the self as capable of negotiating relatedness even in the face of interactional rupture.

In contrast, the infant in the dysfunctional dyad never develops this type of self—other representation, and as a result is likely to give up the possibility of establishing authentic emotional contact. He or she does not develop faith in his/her ability to maintain authentic contact in the face of differences and in a desperate attempt to maintain some type of interpersonal relatedness will develop self-manipulative and other-manipu-
lative strategies to maintain some type of interpersonal contact. As both Ferenczi (1931) and Winnicott (1965) suggested, the individual relates to others with a false self in order to buy time until the situation emerges where the possibility of real, authentic interpersonal contact exists.

Because of the emotional deprivation the individual has experienced, and because of the ongoing experience of failure to establish real contact, he or she seeks desperate solutions to either maintain or establish some semblance of contact, and to avoid the possibility of further rejection. The very solution which the individual attempts, however, ultimately impedes real relatedness (Safran & Segal, 1990; Wachtel, 1977).

The individual who, for example, because of consistent misattunement as a child, has difficulty fully experiencing and expressing sadness, will continue to experience misattunement to such feelings from others. This will create a barrier to relatedness, that may leave him or her feeling deprived and angry. Others, in turn, may be alienated by, and fail to empathize with this anger. The situation can be further complicated, if the individual, for fear of alienating others, expresses angry feelings in an indirect or passive—aggressive way. This can create yet another barrier that may make it difficult to establish rewarding relationships in everyday life, and to establish or maintain an alliance in therapy. In treatment, the therapist’s ability to attune to whatever secondary feelings of anger or hurt are the emergence of whatever primary feelings are being submerged and misattuned to (Safran and Segal, 1990). This, of course, is only one example of the infinite number of ways in which a client’s dysfunctional schema can influence and be influenced by the development of a therapeutic alliance.

Rupture Resolution and Schematic Change

In the same way that the process of oscillating back and forth between states of affective miscoordination and repair is hypothesized to play a role in helping the infant to develop an adaptive interpersonal schema, working through alliance ruptures may do so for the client in psychotherapy. It can provide a learning experience through which the client gradually comes to develop an interpersonal schema that represents the other as potentially available and the self as capable of negotiating relatedness even in the context of interactional ruptures (Safran, 1990b; Safran & Segal, 1990).

What does it mean for the client to (as Kohut would have it) modify the structure of the self by internalizing the therapist and taking over some of his selfobject functions? Again, as Eagle (1984) has pointed out, there is a tendency in self-psychological theory to reify the construct of the self—to write about concepts such as “lack of self-cohesiveness,” “fragmented self” and “self defects” as if they were referring to actual cracks in a substantial structural entity. From an interpersonal perspective, the self is always defined in interaction with another, whether the other is a particular person or a generalized other (to use Mead’s concept). I think that Kohut, by recognizing the importance of the selfobject throughout the life span, is implicitly subscribing to this type of interpersonal perspective. In this respect, as Bacal & Newman (1990) point out, the self-psychological approach might more accurately be thought of as a self-selfobject psychology.

As I have suggested elsewhere (Safran, 1990a; Safran & Segal, 1990), implicit in Sullivan’s (1953) interpersonal theory is the notion that a person’s self-esteem at any point in time is a function of their subjective sense of potential relatedness. To the extent that one has a generalized expectation that interpersonal relatedness is attainable, one’s self-esteem will be less dependent on any particular person. One will thus have less of a need for a particular selfobject to regulate one’s self-esteem.

And to the extent that one does not believe that relatedness is contingent on being some narrowly defined way, he or she will be better able to integrate a full range of different internal experiences (e.g., anger, sadness, lust), without experiencing a threat to his/her subjective sense of self-cohesiveness. In other words, he or she will be less likely to experience different emotions and associated action dispositions as alien and threatening to the self. Such a person will be less dependent on the reflected appraisals of a particular other in order to maintain a subjective experience of self as cohesive, and in fact will have less of a need to cling to a fixed concept of self. As Sullivan (1953) recognized, the self-system ultimately serves a defensive function by protecting one
from anxiety resulting from the anticipated disintegration of interpersonal situations.

The Alliance Rupture as an Arena for Negotiating Relatedness

Ruptures in the therapeutic alliances are breaches in relatedness. They are what Buber (1973) referred to as “misencounters,” or “mis-meetings,” i.e., rifts that prevent true encounters from taking place. Alliance ruptures thus provide an opportunity to explore the barriers to relatedness that may occur for the client in everyday life. They also provide valuable opportunities to work on the task of being both separate and connected.

Breaches in the therapeutic alliance are inevitable. First, as Kohut (1984) has pointed out, it is inevitable that the therapist will at times fail the client empathically. As we have seen, this situation is exacerbated when the client disowns important aspects of their inner experience or has a strong interpersonal pull that ensnares others in particularly pernicious vicious cycles. Second, the therapist will inevitably fail to fulfill whatever fantasies the client has about eliminating the fundamental sense of separateness and incompleteness that we all live with. A breach in the alliance highlights the reality of the client's separateness. If the therapist is able to empathize with the client’s disappointment sufficiently well to establish a mutual sense of relatedness in context of this separateness, it will begin an important process of learning.

While in some cases clients will directly acknowledge their anger or dissatisfaction when an alliance rupture has taken place, in many cases they will have difficulty doing so or do so indirectly (Safran et al., 1990). As Rank (1945) suggested early on, angry, self-assertive feelings are perhaps the most difficult ones to learn to express because they are inherently separating in nature. And yet it is the expression of these very feelings which allows the individual to develop a sense of agency. The process of expressing their dissatisfaction with the therapist when an alliance rupture takes place, can thus play an important role in helping clients to develop a sense of themselves as responsible and creative agents who can influence their own destinies.

Learning to will, and to express ones will, however, is only half the battle. The other half consists of coming to accept that the world and people in it exist independent of one’s will; that the events in the world run according to their own plan, and that other people have wills of their own. As Winnicott (1965) pointed out, an important part of the maturational process consists of seeing that the other is not destroyed by one’s anger (or, I would add, controlled by one’s expression of will), since this establishes the other as having a real, independent existence as a subject, rather than as an object. While this type of learning is a difficult and painful part of the disillusionment process, it ultimately helps to establish the other as capable of confirming oneself as real. In this way the groundwork is laid for relationships in which reciprocal confirmation can take place.

The processes of coming to accept both self and other are thus mutually dependent ones that can be facilitated by working through ruptures in the therapeutic alliance. The therapist, by empathizing with the client's experience of and reaction to the breach, demonstrates that potentially divisive feelings (e.g., anger, disappointment) are acceptable, and that relatedness is not contingent on disowning part of oneself. He or she demonstrates that relatedness is possible in the very face of separateness.

At the same time, however, the process of working through the alliance rupture does not undo the therapist’s initial contribution to it, nor does it mean that he or she will not contribute to misencounters in the future. If the therapist is, however, to borrow Winnicott’s descriptor, good enough, the client will gradually come to accept him or her with all of his/her imperfections. The exploration and working through of alliance ruptures thus paradoxically entails an exploration and affirmation of both the separateness and potential togetherness of self and other.

As the client increasingly comes to accept his or her own separateness and the separateness of the therapist, he or she has less of a desperate need to maintain some semblance of relatedness at all costs. This in turn allows him or her to have more authentic moments of relatedness in which he/she relates to the therapist in a more spontaneous way and comes closer to accepting the therapist as they are rather than as a character in their own drama. This helps to develop an appreciation of what is referred to in the Zen tradition as “suchness,” i.e., an acceptance and appreciation of things as they are. This is not a passive acceptance of whatever transpires, but rather a letting go of one’s attempts to manipulate self and others in pursuit of perfection.
Therapeutic Alliance Breaches

As clients' acceptance of their own fundamental aloneness increases as well as their faith that moments of contact or encounter are possible, they become less relentless in their pursuit of relatedness and this permits them to be receptive to true moments of relatedness when they emerge. To quote Buber (1958): “The Thou meets me through grace—it is not found by seeking. But my speaking of the primary word to it as an act of my being, is indeed the act of my being.” (p. 11).

Conclusion

As we have seen, the conceptualization of psychotherapy as “a new beginning” and the recognition that this new beginning often starts with a type of rupture in the client–therapist relationship, has a longstanding history in psychotherapy theory. I believe, however, that the movement of the therapeutic zeitgeist in a more interpersonal/relationally oriented direction provides a framework within which some significant technical and theoretical shifts are taking place.

Kohut’s (1984) focus on the importance of working through empathic failures in therapy is, as we have seen, similar in important respects to Ferenczi’s (1931) original thinking regarding the importance of working through the client’s traumatic response to his or her disillusionment with the therapist. The self-psychological perspective, however, appears to place a greater emphasis on understanding and empathizing with the client’s experience of the therapist’s empathic failures as they take place on an ongoing basis. This emphasis on the importance of continuously detecting disruptions in the relationship and understanding both parties contributions to them is particularly evident in Stolorow’s (1988) writing. Thus, from a technical perspective, the therapeutic focus appears to be shifting away from the exploration and working through of a major traumatic event with the therapist that is viewed as a re-enactment of a historical trauma, toward an ongoing exploration of what are often subtle fluctuations in the quality of client–therapist relatedness and the clarification of factors obstructing it (cf. Safran & Segal, 1990).

At a theoretical level, there has been a tendency for psychoanalytic thinking that emphasizes the corrective emotional experience, to use the metaphor of the “infant” to understand the client in therapy. Eagle (1984) refers to this as metapsychological infantilizing and Mitchell (1988) refers to this as the “developmental tilt.” The assumption is that analysis induces a regressive process through which existing, but buried infantile longings are reactivated and that the therapeutic relationship facilitates the resumption of an interrupted developmental process. One of the problems with this type of metaphor is the tendency to assume that these longings exist only in clients (and not in therapists) or in particular types of clients. As I have argued, however, the longing for union with other people and the difficulties involved in accepting our separateness and negotiating relatedness, are issues that we all struggle with throughout our lives. For most of us the moments of true I–Thou relatedness, in which the we allow the other to reveal themselves to us as they really are in that moment, are few and far in between.

Second, as Eagle (1984) points out, the assumption that an arrested developmental process resumes, assumes that an adult can go through the same type of developmental process that a child can. It thus fails to take into account that the client is an adult with adult abilities and capabilities, who will go through their own unique type of maturational process if the conditions are right. This type of conceptualization thus results in a type of infantilizing that fails to recognize that the therapeutic relationship is a meeting between two adults. As Menaker (1989) argues, while certain therapeutic practices (e.g., lack of self-disclosure, use of a couch) can establish a role-relationship that can artificially induce child-like feelings and behaviors to emerge, it is a mistake to view these as feelings from the past, which are inappropriately transferred onto the therapist.

Hoffman (1991) has recently suggested that there is a paradigm shift taking place in psychoanalytic theory, toward what he terms a social-constructivist perspective. This perspective recognizes that therapy involves the ongoing construction of reality through the client–therapist interaction (through both dialogue and action), rather than the discovery of some objective truth. This shift toward a constructivist perspective is also consistent with current developments in cognitive therapy (e.g., Guidano, 1991; Mahoney, 1991) and experiential approaches (Gendlin, 1991).

A growing number of theorists are viewing therapy as a meeting between two human beings who inevitably become trapped in a noncreative, fixed
rut of interpersonal relatedness and who with good-will and fortune are able to work themselves out of this rut into a new, more progressive mode of relatedness (Cashdan, 1988; Levenson, 1983; Mitchell, 1988; Strupp & Binder, 1984). Consistent with this view of things, I am suggesting a greater emphasis on the use of the ongoing breaches in the therapeutic alliance that are inevitable, as opportunities for negotiating the fundamental issues of human separateness versus relatedness in an ongoing and creative fashion. These inevitable ruptures in the therapeutic alliance—mis-meetings—provide an ideal opportunity to explore and work out authentic modes of attaining human contact in the face of separateness.

Breaches in the therapeutic alliance provide an opportunity to work on the task of developing the capacity to be both separate and connected. They provide an opportunity to learn that the possibility of relatedness exists despite the fact that self and other have separate and independent needs, wills, and existences, and that true relatedness only occurs in the meeting of two separate human beings. As Rilke (1986) put it:

For one human being to love another human being: that is the most difficult task that has been entrusted to us, the ultimate task, the final test and proof, the work for which all other work is merely preparation. That is why young people, who are beginners in everything, are not yet capable of love; it is something they must learn. With their whole being, with all their forces, gathered around their solitary, anxious, and existences, and that true relatedness only occurs in the meeting of two separate human beings. As Rilke (1986) put it:

References


