



# Ruptures & Repair: Using relationship breakdowns as opportunities





# What is a "Rupture"?

- A rupture is any tension or conflict that results in:
  - A loss of connection
  - A break or loss of trust
  - Emotional disengagement
- A rupture can be caused by various factors, including:
  - A loss of empathy / compassion
  - A loss of emotional attunement
  - A loss of attention or listening
  - A misunderstanding, misinterpretation or misperception
  - A lack of clarity
  - A mismatch of expectations
  - All of the above







# **Rupture subtypes**

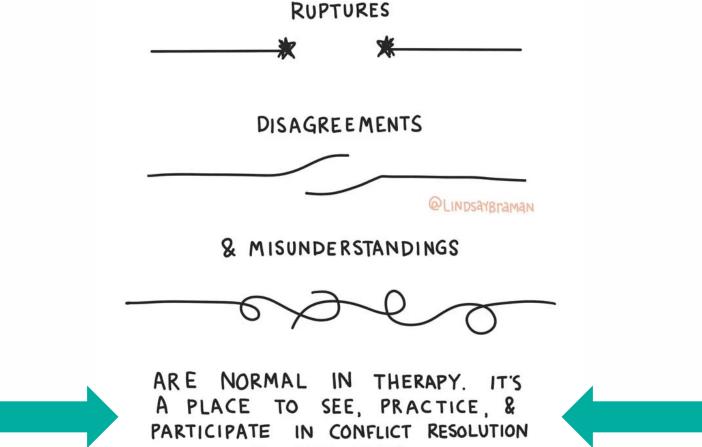
- Confrontational
  - Anger
  - Accusation or Blame
  - Heated disconnection ("this isn't working" "you don't understand")
- Withdrawal
  - Quiet or shutdown
  - Avoidance or non-attendance
  - Self-blame or shame reaction

### "We have probably done whatever problematic thing we're being accused of, or some part of it" ~ Marsha Linehan ~ (DBT Team Agreements)

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## We are human...

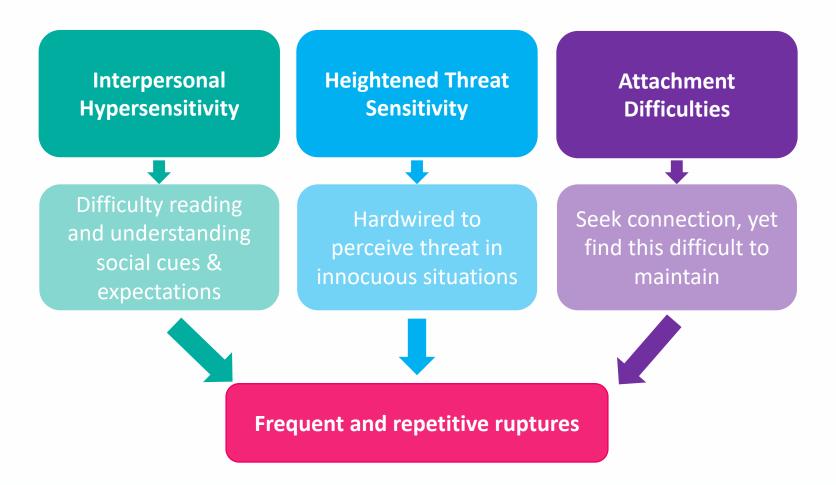


IN REAL TIME.





# Why ruptures can be frequent







# **Ruptures create opportunities**

- Repairing ruptures create essential opportunities for social development, when attended to in a thoughtful and validating way.
- For some, this may be the first time someone has owned their part in a rupture and apologised!
- Helps to role model connection and reconnection.
- Helps to rebuild and deepen trust, authenticity, vulnerability and strengthen a real relationship between equals, which is essential to the work.
- Provides corrective social learning.







# **Essential ingredients to repair**

- Let go of defensiveness
- Pay attention to the connection (or disconnection)
- Take responsibility for your part in the rupture
- Be willing to apologise
- Collaboratively develop a way forward
- Accept inevitability of future ruptures



### "The process of repair is rarely a straightforward one, which can make complete resolution of a rupture difficult to determine."

(Hestbæk et al; Mentalizing patient experiences)





#### **RUPTURE & REPAIR** NOT KNOWING REPAIR how to repair IS MORE leads to THAN I'M PLAYING SORRY SAFE IT'S ALSO RUPTURE IS INEVITABLE . NAMING IT & to SHALLOW, HAPPENED REPAIR UNSATISFYING TAKES WORK RELATIONSHIPS . OWNING OUR ROLE . NAMING THE REPAIR MIGHT IMPACT (& listening to their version) FEEL LIKE A MYTH because it's so rare . WONDERING HOW IT WAS CO-CREATED IT'S REAL! BUT · PLANNING A WAY FORWARD @LINDSAYBRAMAN FROM A LECTURE ON ATTACHMENT @ALLENDERCENTER

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## The ruptures that destroy therapy

### **Example One:**

**Setting:** Group therapy

**Context:** Significant life stressor for client and community

**Rupture:** Perception of relating another person's stressor as equal in measure to the current life stressor she was experiencing: seen as "trivialising" her experience.

**Repair:** Firstly apologised! Acknowledged what I'd said and validated how it may have come across as exactly how she experienced it. Also acknowledged that wasn't the intention.

**Result:** It took time... repair was not just in the moment but in the aftermath of changing examples and upping the validation that was needed.





## The ruptures that destroy therapy

### Example Two:

- **Setting:** Group therapy
- **Context:** One participant became accusatory towards others
- **Rupture:** Participants felt attacked and unsafe, feeling that the facilitators had not adequately protected them.
- **Repair:** Removed the aggressive participant and made a plan to work on this before they returned to group. Repaired and co-regulated with the group and called to follow up.
- **Result:** The follow up showed intentionality and commitment to their relational safety and was reportedly the difference between participants returning or not returning to group.





## The ruptures that destroy therapy

### **Example Three:**

**Setting:** Individual session

**Context:** Client overheard staff member speaking about them.

**Rupture:** What they overheard was pejorative and they felt they were disliked. I became the representative of the organisation they held this view of them and therefore the one misrepresenting them.

**Repair:** BIG VALIDATION with apology and acknowledgement that no-one deserves to be spoken about like that.

**Result:** Supported client to write in a complaint and have this attended to in a formal and professional way. Client was surprised at non-defensiveness and respect / trust increased.



## The ruptures that could go unnoticed

### **Example One:**

**Setting:** Weekly sessions

**Context:** Client would become quiet and look away.

**Rupture:** Felt misunderstood by a response and this led to a thought "no-one understands me because I am abnormal"

**Repair:** Paused in session and asked "what just happened?" and reflected back the change that was observed. Client was able to name the misattunement/misinterpretation to collaboratively work through how we can manage this.

**Result:** Able to get to a deeper level of understanding and client was able to experience someone taking the time to understand rather than disengaging and quitting therapy.



## The ruptures that could go unnoticed

### **Example Two:**

- **Setting:** Weekly sessions
- **Context:** Challenging client and session ended uncomfortably.
- **Rupture:** Had missed a vital moment for something to be validated before moving towards problem solving. Client felt judged as a result.
- **Repair:** Reflected on this and started the next session with "I feel like I really missed the mark last week".
- **Result:** Client felt validated by this and was grateful that therapist had thought about it (and them) between sessions. They were able to clarify that there had been a big realisation in the previous session and we could validate how hard this was.











## References

Hestbæk E, Hasselby-Andersen M, Juul S, Beier N, Simonsen S. Mentalizing the patient-Patient experiences with short-term mentalization-based therapy for borderline personality disorder: A qualitative study. Front Psychiatry. 2022 Dec 22;13:1088872. doi: 10.3389/fpsyt.2022.1088872. PMID: 36620679; PMCID: PMC9815536.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Publications.

