

EXPLORATION OF FACTORS REGRADING THERAPEUTIC IMPASSE

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Abstract

The therapeutic impasse is a standoff or paltue in the procedure of achieving a therapeutic objective. The current research was conducted to explore the Experience of 5 Clinical Psychologists as well as to assess the numerous reasons involved in the impasse situation. Phenomenology a qualitative design was chosen to undertake in-depth analysis, and five Clinical Psychologists were interviewed. Interpretive Phenomenological Analysis was applied to analytic thinking of results. Results indicate that certain factors like Transference and Countertransference issues, Lack of Collaboration between therapists and patients as well as the diagnosis of Personality Disorders, played the significant contributions in the development of Impasse Experience.

Keywords: Impasse; Interpretive Phenomenological Analysis; Transference; Countertransference; Qualitative Study

1. INTRODUCTION

There are ups and downs in the therapeutic process. Every interruption in flow of therapeutic process is not an Impasse. Though, slight fluctuations within and between sessions are entirely acceptable [18]. The impasse is such a tragic situation in which one can feel utterly helpless. Another word that has the same meaning to Impasse is a stalemate that can be defined as an inadequate draw from which no escape is possible. Sometimes Psychotherapists feel their work to be emotionally challenging. In continuing psychotherapy, especially with patients gone through hard suffering, the association can proceed into phases of stagnation and stalemate. So, impasses often stimulate high emotional states in both members of the therapeutic dyad [17]. When the Clinical Psychologist feels stuck and resistant in a therapy situation, this situation can lead to complex set of interlocked emotional states and responses. Impasse is considered to be the failure by the therapist leading to the doubt on one's sense of proficiency and effectiveness. As the situation endures, it taps into one's potential to feel shame and guilt [20]. Denying that anything is wrong, it leads the therapist in panic state and most of his time is spent thoughtlessly [20]. Due to denial, therapists are not able to recognize their weaknesses and remained sure what they are doing is fine. The therapists need to be watchful for information received precisely from the client's words, actions and reactions to recognize impasse. Impasse sometimes happens when one failed to establish an appropriate connection with the shared responsibilities. In creating a collaborative

environment, sometimes there is a risk of inapplicable compromises in either the context or the course of therapy. Therapist may show reluctance to exhibit opposing opinion with the patient; he/she may only wish not to offend. Early in therapeutic association there may be perseverance to offer certain support, even if the patient is reluctant to accept what the therapist considers to be the least possible conditions for productive work [2].

Extensive traditions exist in psychotherapy theory that consider the therapist's approach of relating to his or her own feelings and to the patient. Assimilative integrative is a model, based on psychodynamic psychotherapy, which mainly emphasis on relational theory. This basic concept of this model was to strengthen the particular relational alliance in the change process [6]. Conceptual aspects of relational therapy are based on giving and take relationship between therapist and patient. Their mutual involvement with each other covered with genuine loyalty is bringing up success [8] through *relational theory* or identify theoretical approaches sharing views of human mind by means of interactive instead of monadic. *Psychodynamic and existential theory* emphasise primarily on processes of mutuality, inter-affectivity, regulatory effects, and reciprocity between therapist and patient in therapy (Aron, 1996; Beebe & Lachmann, 2002; Stolorow, Brandshaft, Atwood, 1995; Cohen, 1997). Previous two decades have bring development within Cognitive Behavior Therapy (CBT) towards further theoretical emphasis on relational phenomena. Preceding two decades, a bend from specific intrapsychic formulations to emphasize on process, relationship and contextual consideration of psychological problems [3]. Summarizing empirical research on therapeutic impasse found that the success of a therapeutic outcome depends on the therapeutic coalition. A research was conducted to see the petty factors that played a role in positive therapeutic change. The sample of research consists of 40 clinical psychologists. One common and genuine opinion that came up was that the emotional attachment and kind sensible behavior during the treatment sessions is the key to success [20]. [15] Conducted a research by analyzing three different cases and found that psychotherapist feel anxious and depressed when working with a schizophrenic patient and when the patient's had personality disorder. [8] Explored the feelings of individuals who reported being in the stalemate situation. He reported that most of the patients were distressed because they felt that therapy is going to an end in rupture. He also described that an Impasse has a positive effect as well. He reported that some patients want to untangle themselves and learn from their experience and wanted to save the therapeutic relationship. [22] carried a research to determine the patterns of consistency and modification in the countertransference feelings of clinical psychologists. The results showed that prominent feelings were concerned, amenable, calm and accommodating. A small number of feelings were upset, sarcastic, helpless, anxious, humiliated. [12] Studied therapists' retrospective recall of impasses that leads towards the termination of therapy. He reported that reliable components like transference and countertransference, lack of collaboration, disagreement over tasks and goals ultimately leads towards unfortunate ending of therapeutic sessions.

1.1. Purpose of the Study

The purpose of the present research was in a way to give tribute to intelligent and experienced clinical psychologists for their descriptions and interpretation regarding problematic and challenging relational processes and to *evaluate* various factors that are involved in impasse situations. The main reason of choosing this topic was to remove the false expectations of society with clinical psychologists. People in the society expect that clinical psychologist always needed to behave as a superhuman during therapy and everyday situations. Thus, by exploring impasse situation, it's a way to educate the society that clinical psychologists are human being they might stuck and faced critical situations.

1.2. Research Question

1. Can you describe your experience of being stuck in therapy?
2. What kind of strategies did you use to manage the Impasse?

2. METHOD

2.1. Research Design

Qualitative Research Design was employed for this study as it allowed the researcher to explore and understand a phenomenon in a more comprehensive and detailed manner.

2.2. Approach

The Phenomenological Approach was used. It can be defined as an approach to collecting information through Subjective Experience of Individuals [25]

2.3. Sampling Strategy

The sample for this study was chosen through Purposive Sampling Strategy. A sample of 5 Clinical Psychologists was selected from different hospitals and private clinics, from Lahore, Pakistan.

2.3.1. Inclusion Criteria

1. Completed formal education (MS/ADCP) and training as Clinical Psychologist in an Institution or University recognized by Higher Education Commission (HEC).
2. Working in Public or Private Sector.
3. Age range 30 - 60 years.
4. Married
5. Minimum eight years of practice.
6. No discrimination on the basis of gender.

The reason for including such homogenous sample was also supported by the literature that a homogenous sample is included in qualitative study in order to make more definite statements about one particular group [25]

2.3.2. Exclusion Criteria

1. The psychiatrists were not included in the study.
2. Clinical Psychologists who have and physical or psychological problems are not included.
3. Single ones are not included in the study,

2.4. Development of Interview Protocol

A self-constructed semi-structured in-depth interview guide was developed for the collection of data. Initially, interview questions were based on the review of the literature on Impasse [12]. A pilot study was then conducted in which two Psychologists completed the questionnaire (belonged from Lahore) who had experienced Impasses as therapists. The purpose of conducting the pilot study was to highlight the potential problems of the study and to check whether the research protocol is workable. The final version of Interview protocol consisted of two sections: (a) Demographic data about the therapist; (b) Questions about their perception, experiences, and client and therapist factors that led to the impasse. The interview guide worked as a guidelines rather than consequent schedule to follow. Additional prompts were given when they were necessary.

2.5. Procedure

Participants were recruited in the study after personal contacts were made. In the initial meeting participants were provided with the information sheet and consent form. The participants were asked to read the information sheet and later the researcher would contact them to answer any issues or query if they have. If they agree, they were requested to complete the consent form and kindly returned it to the interviewer. All the participants fulfilled the criteria of recruitment and ensured their willingness. After the pilot study, the actual interviews were conducted with the gap of 1 or 2 weeks within each interview according to the feasibility of the participants. The average length of the interview consisted of 40 to 55 minutes. All the interviews were recorded on the sound recorder.

2.6. Data Analysis

The analysis of the data was done by using the procedure of Interpretive Phenomenological Analysis (IPA) as described by Smith [25] after the process of transcribing the text was read multiple times. On the blank sheet, the Left-hand margin was used to write down the significant statements that Participants had used, and the right side was for the transcribed material. In the next stage, initial notes are transformed into small phrases that aim to grasp the real meaning of the text. These themes were generated from psychological terminology and represented the advanced level of

abstraction [25]The last stage included the most critical step. It consisted of more analytical ordering of the themes. Some of the themes were gathered together, and some may emerge as superordinate themes.

In the current study, different verification methods were used included, Rich-Thick Description; Peer Review or Debriefing and Clarifying Researcher Biases.

3. RESULTS

The feedback obtained from the participant's indicated that reporting this experience is critical to their professional development. Analysis shows that participants, across therapeutic tradition, experienced a large portion of similar phenomena when facing difficult therapeutic impasse. The following common themes emerged after the analysis of transcription that proved to be a leading *causes of impasse*. Here is an overview of those themes that are considered to be the leading factors of therapeutic impasse.

Table 1: Showing The List Of Categories, Superordinate And Subordinate Themes

Categories	Superordinate Themes	Sub Themes	
Defining Impasse	1. Different Terms Explain Impasse	1.1 Resistance in Therapy	
		1.2 Block in Therapy	
		1.3 Resistance to Change	
Client's Characteristics	2. Client's Personality Trait	2.1 Borderline Personality Traits (Fear of Abandonment, Demand Characteristics, Over Controlling)	
		2.2 Obsessive Compulsive Personality Disorder Traits	
		2.3 Autonomic & Sociotropic	
	3. Emotion Dysregulation	3.1 Guilt Feelings	
		3.2 Negative Triads	
		3.3 False Expect from Therap	
	4. Other's Traits	4.1 Reluctant to Self-Disclosure	
4.2 Undue use Of Intellectualization			
4.3 Transference			
Therapist's Characteristics	5. Discomposure of Therapist's	5.1 Irritability	
		5.2 Helplessness, Guilt	
		5.3 Countertransferenc Issues	
		5.4 Problem to Deal With Personality Disorder	
		5.5 Feeling of being Stuck	
		5.6 Less Expertise in the Field	
Therapist-Client Relationship	6. Contentment of Therapist's	6.1 Sense of Satisfaction	
		7. Resistance to Change	7.1 Lack of Collaboration
			7.2 Lack of Awareness
			7.3 Absence of Alliance
			7.4 Difference between Therapeutic Goal

		7.5 Cognitive-Emotive Avoidance
	8. Facilitate Change	8.1 Rapport Building
		8.2 Make Clear Contract
		8.3 Open Door Phenomenon
		8.4 Collaborative Empiricism

Note. Therapists=Clinical Psychologists

3.1. Theme 1. Patient's Personality Trait

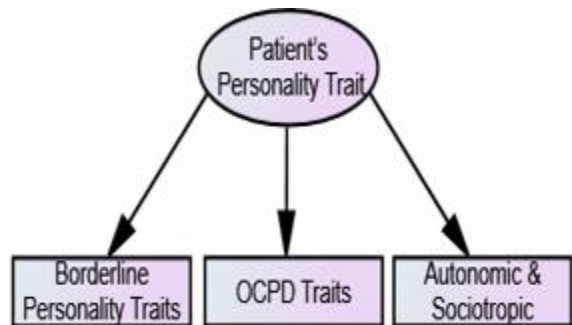


Figure 1

The first emerging theme was “Patient’s Personality Traits”. It played a significant role in the development of Impasse. Having a Borderline Personality Disorder (BPD) considered to be an important reason of Impasse because of problematic transference. In most cases Impasse is triggered by an insecure attachment [14]. As two other participants reported that because of patient “fear of abandonment” and “feeling of invalidation” they cannot maintain a secure attachment with the clinical psychologists. Most of the therapists described that “Sometimes patients got so rigid and they cannot follow homework assignment”.

Another character trait is having *obsessive compulsive personality*. As one of the participant described her negative experience with one of her client. As she reported “The client used to sit next to her, exhibited unusual demands, not follow assign tasks.” As a result of it therapists often remained irritated as she arrived.

Another common type of trait is reported by the participants is *Autonomic*. A participant described that such type of clients are self-reliant and that they had lack of trust on the therapist. They undue use the defense mechanism of “Intellectualization” they are not willing to follow through with what is asked and they did not want to be part of the therapy or if they wish to be part of the treatment they wanted things according to their own.

3.2. Theme 2. Transference and Countertransference

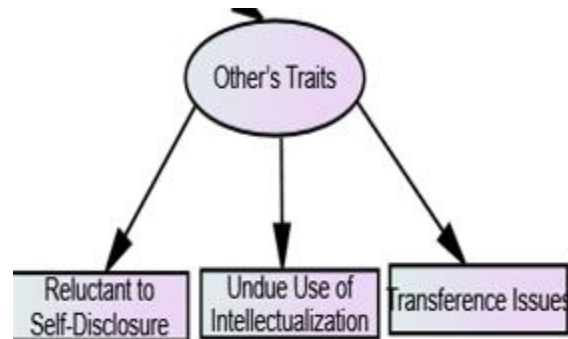


Figure 2

Transference was another prominent theme that emerged. One of the participants reported the development of romantic feelings of his client toward her. So the therapy ends in the termination. The same feelings were obtained from the account of another participant, and she reported that she had referred the patient. Transference feelings if not carefully handled it ultimately lead towards an Impasse. To find a midway between imposing and transference, staying empathetically familiar to the client is required for the therapist to regain her balance. The balance sought is one between the need to challenge the transference and the need to accept it.

Countertransference issues were also revealed from the account of participants. As mostly participant described their problematic patients as “not very likable” and they want to get rid of them, this thing ultimately leads towards an impasse. As reported by the participant, “One of my client is having OCD and OCPD combine. It’s a quite lethal combination. She came for the session in summer season and she switched off my air conditioner and said she is not feeling good with AC. The participant reported that this is one of the example I am sharing. Further she reported that she beared her but finally tell her about her negative feelings towards the patient and terminated the therapy sessions”.

3.3 Lack of Collaboration

The therapeutic relationship lied at the heart of development of an Impasse and its resolution. The conclusion of therapy is often inherent in its beginnings. Getting things off to a good start which does not necessarily mean an easy one can be the best guarantee of ensuring a positive outcome. By the same time, an Impasse often stems from how things are set up at the very beginning [7]. Here are some situations described by participants through which the balance of collaboration breaks down and leads towards an impasse. Participant 4th described it as:

“And they were you talk about a book they would you taidentifying anything they would beat on the net they would look at and they would very nicely come and say you talked about this and they find something a crack in there which actually be not a crack and they

say out have you also read this and bring another thing an they say have you also read this because that is something opposing what you say and that was very difficult because I knew in my mind what they were doing. (They always come with the opposing opinion with the Clinical Psychologists).”

Participant 5th described it as

“Impasse is when stated agenda of the client and the real agenda client are different and that is has mean it’s not going anywhere and stand still.”

4. DISUSSION

This study sets out to examine Clinical Psychologists experience of the impasse in psychological therapy using a Qualitative Approach. The results represent the combined themes that had emerged from the account of 5 participants. The stories that the therapists told about their impasse experiences, although each were consistent with their central conceptualization of the impasse as originating primarily with the patients. The following research findings were supported the results of the current study.

Hill and colleagues [12] conducted an interview of 8 Clinical Psychologists regarding their recall of Impasse that ended in the termination of therapy. The data were analyzed through qualitative methods. Results showed that common factors associated with Impasse included interpersonal problems, lack of harmony regarding the goals of therapy, transference, and therapist’s personal issues. They perceive Impasse as creating a negative impact on dyad (Hill et al. 1996). [4] Conducted a study by using qualitative methods and grounded theory. The primary concern of the study was the interview of 12 Clinical Psychologists regarding their experience of the Impasse that lead towards the termination of therapy. The results showed that the majority of Clinical Psychologists reported three types of feelings. For the client, they developed Aggression, confusion, and Regret along with negative views regarding their ability. They also reported having low self-esteem. The underline factor of developing such feelings was the misdiagnosis of the client, intrusion of other family members, transference and Clinical Psychologists own issues.

[24] A study was conducted to see the pattern of consistency and change in the Countertransference feelings of clinical psychologists. The result showed that prominent feelings were amenable, calm and accommodating. A small number of feelings were sarcasm, helplessness, anxiety, and humiliation.

It is also described that most of the participants found it difficult to deal with client having personality disorder. [10] Conducted a research by analyzing three different cases and found that psychotherapist feel anxious and depressed when working with a Schizophrenic and Borderline Personality Disorder clients [23]. He described a case study in which the client was a 27 years old school teacher. She was diagnosed with a *Borderline Personality Disorder*. Her presenting complaint was intense anger, relationship instability, suicidal ideations, and rapid shift in emotions. She responded well till the 4th

session. Nevertheless A therapeutic Impasse was reached at the 5th session. The client was trying to achieve therapeutic gain. She did not follow the homework assignments. When the Clinical Psychologists stressed to follow assigned tasks she would often be late and intoxicated. It was also noted by the supervisor of the therapist that the therapist was frequently irritated and exhibited anger on her presence. So the therapeutic distancing was suggested by the director. The therapist described that healing distancing had a positive impact on the therapeutic relationship. Although client's symptoms were not improved much. But she was able to realize her dysfunctional attitude and behavior and was ready to take the responsibility for her behavior [24].

Clinical Psychologists reported that a *Collaborative*, healthy Atmosphere and Therapeutic Alliance are the keys to successful therapeutic relations. If there is an imbalance between those factors, it creates a state of blockage and resistance in the change process and ultimately leads towards Impasse or rupture in the therapy. In order to make the relation smooth and secure both of them should be like an open book for each other because it will give both a feeling of confidence and trust to promote success in the therapeutic relation [11].

5. CONCLUSION

The main purpose of study is to examine the therapist's perceptions and experiences related to therapeutic Impasse. In this article we are just focused on those factors that are considered to be the leading cause of impasse It is concluded that Impasse is not related to one particular event in the therapy, and even not any single pattern is ever emerged. All Participants of the study had described various forms of the Impasse.

The factors which are identified in this study were related to the therapist and client such as having a personality disorder, lack of collaboration and alliance issues, and transference and countertransference problems. Clinical Psychologist and clients' emotional dysregulations have also caused resistance in the change process. This study had identified feelings of anger, frustration, anxiety, and confusion as well as negative thoughts regarding self-efficacy that correspond closely with the emotional states defined here. Moreover, the therapist described the feelings of guilt that links more directly to being drawn in and feelings that influenced the clients' emotional state to certain extent.

The study also revealed the solution of the Impasse which mostly depends on seeking external consultation. Upgradation of knowledge is quite essential as well. The discussion forums must be formed where the Clinical Psychologists should be encouraged to share their personal experiences and knowledge base.

In the end, the study revealed that Impasse is a part of the therapeutic process, which occurs within the time frame and leaves a mark in the therapeutic process.

5.1. Limitations of Study

- 1) The study has highlighted the theoretical sensitivity. It has just emerged with only one perspective, based on single analysis which is founded on everyday examples and real time experiences.
- 2) The study was only focused on one individual's perception in relationship of therapist and client, rather than both members of the dyad.
- 3) It is possible that Participants exaaggrate their point of view on how directly they communicate regarding the Impasse which may question the reliability of Participants verbatim as well.
- 4) Further, the limitation of this study was the relative homogeneity of the sample. Findings were based on data collected from a relatively small, homogeneous sample; there may be some selection bias as well.
- 5) Issues of transferability are usually raised about qualitative studies that tend to use relatively small numbers of Participants. In this study, the overall aim was not to reach conclusions regarding the development of Impasse in psychological therapy as this clearly could not be done within the type of study. Rather it focused on an in-depth analysis of the experience of several Clinical Psychologists to try and understand something about the relationship of factors that comprise the Impasse. Statements about the universality of these factors cannot, therefore, reliably be made.
- 6) The question is whether the sample is representative is pertinent to any qualitative research some homogeneity was sought but Participants do vary in terms of their work settings. However, the limited sample size may raise the question that up-to what extent a group of five represents the wider range of Clinical Psychologists.
- 7) The interpretation of the analysis was carried out by me under the guideline of my supervisor, and this introduces a bias in the study. Although verification analysis was conducted by three researchers independently.

6. Suggestions

- The Interpretive Phenomenological Analysis (IPA) research depends on a very deep and organized involvement with the data, which is difficult to achieve individually but this process go through easily with a group of researchers, a panel could have been useful at various stages during the process in order to strength its credibility.
- Combining both IPA and the Narrative Approach can produce better results for the study. IPA is a good approach for organizing and analyzing the data while the observation from narrative research methods enriches the study in unique and complimentary ways.

- The research questions were developed based on existing literature on the Impasse. Most of the results are consistent with the questions, but some interesting findings indicate themes that may require more in depth questioning.
- The study sample is based on Clinical Psychologists input. It has been suggested that for further research both members of dyad will be included.

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