

UNIVERSIDADE DE LISBOA  
FACULDADE DE PSICOLOGIA



**ZOLTAN GROSS'S THEORY OF PERSONALITY  
(ZGTP) AND THEORY OF STRUCTURAL  
DISSOCIATION OF THE PERSONALITY (TSDP):  
BUILDING BRIDGES**

**Mariana Neves Galante Dias**

**MESTRADO INTEGRADO EM PSICOLOGIA**

**Área de Especialização em Psicologia Clínica e da Saúde - Psicoterapia**

**Cognitiva-Comportamental e Integrativa**

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**Dissertação orientada pelo Professor Doutor Nuno Miguel Silva Conceição**

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## Abstract

Personality may be hard for clinicians to address, and different approaches describe different ways of doing so (Kramer, 2019). We present two theories that consider parts of the personality that are structurally different from each other(s): TSDP, which considers dissociated parts of the personality (Nijenhuis, 2015); and ZGTP, which considers character structure and self-presentations (Gross, 2020). Since case formulation may help to connect research and clinical practice (Kramer, 2020), we tried to experimentally manipulate the likelihood of mental health clinicians conceptualizing a case according to a parts of the personality' lens in general, and TSDP and ZGTP in particular.

We presented a short video of a client expressing her main complaint in a session, and afterwards participants were randomly assigned to one of two conditions: manipulation and controls. In the manipulation condition, we presented a small lecture and a short video of a therapist intervening that aimed to influence participants to formulate the case through a parts' lens. We did not present this to controls. Afterwards, we asked all participants to rate how much four formulation options (that were based on: A – ZGTP; B – TSDP; C – AEDP; D – EFT) fitted their own formulation perspectives, and then we asked them which formulation they would be more likely to choose to promote characterological change, and emotional change.

We hypothesized that participants in manipulation would give higher ratings (H1), and then choose more times (H2) formulations A and B in both conditions. There was a significant manipulation effect for formulation B ( $r=-0,31$ ), but not for formulation A, partially supporting H1. H2 was not supported. These and other findings are discussed in the light of previous literature and research. Directions for future studies are suggested.

**Keywords: psychotherapy integration; parts of the personality; dissociation; case formulation; mechanisms of change**

## Resumo

Pode ser difícil para profissionais de saúde mental atender à personalidade, e diferentes abordagens descrevem formas distintas de o fazer (Kramer, 2019). Apresentamos duas teorias que consideram partes da personalidade que são estruturalmente diferentes umas das outras: a TSDP, que considera partes dissociadas da personalidade (Nijenhuis, 2015); e a ZGTP, que considera a *estrutura caracterial* e as *auto-apresentações* (Gross, 2020). Considerando que a formulação de caso pode ajudar a ligar a investigação e a prática clínica (Kramer, 2020), tentámos aumentar experimentalmente a probabilidade de profissionais de saúde mental concetualizarem um caso de acordo com uma lente de partes da personalidade em geral, e com a TSDP e a ZGTP em particular.

Apresentámos um pequeno vídeo de uma cliente a expressar a sua queixa principal numa sessão, e seguidamente os participantes foram distribuídos aleatoriamente para uma de duas condições: manipulação e controlos. Na condição de manipulação, apresentámos uma pequena “aula expositiva” e um pequeno vídeo de um terapeuta a intervir que tinham como objetivo influenciar os participantes a formular o caso de acordo com uma lente de partes. Não apresentámos isto aos controlos. De seguida, pedimos a todos os participantes que avaliassem o quanto quatro opções de formulação (que eram baseadas em: A – ZGTP; B – TSDP; C – AEDP; D – EFT) se assemelhavam às suas próprias perspetivas, e perguntámos ainda que formulação estariam mais predispostos a escolher para mudança caracterial e mudança emocional.

Hipotetizámos que os participantes na condição de manipulação dariam pontuações mais elevadas (H1), e escolheriam mais vezes (H2) as formulações A e B em ambas as condições. Houve um efeito da manipulação para a formulação B ( $r=-0,31$ ), mas não para a formulação A,

apoiando parcialmente a H1. A H2 foi refutada. Estes e outros resultados são discutidos à luz da literatura. São sugeridos caminhos para estudos futuros.

**Palavras-chave: integração em psicoterapia; partes da personalidade; dissociação; formulação de caso; mecanismos de mudança**

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## Theoretical Framework

### Case Formulation

Case formulation may be defined as a hypothesis about the underlying causal, precipitant and maintenance factors that contribute to a client's difficulties. It is particularly relevant in the face of inconsistencies between behavior, emotions, and thoughts (Eells, 2007).

Clients with personality disorders present largely heterogeneous manifestations, with diverse and challenging expressions, making the associated enduring maladaptive patterns hard to address, and several approaches have presented different ways of doing so. Considering this, case formulation of personality disorders may be defined as several hypothesis or explanatory remarks that consider both clinical theory and other relevant knowledge sources, with the purpose of understanding the person. It also helps to integrate contradictions. The meaning arising from this formulation can have varying degrees of depth, focus, and differentiation (Kramer, 2019).

Case formulation has been seen as a means to connect research and clinical practice, is fundamental to explain differences between individuals, and is a method to individualize treatment. Moreover, clinical theory is both enriched by case formulation and an important component of it (Kramer, 2020). For example, not taking certain elements of the personality into account (like structural dissociation when it occurs) in case formulation may precede an ineffective intervention (Fisher, 2017; Piedfort-Marin, 2019; McWilliams, 2011).

Two theories that propose new lens of looking at divisions in personality, possibly helping clinicians to better understand the effects of trauma and thus enabling more suited case formulations, will be elaborated next. These parts of the personality are differently conceptualized from what other authors have proposed about different self-states (e.g.

Greenberg, 1995), although there may be recurrent confusion since different theories may use the same terms with different meanings (like “multiplicity”; see Stiles et al., 1997).

### **Theory of Structural Dissociation of the Personality (TSDP)**

Nijenhuis (2015) defines a theory of structural dissociation of the personality, associated with trauma, in which the traumatized parts (emotional parts - EPs) are dissociated from the apparently normal parts (ANPs), disintegrated from one another(s). ANPs and EPs are parts of the whole individual. The EPs contain the memory of traumatic events and are strongly associated with them, in a matter of identification - not only *remembering*. The EPs generate defense mechanisms of fight, flight or freeze, and are dissociated from ANPs that take over the normal day-to-day life of the individual. When EPs take over, there may be amnesia while in ANP, and EPs may be disregarded by ANPs as dirty, evil, mean, weak, and so on, also depending on the trauma and the particular EP. EPs may be fragile or controlling. Controlling EPs may ignore their vulnerability.

The more evolved EPs are, the more actions they engage in, and the richer their contents will be (Nijenhuis, 2015). By not integrating traumatic memories in which EPs are fixed into ANPs, dissociation of the personality is maintained. When integration happens, the patient can put the experience in the past, when it occurred, and stop pursuing impossible goals like receiving satisfactory care from an abusive parent (Van der Hart et al., 2006).

Dissociation is much more likely to occur when the person does not receive appropriate support after the trauma. In the first six years of life, children have not been able to develop a personality structure that allows for the integration of very stressful experiences, so early and chronic traumatization can make the mind function in state-dependent ways or function in

dissociative parts of the personality (Nijenhuis et al., 2010). Different individuals react to potentially traumatic events in different ways and even the same individual can react in different ways at different times (Nijenhuis, 2015). Patients develop a basic phobia of the memory of the traumatic event, but possibly of other EPs as well (Van der Hart et al., 2006).

Nijenhuis (2015) also defines shifts in different conceptions of the phenomenal self. Namely, first-person perspective, quasi-second-person perspective, second-person perspective and third-person perspective, summarized in Table 1.

The first-person perspective relates to the experience of being an “I” (*phenomenal experience*) that experiences bodily feelings, emotions, and so on. Different parts of the personality may have different perceptions about “who I am”. This experience allows us to be aware of what goes on inside of us. The quasi-second-person perspective relates to the experience of ownership, like “This is my body” and agency, like “my body is moving”. This “I” experiences and knows. “Me” is an object of the attention of “I”. It is about appraising our own subjective experience (*phenomenal judgement*). The second-person perspective includes a “you” in the relationship, both with ourselves and other people and between parts. Therefore, the self is seen not as “I”, but rather other in relationship. It also involves appraisal of our own subjective experience (*phenomenal judgement*). The third-person perspective makes the subject regard a dissociative part as it were a thing rather than being “I” or “You” (*physical or formal judgement*). It is like judging an object and involves distancing oneself from the part being judged (Nijenhuis, 2015).

**Table 1***Person perspectives in TSDP*

	First-person perspective	Quasi-second person perspective	Second-person perspective	Third-person perspective
Related pronouns and phrases	"I" am, "I" feel	Ownership, agency: "my body", "me", "mine", "myself"	I am a "you" in relationship with people and with other parts of myself	A distinct part of myself as a thing: "It" is
Features	Involves access to mental states; ANP may experience as "I am safe" and EP as "I am in danger"; <b>Phenomenal experience</b>	Phenomenal "I" experiences and knows; Involved in re-experiencing hurtful past; Re-living autobiographical memory; <b>Phenomenal judgement</b>	Relationship with another; <b>Phenomenal judgement</b>	Others or other parts as objects or things, without an empathic stance; <b>Physical or formal judgement</b>
As ANP	e.g. "I am safe", "I am recovered"	e.g. "That memory does not belong to <b>me</b> " ( <i>in contrast with an EP, ANP does not own traumatic memories from the past</i> )	e.g. " <b>S/he</b> helps <b>me</b> "	e.g. " <b>S/he</b> ( <i>referring to EP</i> ) is responsible for dressing like that"
As EP	e.g. "I am afraid", "I am hurting"	e.g. " <b>My</b> body is hurting", "I hate <b>myself</b> ", "That person is not <b>my</b> relative"	e.g. " <b>S/he</b> hurts <b>me</b> ", "I ask for help, but <b>s/he</b> does not help <b>me</b> "	e.g. " <b>S/he</b> is weak ( <i>a controlling EP, referring to another part</i> )"
As therapist	How <b>I</b> am feeling	How <b>my</b> body is feeling and what the client is doing to <b>me</b>	What <b>me</b> and the client are experiencing in the interaction	Case/symptom/... conceptualization

*Note.* TSDP = Theory of Structural Dissociation of the Personality; ANP = Apparently Normal Part of the personality; EP = Emotional Part of the personality.

The perspectives may alternate with different spatiotemporal perceptions, switching between now and then. They exist because of the ongoing mental and behavioral action (generating an “I”) and content (the particular conception of an “I”). Each set of perspectives, subsystems of the personality, include some perceptions, affects, sensations, memories, thoughts, and behavioral actions that other sets do not share. There is good intra-set coordination, so to speak, although not so good inter-set coordination. The personality can then be seen as a whole system with different parts, each having different goal orientations (Nijenhuis, 2015).

We can have five criteria for the different subsystems of the personality (ANPs, fragile EPs, and controlling EPs; Nijenhuis, 2015): (1) once one is activated, it has a tendency to stay activated for a period of time, in a homeostatic condition; (2) these different prototypical parts in dissociative disorders do not seem random. On the contrary, ANPs seem to take the role of moving on with essential tasks of daily life while EPs seem to have a mammalian defensive evolutionary stance that allows the person to react to perceived cues of threat; (3) both ANP and EP respond to classic conditioning cues; (4) the different parts (ANPs, fragile EPs, and controlling EPs) show some invariancy along with idiosyncrasy. Therefore, there’s case-dependent variation; and (5) these systems should manifest early in life, since dissociative disorders manifest from a very young age.

Primary structural dissociation occurs when the personality is divided into one EP and one ANP, as in simple PTSD. Secondary structural dissociation occurs when there are several EPs, but only one ANP, like in complex PTSD, DESNOS, or DDNOS. Tertiary structural dissociation occurs in DID, when certain aspects of daily life become associated with past trauma, and there is more than one EP and more than one ANP (Nijenhuis et al., 2010).

## **Zoltan Gross's Theory of Personality (ZGTP)**

Gross (2020) presents an approach on personality process. The author relies on the figure-ground illusion as a metaphor for what is being overtly and what is being covertly communicated.

In ZGTP, the neurological self is the main structure that encompasses all selves. It has a predisposition to keep the homeostasis. When homeostasis is broken, the person experiences affect hunger and acts in habituated ways to restore it. These habits are what the person is mostly used to, familiarized with, and not necessarily what feels more pleasant or is more adaptive (Gross, 2020).

Infants, up to 4 to 6 years old, are creating the basis of the personality, which Gross (2020) calls "character structure" or "little one". After this, to receive validational feedback and to adjust to social demands, children start creating what he names "self-presentations", which later are more prominent in the person's overt behavior. However, these are always co-occurring processes.

Gross (2020) summarizes his views on dyadic interactions through a triangle. At the base, "I" and "Thou", symbolizing the two people involved in the interaction. The other vortex is the subject, occurring between "I" and "Thou". So, "I" and "Thou" are both directly connected through the subtext (the inherent emotionality of the interaction) and indirectly by the subject of the conversation, or text. Both are co-occurring processes. In the line between "I" and "Thou", self-presentations appear, eliciting validational feedback from the other in relationship. When there is sufficient validational feedback provided by and for both members of the dyad, it is easy for the individuals to stay in the subject of the conversation, and they are in "contact".

The subtext of the dyadic interaction is usually in the background of awareness. However, it can be very therapeutical to bring it to awareness, using baseline communication (Gross, 2020).

Baseline communication occurs when subjects are focused on one another. It is of a subjective nature, and both people in the interaction are communicating about the way they are feeling and experiencing the other, so it is a more emotional type of communication. It is about the here and now of the relationship. Gross (2020) also uses the terms I-Thou communication to describe it, relating it to the dyadic triangle. In clinical practice, the therapist can be approaching the client's self-presentation, and then use baseline dialogue to start approaching "the little one". Baseline dialogue is then a subjective, relationship-focused, emotional, right-brain processed communication.

I-It or apical communication, on the other hand, is more objective and refers to the subject (or text) of the conversation. It is focused on something external to the dyad, of mutual interest to both. It is more logical and linear (Gross, 2020).

Most of the time, the focus of attention is on the text and not on the subtext of communication. This happens soon as we are taught in children to not express our feelings much (Gross, 2020). The repetition and intensity of this response to a child's behavior will lead to a pattern that, in extreme forms of maladjustment, can precede personality disorders. These responses have biological underpinnings and are environmentally learned. They then are repeated throughout a person's life even when the circumstances have changed.

In psychotherapy, ZGTP prioritizes being in relationship. Gross (2020) uses habit validation (HV) and habit interruption (HI) to influence the aforementioned habits (and, thus, personality). The first validates the habit and "feeds" affect hunger. The latter interrupts the habit and breaks homeostasis, by means of responding in a completely different way than what the patient is used to, creating an opportunity to "train" a new habit in the relationship with the therapist. To restore homeostasis, the person seeks validation feedback, which again may not be

what is pleasant but is what the person is mostly habituated to. Giving a name to emotions, and thus turning them into feelings and making them conscious, is a way of the brain to keep the homeostasis.

In ZGTP, the aim of the therapist's statements is not so much to get to a better interpretation of the habits of that individual, but to help them "train" something different than what they are habituated to do in dyadic relationships. The aim is not *agreement* (like it may be in psychodynamic approaches, for example), although there can then be a more explicit explanation of what just happened between the two, giving meaning for the patient about what is happening (Gross, 2020). From what is seen in excerpts and role-plays, this meaning seems to come naturally afterwards and not be something that the therapist imposes on the patient. What is more important in ZGTP is to bring the patient's awareness to the dyadic interaction itself.

### **Similarities, Differences, and Relations between TSDP and ZGTP**

TSDP and ZGTP present new and different ways of looking at personality and relating it with trauma. The individuals' experiences shape them and adverse events (particularly if they occur early in a person's life and if they are repetitive) may have a great impact on their functioning, potentiating maladaptive ways of being. How clinicians formulate these recurrent maladaptive patterns (RMPs) in psychotherapy and how they approach them can be crucial for the development of new, more adaptive, functional patterns. These two theories attempt to give possible directions to directly look at and tackle personality. In this section, I will elaborate on the differences, commonalities, and other relations between them, in an attempt to build bridges and clarify what is transverse and what is specific to each.

One of the main features that has been highlighted in this document is that both TSDP and ZGTP consider parts of the personality. However, while TSDP proposes a dissociation of the personality only in the face of unintegrated traumatic autobiographical memories - only happening in psychopathology - (Nijenhuis, 2015), Gross (2020) conceives that these structures are present in every individual - therefore being a normal aspect of the personality. So, while in ZGTP we could formulate all cases according to a parts' lens, in TSDP it only makes sense to consider parts of the personality in the face of certain psychopathology.

TSDP conceptualizes parts of the personality as fragile and controlling EPs, and ANPs (Nijenhuis, 2015). In ZGTP, parts of the personality are divided into character structure, and self-presentations (Gross, 2020). While in the first these are dissociative parts, with relatively low inter-coordination, in the latter self-presentations help to elicit validational feedback from others to feed character structure's affect hunger (even though they may be hard to access simultaneously).

TSDP also deems crucial to look at the individual as a whole. ZGTP conceptualizes a neurological self that comprehends all the selves, making it the superordinate structure that also coordinates the whole individual.

TSDP focuses on reintegrating traumatic memories into autobiographical memory, and this is done by making ANP(s) "taking care of" and accepting EPs, creating a "safe space" for all the parts (Nijenhuis, 2017). ZGTP focuses on personality process and habits. By "training" something different from what the patient is habituated, the person can learn better ways of functioning (Gross, 2020).

TSDP and ZGTP consider that the first six years of life are crucial for the development of personality. Thus, when children up to this age are exposed to repetitive trauma or other adverse

experiences, they may develop RMPs (Nijenhuis et al., 2010; Gross, 2020) that will tend to be repeated throughout life. TSDP considers that these may manifest in a personality that functions in dissociative parts. ZGTP considers that these will manifest in maladaptive habits and looking for validational feedback that maintains them.

Typical interventions in ZGTP are HV and HI (Gross, 2020). In TSDP, the therapist should accommodate the needs and wills of the parts (Nijenhuis, 2015), which resembles more HV when compared to ZGTP. There is not an intervention in TSDP that resembles HI.

Both theories are neurologically-based. In addition, TSDP is also based on classical conditioning, an evolutionary perspective, among others. Both approaches are relational and experiential in nature (Nijenhuis, 2015; Gross, 2020).

In ZGTP, normal functioning is maintained by homeostasis of neurological self (by repeating the same habits). This homeostasis is broken by “affect hunger” and reinstated by habits and validational feedback (Gross, 2020). In TSDP, normal functioning consists of a relative homeostasis of ANP or EP (when activated, each part tends to remain activated for a period of time), this normal functioning is interrupted by activation of action systems (described by Davis & Panksepp, 2011), and is reinstated by (re)activation of an ANP (Nijenhuis, 2015).

ZGTP communication focuses on the distinction between text and subtext, while TSDP communication focuses on person perspectives (first-person, quasi-second-person, second-person and third-person).

In sum, both theories consider not only parts of the personality, but also the complete individual, in a comprehensive fashion. The early years of life are crucial for the development of the personality, and these will have neurological implications. Intervention should be relational

and experiential, fostering corrective emotional experiences in the context of a safe, validating relationship.

TSDP and ZGTP present two possible ways of addressing personality. As they depict components analogous to RMPs, we may postulate that these theories help us understand elements of personality that are relatively stable.

Considering the components necessary for therapists' responsiveness described by Kramer et al. (2020), these approaches bring specific interventions and ways to formulate clinical cases (including parts of the personality), and one could investigate markers to apply interventions of each of these theories.

Moreover, and since theories are not only a component but are enriched by case formulations (Kramer, 2020), researching formulations of TSDP and ZGTP may help to link studies and practice.

## **Present Study**

The present study is grounded on both TSDP (Nijenhuis, 2015, 2017; Nijenhuis et al., 2010; Steele et al., 2005; van der Hart et al., 2006) and ZGTP (Gross, 2020). The goal was to test whether one could manipulate the likelihood of therapists conceptualizing a briefly presented case with constituting parts of the personality, i.e. as if they were different parts of the personality, whether they be seen as dissociated parts (TSDP) or character structure and self-presentations (ZGTP).

Almost every therapist is aware of self-multiplicity, uses terminology related to multiple parts of the self and has in his or her repertoire therapeutic works implying differentiation among those parts. However, many of these therapists postulate such multiplicity of the self in a way

that is not directly tied to personality processes nor structure. In some cases, by not formulating the multiplicity of the self as related to structural dissociation of the personality or to personality processes, the clinician may miss the signs of this structurally dissociated multiplicity (Courtois & Gold, 2009; DePrince & Newman, 2011; Fisher, 2017; ISSTD, 2011; Hirakata, 2009; Paulsen & Lanius, 2014). This, in turn, may lead to losing opportunities for more suited case formulations, and consequentially treatment planning and interventions (Fisher, 2017; Piedfort-Marin, 2019; McWilliams, 2011) aimed at change in recurrent problematic patterns and personality change in cases of Complex Trauma, cPTSD, Dissociative Identity Disorder, in particular, and Personality Disorders in general, so it is of interest to know whether it is possible to experimentally make clinicians more prone to formulate a case according to a perspective considering parts of the personality.

For such, participants were randomly allocated to one of two conditions: controls, where they would see an initial video stimulus (a real client talking about her main complaint - a long-standing, enduring pattern - in a session), then would respond to how likely they were to formulate the case in each of the four perspectives presented, and finally would choose the option that would be closer to their formulation, both for characterological change, and emotional change; and manipulation, where the participants would watch the initial stimulus, then receive a small lecture on the repetition of RMPs, watch another small video with the therapist intervening, and finally answer the same questions as the control group. The lecture and the manipulation video included information that could potentially predispose the participants to be more aware of the presence of parts of the personality.

Participants were mental health clinicians of any clinical orientation or background.

The four conceptualization options were based, respectively, on the following approaches: (A) ZGTP; (B) TSDP; (C) Accelerated Experiential Dynamic Psychotherapy (AEDP); and (D) Emotion-Focused Therapy (EFT). All the four formulations were considered good enough and were not restrictive to the orientation that inspired them. (A) and (B) explicitly included the element of different parts of the personality, while (C) and (D) did not.

Two hypotheses were formulated; H1, that participants in the manipulation condition would give higher ratings to (A) and (B); H2, that participants in the manipulation condition would choose more times (A) and (B), both for characterological change and emotional change, than participants in the control condition.

## **Method**

### **Participants**

The sample was constituted by 78 participants. From the whole sample, 52 (66,67%) participants identified as female. Most of the sample (89,74%) identified themselves as White/Caucasian, 98,72% as International, and 97,44% as Multiethnic. Appendix A shows the number of participants in each age group.

Regarding their profession, most of the participants were psychologists (n=44) and psychotherapists (n=42). The participants also identified themselves as psychiatrists (n=3), counselors (n=6), social workers (n=2), psychoanalysts (n=2), and as a researcher (n=1).

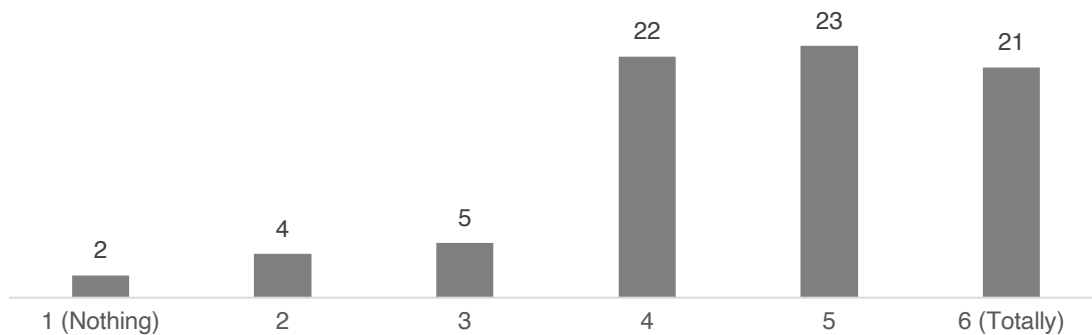
Regarding their orientation, most participants considered to be more eclectic or integrative than not, as can be seen in Figure 1. Participants identified a total of 109 models or

approaches they followed (with a maximum of 4 per participant;  $M=1,40$ ,  $SD=1,37$ ). These approaches were coded into dynamic, CBT, experiential-humanistic, systemic, and others. Figure 2 shows the percentage of orientations indicated by participants, considering how many times they were mentioned and how much participants considered to follow them, according to their ratings (from 1 to 6; unrated options were excluded for this calculation).

Years of clinical experience ranged from 1 to 50 ( $M=24,41$ ;  $SD=13,19$ ). Estimated weekly caseload ranged from 1 to 40 ( $M=16,05$ ;  $SD=9,00$ ).

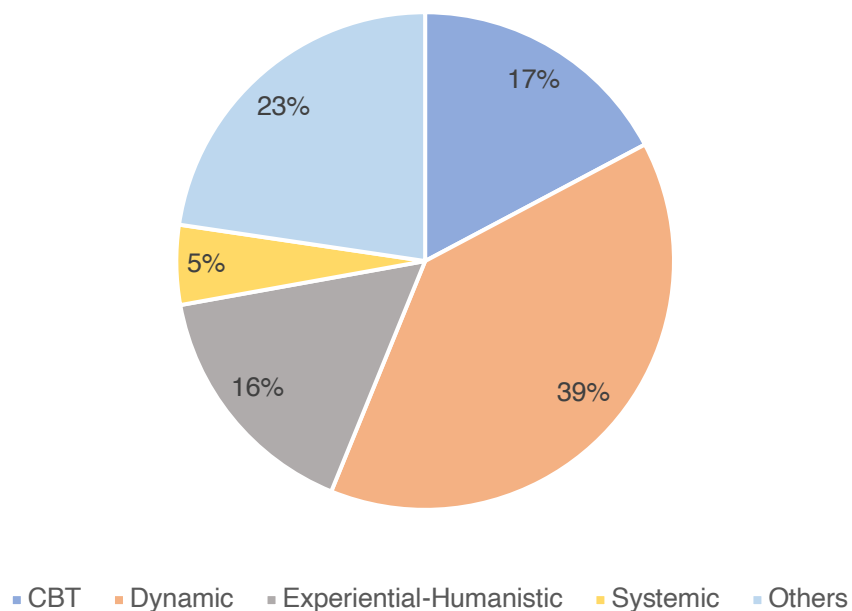
**Figure 1**

*Orientation as Eclectic or Integrative (Ratings)*



**Figure 2**

*Orientation by Number of Mentions and Ratings*



## **Materials and Procedure**

Data was collected through the online platform Qualtrics, and participants were recruited through mental health clinicians mailing lists. Data collection was carried out for 12 days. This study was part of a bigger project, and data was also collected simultaneously for two other studies.

Firstly, participants were asked to read an Informed Consent (see Appendix B). Next, we presented instructions and information on the task participants were then invited to participate on (see Appendix C).

We presented some written background information on a client the participants would watch in a short video afterwards. This included biographical information, previous psychotherapeutic processes attended, and some family history (see Appendix D). In the video

(initial stimulus), the client presented her main complaints, about a long-standing, enduring pattern, in a psychotherapy session (for the transcript, see Appendix E). The client consented that we could use the video of this session in research.

After watching this small video, the participants were assigned to two conditions: manipulation and controls. Participants in the manipulation condition were presented with a small lecture on RMPs and parts of the personality (see Appendix F) and another small video, this time with the therapist's intervention/formulation (for the transcript, see Appendix G). These two elements aimed to stimulate participants to be more likely to formulate the case in a perspective that included parts of the personality. Controls were not presented with these two steps.

Afterward, participants in both conditions were asked to rate how four formulation options fitted their own formulation, from *extremely unlikely* (1) to *extremely likely* (5). The formulation options were based on the specific literature of each approach. Formulation A was based on ZGTP, formulation B was based on TSDP, formulation C was based on AEDP, and formulation D was based on EFT. Formulations appeared in a randomized order for each participant. All formulation options were considered to be good enough and to have an experiential quality. The participants were still asked to select which of the formulations they would be more likely to choose for characterological change, and for emotional change (see Appendix H).

Finally, we asked the participants to fill out some biographic information and, optionally, to leave a comment about the study.

Both videos previously mentioned were part of a real psychotherapy session. The therapist was following ZGTP. Only the client was showed on the screen, facing the camera. The initial stimulus video was 85 seconds in length, and the second video lasted 74 seconds.

## Results

First, normality testing for metric variables was performed to verify which tests would best apply to our sample. All variables significantly deviated from a normal distribution.

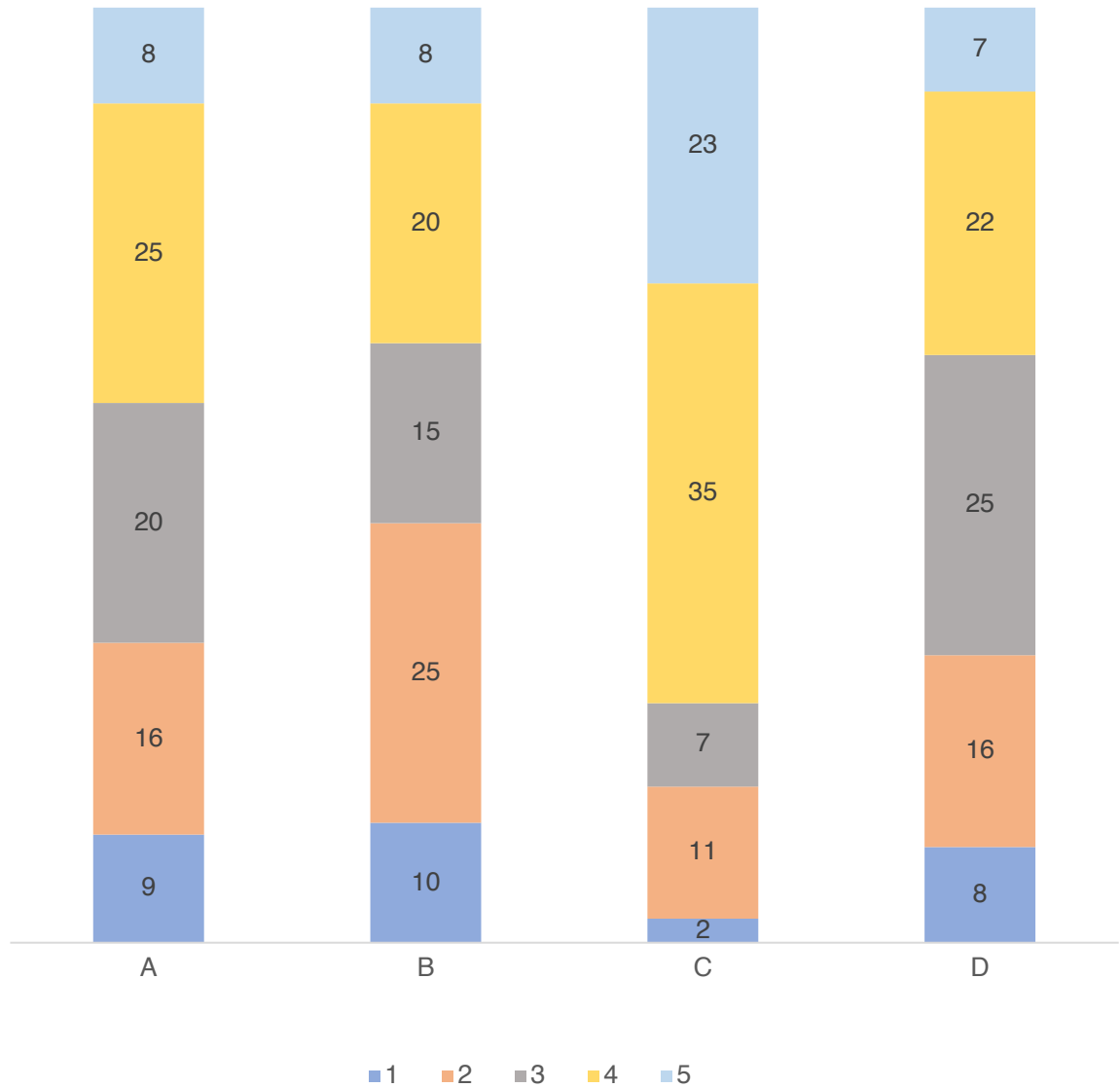
Participants were randomly assigned to one of two conditions: control (n=37; 47,44%), or manipulation (n=41; 52,56%).

Concerning H1, formulation C had the higher ratings, as can be seen in Table 2 and Figure 3.

**Table 2**

*Mean, standard-deviation and median for formulation A, B, C and D.*

Formulation	Based on...	M	SD	Md
A	Zoltan Gross's Theory of Personality (ZGTP)	3,09	1,19	3,00
B	Theory of Structural Dissociation of the Personality (TSDP)	2,88	1,23	3,00
C	Accelerated Experiential Dynamic Psychotherapy (AEDP)	3,85	1,08	4,00
D	Emotion-Focused Therapy (EFT)	3,05	1,13	3,00

**Figure 3***Answers Frequency on Likert Scale*

Still regarding H1, Mann-Whitney U was calculated for control and manipulation, regarding formulation A, B, C and D. The results are shown in Table 3. Only Formulation B and Formulation C showed a significant manipulation effect.

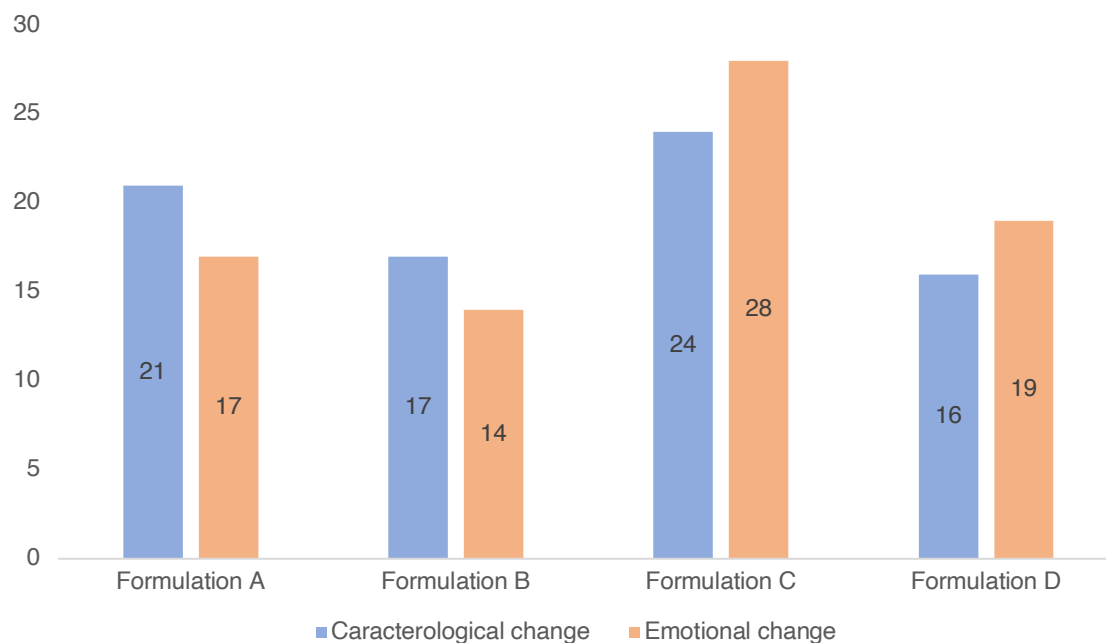
**Table 3**

*Test statistics for formulation A, B, C, and D.*

Formulation	Based on...	<i>Mann-Whitney U</i>	<i>Z</i>	<i>p</i>
A	Zoltan Gross's Theory of Personality (ZGTP)	700,50	-0,60	-0,55
B	Theory of Structural Dissociation of the Personality (TSDP)	497,00	-2,70	-0,01
C	Accelerated Experiential Dynamic Psychotherapy (AEDP)	560,00	-2,12	0,03
D	Emotion-Focused Therapy (EFT)	675,50	-0,86	0,39

Manipulation showed a medium effect size ( $r=-0,31$ ) in formulation B and a small effect size ( $r=-0,24$ ) in formulation C. Formulation B was based on TSDP and formulation C was based on an AEDP. Formulation B presented an overt locus on parts of the personality and formulation C did not. These results partially support H1. The manipulation was effective in participants giving higher ratings to formulations including parts of the personality, but only for TSDP and not Zoltan Gross's theory. Moreover, the participants in the manipulation condition were less inclined to give higher ratings to a formulation based on AEDP than the participants in the control condition.

Regarding H2, Figure 4 show the number of participants that chose each approach.

**Figure 4***Answers Frequency on Forced Choice*

To test whether participants in the manipulation condition would choose more formulations that included multiplicity components (formulation A and B) over formulations that did not (formulation C and D) than the participants in the control condition, we performed Chi-square tests crossing control and manipulations conditions, for both characterological change and emotional change. In the question regarding characterological change, there were no significant differences ( $p=0,33$ ). In the question regarding emotional change, the difference between the two groups was almost significant ( $p=0,06$ ), with  $X^2(3, N = 78) = 7,62$ . Thus, H2 was not supported, although there may be a tendency in our results for participants in the manipulation condition choosing more times A and B than the participants in the control condition regarding emotional change. Still, only a marginal significance was shown.

## Discussion

The present study is, to our knowledge, the first to try to experimentally manipulate the way clinicians conceptualize a case, presented through a brief video of a real session. Since personality patterns may be very hard for clinicians to address (Kramer, 2019), and case formulation can be a way of connecting research and practice (Kramer, 2020), we considered relevant to study case formulations of an enduring maladaptive pattern specifically, particularly exploring the two personality theories we have discussed (TSDP and ZGTP), and the component of parts of the personality in general. We had hypothesized (H1) that participants in the manipulation condition would be more likely to give higher ratings to the formulation options including parts of the personality, and namely to ZGTP and TSDP, the two theories under scope in our study. Our H1 was only partially supported, meaning that we could manipulate the likelihood of our participants giving higher ratings to case formulations including parts of the personality, but only for TSDP (formulation B) and not ZGTP (formulation A). We propose that if it was possible to make our participants more likely to see a case through a parts' lens, in this case according to TSDP, only by presenting a small lecture and a small video of a therapist's intervention (our manipulation condition), it is very likely that short trainings would be effective in stimulating clinicians to formulate their cases according to a perspective that includes parts of the personality. Protocols aimed at training therapists to enhance their interpersonal relationships with their clients, such as Alliance-Focused Training (Muran et al., 2018), can be effective for working with clients with personality disorders. Furthermore, "modular" trainings (such as training clinicians to respond to specific markers) seem more effective than trainings aimed at training an entire approach (Frank et al., 2020; Boswell et al. 2020). As such, considering parts of the personality could also be a specific training focus. We have seen that, particularly in

complex trauma cases, including this element in the case formulation may be more effective than not, and lead better interventions (Fisher, 2017; Piedfort-Marin, 2019; McWilliams, 2011). This hypothesis, however, would need to be tested in further studies.

Previous studies (Lopes, 2018; Oliveira, 2020; Vale, 2019) have shown that clinicians tend to be reluctant to choose ZGTP interventions. Since these studies did not take case formulations into account, and interventions are directed by formulations (more directly than diagnosis; Bakker, 2008), it could be possible that this reluctance could have been driven by a lack of skill or training to formulate according to this approach. Although in this study we tested case formulations and not interventions, manipulation still did not influence the ratings given to the formulation based on ZGTP. However, participants gave higher ratings and chose more times this formulation than the one based on TSDP, which does not seem congruent with clinicians' reluctance to choose ZGTP-related options. It is possible that clinicians only show reluctance about a specific ZGTP intervention (HI), but not about the way Gross (2020) theorizes personality functioning and, hence, how a case vignette could be formulated according to this approach.

Unexpectedly, participants in the manipulation condition gave lower ratings to the formulation based on AEDP when compared to participants in the control condition, that only saw the initial video stimulus with the client's complaint and then answered the questions (without being shown the small lecture or the small video of a therapist intervening). Since the lecture and the video of a therapist's intervention had a significant effect on lowering the ratings given to the formulation based on AEDP, we question whether if they stimulated a more integrative view of the case presented to our participants. This result did not seem to be associated with the orientations participants reported following more in their clinical practice.

From participants that reported some psychodynamic orientation, 93,33% in the manipulation condition and 84,61% in the control condition gave these orientations ratings of 4 or higher (on a 1-6 Likert scale).

When we analyze the data in more detail, we can see that, in general, clinicians gave the higher ratings to the formulation based on AEDP (when compared to the three other formulation options). Furthermore, in their biographic information, most participants (71,43 %) reported being influenced by some psychodynamic approach, and psychodynamic approaches were also the most reported by our participants as influencing their practice, even when we took into account their ratings on how much each orientation they reported influenced them. In sum, we could say that our participants, in general, considered psychodynamic approaches as the orientations that influenced them the most. This is congruent with our results, since the formulation option that participants gave the higher ratings to and then chose more times is of an experiential-psychodynamic nature (AEDP).

We hypothesized that the participants who were presented with a small lecture and afterwards watched a small video of a therapist intervening would choose more times the formulation options that included parts of the personality explicitly (namely the ones based on ZGTP and TSDP) to facilitate both characterological change, and emotional change, than the participants who did not (H2). By asking these two questions (and not just one of them), we wanted to explore whether our participants considered these two types of change to be distinguishable or not, even if they share at least some covariance. We considered it may not be clear for clinicians, many times, the possible differences between working with one or the other, since emotional change both promotes character change and may be guided by RMPs (Lane, 2020). Regarding H2, there were no significant results, and therefore we cannot make any

assumptions. However, the results were almost significant ( $p=0,06$ ) for emotional change, raising curiosity on whether, with a bigger sample or a slightly different manipulation condition, there would be a significant effect and participants would choose more times formulations that included parts of the personality - namely formulations based on ZGTP and on TSDP, respectively. If this hypothesis was tested in further studies, maybe it could help us postulate if mental health clinicians tend to see emotional change and characterological change as the same, or if, at least, they consider these two aspects are or should be conceptualized, in psychotherapy, in the same way. Additionally, it could be investigated if clinicians consider the distinction (or similarity) between these two types of change to be more relevant for case formulation or for intervention itself (taking into account that these two can be very closely related).

Ideally, treatment for personality disorders should not only be focused on common therapeutic factors, but also be individualized through selecting the most suitable approach for each patient and designing a unique case formulation considering the chosen approach(es) principles (Critchfield & Benjamin, 2006). Our study considered a personality marker (an enduring, long-standing, recurrent pattern) and invited clinicians to rate formulation options based on how close they were to their own formulation and, additionally, we asked participants to choose which formulation option they would be more likely to choose to facilitate characterological change and emotional change. Considering that each formulation presented was based on a different approach, and that clinical theory is a significant element of case formulation (Kramer, 2020), this was an opportunity for clinicians in our study to adjust the way they saw the highlighted pattern according to principles of specific approaches.

One of the limitations of our study was the low N of participants. A bigger sample may have provided the opportunity for more significant and far-reaching results. Again, our

manipulation could also have been altered to make it more likely to be effective. It may have been too indirect.

In future studies, participants could be asked about their own formulations, through an open answer question, maintaining a control condition, where participants would answer the question without being influenced by additional information or stimuli, and a manipulation condition, where participants would be influenced to consider parts of the personality by some elements of the study – as in our study, where we used a small lecture followed by a video of a therapist’s intervention – and only afterwards would answer the question. Since both nomothetic and idiographic research should inform case conceptualizations (Haynes et al., 2021), this could enrich what we know about mental health clinicians’ views on personality patterns, reviewing if it is possible to influence them to consider parts of the personality (even when they generate their own answers), and, additionally, to compare the level of similarity or differentiation to the formulations we proposed, since case formulation is a very idiosyncratic process. We should note that, in an optional open-ended question about how participants viewed the study, some participants (14,10%) mentioned that none of the formulation options was close enough to their own formulation views, and this does not make it clear if the way they would formulate the case themselves would be different or consider more times parts of the personality when we try to influence them to do so.

Participants were just randomly allocated to the two conditions. We did not control for external variables, like participants’ clinical orientation and their characteristics (age, years of practice, clinical preferences, and so forth...), so we do not know how much variance these variables could have explained. Besides this, we did ask for some of this information from our

participants, and therefore we could explore if some variables explained, at least in part, some of our results. From the biographic variables we calculated, none of them influenced our results.

We also consider that it would be interesting and relevant to try to manipulate the likelihood of mental health clinicians formulating their own cases (instead of an excerpt of a case participants did not know much about) according to a perspective that included parts of the personality (and, possibly, specifically to TSDP and ZGTP). Since case formulation is more useful in taking complex clinical decisions (Haynes et al., 2020), and by presenting a vignette of a case to participants we can only provide limited information, we propose that asking participants to formulate about a recurrent, enduring maladaptive pattern of their own cases would allow for responses that consider more multidimensional aspects.

Finally, and as previously discussed, future studies could focus on training participants to be more likely to formulate cases according to TSDP and ZGTP, or a parts of the personality' lens in general. Not acknowledging the different parts of the personality in treatment may lead clinicians to not adjust their own self-state according to what the client is manifesting, or at least taking longer to do so, since this adjustment requires recognition of the change that occurred in the dyadic relationship (Bromberg, 1996). If our short manipulation had some effects in this direction, it is very likely that training, even short training, would have even better results. Yet, only further research on the subject can tell.

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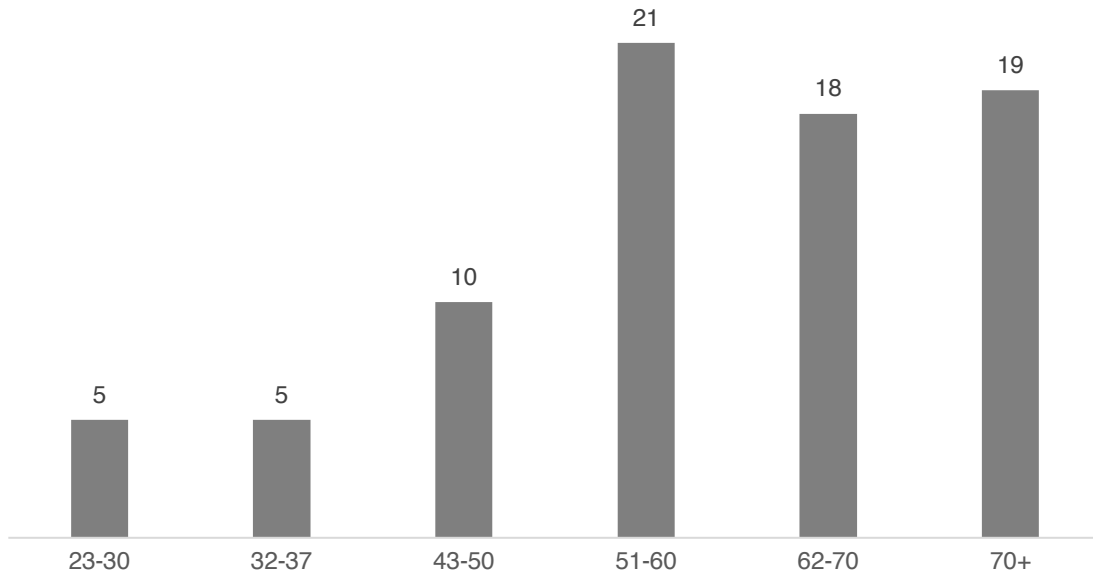
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## Appendix A – Age of Participants



## Appendix B – Informed consent

“Dear Clinician,

Our research team at Faculty of Psychology, University of Lisbon, invites you to participate in another research study on facilitating emotional change in pair with characterological change.

The participants of this study are clinicians of any theoretical approach.

This experiment should take you **15/20 minutes**.

We welcome and appreciate your interest and invite you to read the Informed Consent information below before taking part in the survey, which has been through the Ethics Committee and follows American Psychological Association (APA) and Order of Portuguese Psychologists (OPP) guidelines.

You will watch excerpts from a real psychotherapy session and then be randomly allocated to one of four conditions, also with videos – two conditions slightly shorter and two slightly longer.

You will be asked to adopt the stance of the therapist, so watch the videos carefully. If you have participated in a previous study with this client you will see this is a different one, so you are welcome anyway. Finally, we ask you to provide basic demographic information and share your experience while participating.

The responses to this questionnaire will be data for the four researchers' dissertation projects, in coordination with three other completed projects. The results could potentially be used at conferences and in relevant publications. Your participation is voluntary, and your answers will be anonymous and confidential. We do not know or anticipate risks to your physical or mental health.

If you move on by pressing the "forward" button, we assume that you have read and understood the previous information and have agreed to participate in this research. You can quit at any time. If you have further questions or want to be later informed about the results of the study, please feel free to contact us.

We hope you appreciate the clinical material we prepared with care.

Thank you in advance!

If you have any questions, you can contact the student investigators:

Mariana Dias, Patrícia Oliveira, Raquel Terruta, and André Ferreira, at

[paradigmaticcomplementaritylab@gmail.com](mailto:paradigmaticcomplementaritylab@gmail.com)

You may also contact the researcher supervisor:

Nuno Conceição, Ph.D., at:

Complementarity Lab

Faculty of Psychology, University of Lisbon

Alameda da Universidade

1649-013 Lisbon, Portugal

[nconceicao@psicologia.ulisboa.pt](mailto:nconceicao@psicologia.ulisboa.pt)

## Appendix C – Instructions

“As mentioned earlier, your collaboration in this research involves adopting the therapist's stance.

We request you to be in a quiet and comfortable place, mostly free from interruptions and distractions.

**Headphones are advised** but not compulsory. Make sure **the sound of your computer or device is turned on** and balanced to your hearing needs.

The following video will be an excerpt from a therapy session. Please put yourself in your therapist stance and mindset and pay attention to this client.”

## **Appendix D – Background on the Client**

“Joaquina is a 21-year-old Portuguese female who already had a first therapeutic process of three years with a psychodynamic psychotherapist and is currently having therapy with an integrative psychotherapist. The excerpts you are about to watch are from a recent session with her therapist.

When the client was 7, her mother left the country, and she started living only with her father. According to her, before this happened, her mother was the one that mostly took care of her. Her mother was supposed to only go for a masters’ degree, but she ended up getting together with a man and travelling around the world. She came back when Joaquina was 17. A couple months after, Joaquina went to Holland, where she is still currently living. The client says that her relationship with her mother is still complicated because her mother is unstable and very dependent on men. She also mentions that after her mother left, her father became very much focused on Joaquina, and that he was a lonely man with very strong ideals of how people should live their lives.

In the next excerpts, Joaquina brings her main complain to this session. In previous sessions therapist and client have agreed to work on a recurrent maladaptive pattern she experiences in situations of emotional closeness with female friends.”

## Appendix E – Initial Stimulus: Excerpt Transcription

**J:** Joaquina

**T:** Therapist

**J:** Still, this difficulty I have sometimes with my women friends. Because now, the women I have around me in Holland, they are very caring for me and they love me a lot.

**T:** Ah, that's good.

**J:** Although I still feel this nervousness when I try to get closer to them, specially physically. Like when I try to hug them or if we are, for example, watching a movie together and we get very close in the couch. I love it a lot and I want more closeness. But I start feeling so nervous, like in a first date or something, like a little baby.”

**J:** And I have a very close friend, for example, and she cuddles me a lot, we give hugs...

**T:** That's nice.

**J:** And we know how much we mean to each other. But instead of feeling, like, when I see girls like friends of mine and they hug, and they are so playful in the way they do it.

**T:** Yup.

**J:** And for me, when I get a hug, I still get somehow uncomfortable because I am so afraid that will end or that they won't like me or that if they get close enough to me, they discover something about me, and they'll just disappear.”

## Appendix F – Small Lecture (Only Shown to Manipulation Condition)

Introduction:

“We prepared a very small lecture on the repetition of recurrent maladaptive patterns that we hope will be useful.

Please stay with us and enjoy the following 5 slides.

At the end we will ask you to critically appraise the (consolidating) learning moment.”

Slide 1:

“Different treatment modalities conceptualize recurrent maladaptive patterns in different ways, yet sharing common features. By using terms like cognitive schema, emotional scheme, mode, core self-organization, part of the self, structurally dissociated part, little one inside, inner child, ... many approaches are somehow formulating **underlying personality structures, traits**, giving rise to client’s **complaints, symptoms or emotional states.**”

Slide 2:

“Addressing both the underlying personality structures and the symptoms, presumed to be interconnected, makes it more likely to produce **enduring change**. Many approaches, however, are bringing an Homuncular perspective to this experiential work, which has its caveats. And it might not be about deep-seated structures, but about processes, **personality processes** occurring

at a deep or profound level, which become visible if one captures them in operation and sees emotionality as personality process.”

Slide 3:

“Personality is this brain led system developed early in childhood and **personality processes are continually reinforced**, become **overlearned, highly stable, automated and change resistant**. They become habituated – functionally autonomous and self-perpetuating, and keep being practiced in the present moment, today, also in session.”

Slide 4:

“Clients and therapists may or may not be aware of what is going on, of what is being repeated, rehearsed, or practiced, in the session, in the moment. By its very nature, the repetition or enduring practice of habituated emotionality is usually not face evident. **When therapists are not trained to identify and formulate about the presence of these hidden underlying processes, they often do not look for it**. This contributes to therapeutic sins of omission and commission, **making it difficult to bring about enduring change.**”

Slide 5:

“**Theorizing emotion as personality process in pair with some type of a parts-based formulation approach** can help clinicians recognize these patterns. Even when the subject is discussed in an emotional way, therapists may miss the underlying personality processes because the client presents them in the background of awareness. Looking for the nonsensory process of the brain, the one that structures the emotional response and regulates the personality processes,

opens access to the habituated and automatic patterns of emotional responses. Somehow formulating at least **two different parts of the client, one delivering text/content and another holding subtext/process**, can help therapists to better grasp these subtle cues to personality processes enmeshed with emotional messages.”

“The lecture is over!”

“Please rate how much you appreciated this lecture.”

Not at all

Completely



## Appendix G – Manipulation video (Introduction and Transcript)

“Now you will watch two small excerpts of the session, with a therapist's intervention/formulation.

Please refrain from interrupting your viewing if possible.”

**J:** Joaquina

**T:** Therapist

**“Z:** Again you are smiling at me! Why would you smile at me when you are feeling so sad? I am talking to you about these very sad things. And you have a very pretty smile, but it doesn't fit.”

**“Z:** It was a hard time. And those hard times continue to live inside of people even though they don't know it, and it comes out in strange ways. In different ways. And I think in your case, the loss of your mother continues to operate in your current relationships. The tragedy of her loss makes you very sensitive to being rejected by your friends.

**J:** Hm-hm.

**Z:** What is going on, what are you feeling?

**J** [*tearing up*]: A little bit – hum – sad.

**Z:** Yeah?

**J:** Hm-hm.

**Z:** I hope you'll forgive me."

## Appendix H – Questions

Manipulation condition	Control condition
<p><b>“We have shown you part of this therapist’s formulation, but we are most interested in how YOU would formulate her recurrent maladaptive pattern with her female friends. Please rate how the following options fit your formulation perspective, from extremely unlikely (1) to extremely likely (5).”</b></p>	<p><b>“We are interested in how you would formulate Joaquina’s recurrent maladaptive pattern with her female friends. Please rate how the following options fit your formulation perspective, from extremely unlikely (1) to extremely likely (5).”</b></p>

### “Formulation A

The longing of her mother when she abandoned her at age 7 (an early age where the foundational parts of her personality were still developing) created an automatic pattern of her brain’s functioning, making a part of her still feel afraid of rejection by female figures when they get physically closer. This part still lives in Joaquina, operating automatically in her brain and causing her to experience imminent rejection/abandonment, especially in a context where a female friend is increasingly closer.

### Formulation B

When the client was abandoned by her mother at age 7, the inability to integrate the trauma evolved into a structural dissociation of her personality into two parts. A part was able to go on with her normal life, while another part was desperately longing her mother. Today, the client feels two conflicting first-person perspectives from these two parts of her personality. When in contexts of meeting attachment/closeness needs, the part that goes on with normal life is intruded by the fragile part that is hurt and afraid of painful rejection.

### **Formulation C**

After being left by her mother at age 7 for several years, the client experienced ongoing unbearable aloneness and developed a defensive pattern to retain her from being abandoned again. Being close to female friends makes her conflicted about such interactions, where she wants more closeness, yet at the same time, anticipates painful rejecting abandonment, resulting in worry and anxious feelings around them.

### **Formulation D**

Joaquina's abandonment by her mother lead to the development of painful maladaptive emotion schematic memories of fear, shame, and sadness. She developed a negative core self-organization characterized by a sense of self as vulnerable, alone and/or defective. This core self-organization, on the basis of an automatic synthesis of activated emotion schemes, is activated in situations of increasing closeness with her female friends. In this state, she feels threatened and distressed and begins to worry to protect against sensed danger in an attempt to defend against it."

**“Which of the previous formulations would you be more likely to choose for facilitating characterological change?”**

**“Which of the previous formulations would you be more likely to choose for facilitating emotional change?”**