

Domain: Assumptions

Meta-Category – Assumptions about forms of crying:

This meta-category delineates distinct forms of crying, drawing on Gutjahr & Benecke's (2024) typology, which was further differentiated and expanded with material from this study. These forms are independent of intensity of crying (which may vary). Each form tends to elicit specific countertransference reactions and may overlap with other meta-categories. Four guiding questions help with rating: 1) what is the triggering event or emotion?; 2) how does the quality of the crying appear on the outside?; 3) to what extent does the crying fulfill an interactive function?; 4) to what extent does the triggering event seem to be accepted or integrated?

Categories	Subcategories	Definition / Criteria	Examples	Other Notes
Protest Crying	-	<p>Triggering event: Feelings of anger, injustice, self-pity. Situations in which the person doesn't feel adequately treated or valued. Typical themes: relationship dynamics, conflicts, or personal misfortune. Guilt and responsibility are externalized.</p> <p>Quality of crying: Complaining, protesting, defiant, offended. This form of crying can be high or low in intensity.</p> <p>Interaction: Strong interactive function: the crying is very outwardly directed; demanding and validation seeking. Can evoke anger and lead the therapist to set boundaries or emotionally withdraw. Can sometimes be perceived as coercive or manipulative.</p> <p>(Non-)acceptance: Nonacceptance and apparent resistance against the circumstances.</p>	<p><i>"Like, 'I feel so abandoned.' There's an accusatory tone in the crying – kind of like, 'You're never there for me, you never think of me.'"</i></p> <p><i>"That kind of protesting crying triggered something in me – like, 'I need to set a boundary here. I'm not willing to go along with this pity narrative.' It felt like a defense: 'I'm small and helpless, I want to rage, and you're not allowed to say anything.' And I just didn't want to get drawn into that."</i></p> <p><i>"[...] when he's crying like that, like a little child, he just whimpers and wails."</i></p> <p><i>"they cry because they feel unfairly treated, ignored."</i></p>	<p>Possibly connected to: <i>Crying as resistance,</i> <i>Crying as manipulation,</i> <i>Crying as relational challenge</i></p>
Overwhelmed Crying	-	<p>Triggering event: Feelings of being overwhelmed, helplessness, uncertainty, powerlessness, fear, or despair. Acute concerns that trigger a general sensation of overload or loss of control. Situations in which person feels unable to cope. Moments of realization, sometimes related to issues that keep evoking feelings of distress (up to re-experiencing traumatic events).</p> <p>Quality of crying: Insecure, anxious, desperate and overwhelmed. This form of crying can be high in intensity, but not necessarily.</p> <p>Interaction: Medium interactive function: might trigger impulses to offer help and support, offer advice, or comfort the person crying.</p> <p>(Non-)acceptance: Less resistance against the circumstances, realization of the (imminent) loss.</p>	<p><i>"A kind of crying out of overwhelm – overwhelmed by your own emotions, overwhelmed by what other people expect from you."</i></p> <p><i>"Then the crying is often more like: 'I can't handle this anymore. I have no idea what to do.'"</i></p> <p><i>"They cry [...] sometimes out of despair or just giving up, you know? It's when they feel stuck, like there's no way out."</i></p> <p><i>"[...] fear definitely plays a part too. It's that worry about something bad happening in the future."</i></p>	

Categories	Subcategories	Definition / Criteria	Examples	Other Notes
Crying in Grief	-	<p>Triggering event: Feelings of deep sadness and grief. Concrete experience of loss (e.g. farewell, separation, death), typically in the past but at times a current loss in progress, where the process of inner parting has already begun. Painful memories.</p> <p>Quality of crying: Emotionally moved, while also calm and collected. Silent crying.</p> <p>Interaction: Hardly any interactive function; no need to express any demands as the person appears at peace with themselves. Therapists view this form positively – as helpful and healthy - and mention that they often feel a deep empathy and shared sadness in these moments.</p> <p>(Non-)acceptance: Inner acceptance of the conditions causing the suffering is reached.</p>	<p><i>"I had this patient who was always crying [...] she was around sixty, [...] and she said she really needed a lot of space to process everything she'd been through. A lot of it was about loss and really coming to terms with death and saying goodbye."</i></p> <p><i>"Maybe it's also this shock – about how limited our lives are. Just, the reality of human life itself. Being faced with that so directly – and feeling sad about it. Sad about losing something. I think that's really what grief is"</i></p>	<p><i>Crying in Grief</i> may relate to past events or memories that are mourned. In contrast, <i>Overwhelmed Crying</i> often involves a sudden and intense realization of past or present experiences, with a more overpowering, sometimes traumatic emotional quality.</p>
Positive Crying	-	<p>Triggering event: Pleasant emotions, such as joy, gratitude and feeling moved. Long awaited events finally coming true, often after a preceding period of hardship. Usually associated with a past deprivation or need, yet the present positive emotion remains predominant. Humorous situations.</p> <p>Quality of crying: Smiling while crying. Deeply moved while calm. Sometimes accompanied by real laughter. Potentially associated with relief / catharsis.</p> <p>Interaction: Hardly any interactive function, but therapists often resonate with the emotion and feel moved themselves.</p> <p>(Non-)acceptance: -</p>	<p><i>"Yeah, and then of course there are tears of joy – or tears because you're really moved."</i></p> <p><i>"Tears of joy happen too... but the big difference is, suddenly something's there again that's been missing for a long time."</i></p>	

Meta-Category: Assumptions in relation to the therapeutic relationship

This meta-category encompasses assumptions regarding the interplay between crying and the therapeutic relationship.

Categories	Subcategories	Definition / Criteria	Examples	Other Notes
Therapeutic stance		<ul style="list-style-type: none"> - The therapeutic stance encompasses the therapist's understanding of their role, responsibility, and basic attitude toward patients, including their crying. - characterized by professionalism, openness, and a grounded, accepting presence that conveys safety and stability - crying is not immediately soothed, but held with containment - empathic attunement without enactment - ability to tolerate even difficult countertransference without acting on it (reflect on both aggressive and overly caretaking impulses) - Setting boundaries and maintaining agency to provide emotional stability without becoming overwhelmed - the therapeutic stance forms the foundation for all further interventions 	<p><i>"[...] what's important to me is that the other person knows: it's okay to cry here."</i></p> <p><i>"I can take on a stabilizing [...] role since I don't get overwhelmed and start crying along [...]"</i></p> <p><i>"In that moment it does make me feel a bit helpless too – but in the end, I kind of take the other person's helplessness into my own 'container,' you know? I just hold it, without snapping, giving advice, or trying to restore order or balance right away. I just sit with the fact that situations like this exist – and that's okay."</i></p> <p><i>"I felt like I had to be the one saying, 'Okay, you're the therapist here – you need to keep the process on track somehow. You can't both just lose it.'"</i></p> <p><i>"There's this kind of crying where I just feel like, hey, something doesn't quite add up. And my natural impulse would probably be to say, 'Hey, get a grip! [...]' But of course, I don't actually say that."</i></p>	
Crying as relational enhancer		<ul style="list-style-type: none"> - Crying can signal a strong therapeutic alliance and help deepen it. - Strengthens the relationship when seen as authentic and appropriate – especially if the therapist can genuinely empathize and emotionally resonate with the patient. - Builds trust and emotional closeness - Expresses needs for care, comfort, and connection - Evokes positive countertransference: gratitude, joy, compassion, connectedness 	<p><i>"Crying does create a connection... I usually feel closer to the person afterward."</i></p> <p><i>"Because someone who's crying is opening up to me in a completely different, wordless way – and I'm grateful for that trust. When someone can let go and cry, it really shows they trust you."</i></p> <p><i>„I often get this strong urge to hold patients, wrap them up, and say, 'It's okay, everything will be fine.' Just to comfort them."</i></p> <p><i>"[Crying] can strengthen the therapeutic relationship... it's like: 'I'm showing something of myself, [...] someone responds with empathy and even comments on it in a positive way.' [...] I think there's a real chance this can actually deepen the therapeutic bond."</i></p>	

Categories	Subcategories	- Definition / Criteria	Examples	- Other Notes
Crying as relational challenge		<ul style="list-style-type: none"> - Crying may evoke responses like irritation, emotional distancing, or helplessness, particularly when it is perceived as excessive, dysregulated, theatrical, or emotionally manipulative. - Relational messages embedded in the crying may feel highly demanding, exerting pressure or emotional coercion. - Crying as relational test. - Can disrupt attunement and the therapist's emotional availability. - Evokes negative countertransference such as anger, irritation, withdrawal, devaluation, or overwhelm. - Has the potential to rupture the alliance, depending on how it is addressed and how the interaction unfolds. 	<p><i>"The histrionic [crying] doesn't really stir much compassion – it's more like, 'Oh god, this is exhausting, annoying, irritating... does it really have to be happening?'"</i></p> <p><i>"I had this totally desperate patient who cried in every single session. At some point, I just couldn't take it anymore – it became unbearable. It felt like a particular kind of defense. She kept crying about how terrible everything was, how people wronged her... and I just thought, "God, this is really getting on my nerves." I really struggled to tolerate her."</i></p> <p><i>"But then there's this kind of crying where I feel like – hey, something doesn't quite add up here."</i></p> <p><i>"Now comes the next relationship test: how is my therapist going to deal with the fact that I was so weak and helpless? Is she going to walk all over me now?"</i></p>	<ul style="list-style-type: none"> - Closely related to the subcategories of <i>Crying impedes the process (resistance to change): Crying as manipulation & Crying as resistance</i> - Sometimes associated with <i>Protest Crying</i> <p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - This category was often related to crying that was considered as "histrionic"

Meta-Category: Assumptions in relation to the therapeutic process

This meta-category encompasses assumptions regarding the interplay between crying and the therapeutic process.

Categories	Subcategories	Definition / Criteria	Examples	Other Notes
<p>Crying promotes the process (potential for change)</p> <p><i>This category reflects the notion that crying may act as a catalyst for therapeutic change and progress. In some cases, crying itself is even regarded as an indicator of therapeutic success (Example: "I'd say if people cry, then I've done a good job").</i></p> <p><i>This category includes five subcategories that illuminate various dimensions of how crying may facilitate therapeutic work.</i></p>	Diagnostic Access	<ul style="list-style-type: none"> - Therapists actively use crying for diagnostic insight / as diagnostic access point - Crying as marker of core conflicts – therapists refer to it as “signal function” or “key moment” - Especially useful in early sessions for forming diagnostic hypotheses - Therapists use internal responses / countertransference (e.g. own urge to cry) as diagnostic cues; perceived discrepancies may signal core material 	<p><i>"[...] when people cry, I now know: okay, this is about something important. And if I keep cutting through, there's often incredible progress in the therapy."</i></p> <p><i>"I find it really interesting how I react to crying... Sometimes a patient starts crying and I don't feel anything at all. And then I start wondering – like, 'Am I slipping into the role of the cold mother right now? Or do I feel kind of manipulated, like I'm not supposed to ask something or push further?'"</i></p> <p><i>"Or I get kind of bored and then I'm like... why is that? Because usually crying grabs my attention, or at least makes me want to check in [...]"</i></p>	<p>Connection to <i>Therapeutic stance</i>, which involves noticing internal reactions without acting on them and using these reactions to deepen understanding of the patient.</p>
	Relief / Catharsis	<ul style="list-style-type: none"> - Crying is seen as relieving, calming and even health-promoting - Often followed by a sense of psychological and physical relief - Described as self-soothing or self-regulating behavior - This effect primarily occurs when crying facilitates emotional access, reveals repressed conflicts, or restores agency → link to subsequent subcategories 	<p><i>"You know those kettles you put on the stove – when they start to whistle, like the pressure needs a way out? Or like a barrel that keeps filling with rain until it finally overflows. It's kind of like that – a release, a buildup of pressure that needs to go somewhere. In terms of emotion regulation, it's like there's this force or energy that has to move, and somehow it finds a way out"</i></p>	
	Emotional Access	<ul style="list-style-type: none"> - Patient-side counterpart to diagnostic access: crying as a signal (to self) that something important may be emerging - Marks a moment of contact with inner emotional experience; getting in touch with one's own emotions - Indicates a shift from cognitive mode to felt experience; crying as emotional expression (vs. other forms of expression) - Here-and-now quality: early-stage emotional contact, not yet deeply connected or integrated - Enables the naming of emotions and underlying issues in the therapeutic process - Serves as an entry point for further therapeutic work and supports emotional self-regulation 	<p><i>"I think I'd describe it maybe as becoming aware... of an emotion that's there, but maybe unconsciously."</i></p> <p><i>"Patients are often surprised by what made them cry, or they draw conclusions like, 'I cried – that's when I realized how much it got to me, or that I haven't really processed it yet, and that I need to take another look at it.'"</i></p> <p>Example for a lack of Emotional Access:</p> <p><i>"People who cry very little – like chronic pain patients, for example – they often talk in a very matter-of-fact way and just have very little access to their emotions."</i></p>	<ul style="list-style-type: none"> - Represents the first level of a layered emotional process that facilitates change (through crying), with <i>Emotional Deepening</i> and <i>Integrative Function</i> as subsequent levels - Defined by a strong here-and-now quality - Linked to the intervention: <i>Perceiving the here-and-now quality of the crying</i>
	Emotional Deepening	<ul style="list-style-type: none"> - Crying allows access to deeper emotional layers, including links to life history and unconscious material: gateway to underlying issues and inner world - Assumption that crying often reflects underlying, possibly repressed or unconscious conflicts - Moves beyond initial emotional expression toward deeper emotional understanding - Enables therapeutic exploration and insight 	<p><i>"When it comes to her mother, you can feel she's close to tears, and I get the sense that something is really touching her there. Sometimes she'll say in this really angry way that her mother is stupid and never gave her anything – but when she cries, I feel like something else comes through. It's more about what she's missing, and in that moment, the anger is completely gone."</i></p>	<ul style="list-style-type: none"> - Represents the second level of a layered emotional process that facilitates change (through crying) - Linked to the intervention: <i>Exploring emotions</i>

	Subcategories	Definition / Criteria	Examples	Other Notes
	Integrative Function	<ul style="list-style-type: none"> - Crying can open up new perspectives / pathways within the therapeutic process, especially when the emotional experience is being connected to cognitions (CBT¹), (unconscious) conflicts (PD¹) or relational patterns (ST¹) - It initiates a process of awareness and reintegration, enabling emotional processing and meaning-making. - Facilitates re-evaluation and new understanding of one's experiences and patterns. 	<p><i>"When people go to [therapy] and then say [...] 'Yeah, I cried so much,' – well, from how I see therapy [...], what they had was probably more of a release. But that doesn't necessarily lead to healing. I mean, crying a lot doesn't mean healing a lot, right? And if there's no new perspective, no new pathways, no re-linking of the affect, then it's just a re-enactment."</i></p>	<ul style="list-style-type: none"> - Represents the third level of a layered emotional process that facilitates change (through crying) - Linked to the intervention: <i>Contextualizing the crying in an actively therapeutic manner</i>
Crying as incidental to the process	-	<ul style="list-style-type: none"> - Crying does not have a distinct effect on the therapeutic process and is rather regarded as a by-product - Crying is often viewed as just one of many emotional expressions, but not assigned any specific function. - Crying is considered a physical by-product of an emotional expression. 	<p><i>"Crying, first and foremost, is just one way of expressing a feeling."</i></p> <p><i>"crying is an expression of that physical component."</i></p> <p><i>"I wouldn't read too much into it... I don't think it's necessarily a sign of trust or a particularly strong bond. I think some people just cry more easily than others. So I wouldn't say: because this person is crying, they must feel especially close to me – and if they're not crying, they don't."</i></p>	
Crying impedes the process (resistance to change) <i>This category reflects the notion that crying disrupts or interrupts the therapeutic process. This perspective frames crying not as a facilitator of therapeutic movement, but as a hindrance that may obstruct emotional or relational development within the session. Within this category, two conceptually distinct yet related subcategories have been identified. Both subcategories conceptualize crying as a function that maintains the status quo and counteracts therapeutic change.</i>	Crying as manipulation	<ul style="list-style-type: none"> - Characterized by intentionality and consciousness - May take on a regressive, childlike, or defiant quality. - Used as a strategic tool to assume a victim role, gain attention or pressure the other person into a desired reaction. - Therefore, perceived as manipulative or emotionally coercive - Often referred to as "crocodile tears" or "crying on command." - Commonly met with confrontation by CBT therapists; aiming to "extinguish" the behavior. 	<p><i>"When it's used deliberately – like, when it's clearly put on or performed – then it's manipulative. And you can just feel that."</i></p> <p><i>"It can really feel like the tears come on demand – almost to emphasize what was being said. Like: 'You must believe me, otherwise I wouldn't be breaking down like this in front of you.' It has something coercive about it. The message is: 'If you see me crying, you must treat me as someone deeply suffering – don't challenge me, don't expect anything from me.' That's the function [...] – to shut down any confrontation or questioning."</i></p>	<ul style="list-style-type: none"> - Closely related to <i>Crying as relational challenge</i> and <i>Protest Crying</i>
	Crying as resistance	<ul style="list-style-type: none"> - Unconscious form of resistance or defensive mechanism - A way of avoiding a delicate topic or the underlying emotions, e.g. Due to emotional overwhelm - Can solidify into a rigid or automatic response pattern - May signal a (potential) rupture: therapists describe feeling emotionally drained or overly cautious, as if they must avoid pushing the patient - Sometimes understood as a boundary indicating the patient's unreadiness to engage – requiring an attuned, accepting therapeutic stance 	<p><i>"Like, someone starts crying and that kind of changes the whole situation – so that you can't really keep asking questions or continue"</i></p> <p><i>„Unconsciously, the crying might be a way of saying: ‚Please, therapist, don't go any further, don't push me right now.'"</i></p> <p><i>"It's like a kind of resistance – so you don't have to look at uncomfortable things, those unwanted parts of yourself."</i></p>	<ul style="list-style-type: none"> - Closely related to <i>Crying as relational challenge</i> and <i>Protest Crying</i>

¹ CBT = Cognitive behavioral therapy; PD = Psychodynamic therapy; ST = Systemic Therapy

Domain: Interventions

Meta-Category: Therapeutic interventions associated with crying

This meta-category delineates distinct therapeutic interventions associated with crying, drawing on Gutjahr & Benecke's (2024) typology, which was further differentiated and expanded with material from this study.

Categories	Subcategories	Definition / Criteria	Examples	Other Notes
<p>Addressing</p> <p><i>The essential criterion of this category is that the therapist addresses the expressed or underlying emotions. The intention is to maintain the emotional tenseness or to even enhance it. Three subscales are distinguished, reflecting different qualities along the same continuum:</i></p> <p><i>The first scale characterizes interventions perceiving the emotions in the here-and-now, the second scale portrays interventions exploring the there-and-then of emotions, and the third scale represents interventions that create a connection between the two, with the therapist contextualizing the crying.</i></p>	(1) Perceiving the here-and-now quality of the crying	<ul style="list-style-type: none"> - Emerging emotions are addressed in the present session situation, in the here-and-now - Emotions are perceived, contained, mirrored. - Verbal encouragement to express tears is given, especially when therapists feel they understand the crying and recognize its significance for the patient. This is done with a strong empathetic attitude. 	<p><u>Examples of concrete interventions from Gutjahr & Benecke (2024):</u> <i>"you're very moved by this."</i></p> <p><i>"now as the tears are flowing, I can feel your pain."</i></p> <p><u>Examples from the current studies / expert-interviews:</u> <i>"Well, I mean, one main response is, of course, just to name it again clearly – like saying, 'This is... this is very sad for you,' or 'There's a lot tied up in this, it's making you really sad right now.'"</i></p>	<p>The three subcategories of <i>Addressing</i> reflect different qualities along the same continuum:</p> <ol style="list-style-type: none"> 1. Focus on the here-and-now of emotions <p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - In PD therapy, this kind of intervention is mainly mentioned as part of interpretative work (potentially linked to <i>contextualizing the crying in an actively therapeutic manner?</i>)
	(2) Exploring emotions	<ul style="list-style-type: none"> - The triggering element is further explored on an emotional level. - Desires, thoughts, needs, and conflicts are examined. - The therapist seeks to understand backgrounds and connections with a curious mindset - The approach is intended to help patients organize their own emotional world and (re)orient themselves. 	<p><u>Examples of concrete interventions from Gutjahr & Benecke (2024):</u> <i>"what is so hurtful about it?"</i> <i>"what kind of images come to you?"</i> <i>"there's something you're lacking that you'd actually like in your life?"</i></p> <p><u>Examples from the current studies / expert-interviews:</u> <i>"My question is often, 'Can you put into words what's making you cry right now? Can you tell me what's going on for you at the moment, or what happened?"</i> <i>" I would [...] want to interpret the crying [...]. What message is behind it? What is this feeling trying to tell you? What do you - or what does this sad part of you - actually need?"</i></p>	<p>The three subcategories of <i>Addressing</i> reflect different qualities along the same continuum:</p> <ol style="list-style-type: none"> 2. interventions exploring the there-and-then of emotions (e.g., Where do they come from?) <p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - PD therapists report using interpretation work for this - ST therapists report applying questions like circular questioning to support emotional sorting - CBT practitioners report using chair work to explore emotions with patients
	(3) Contextualizing the crying in an actively therapeutic manner	<ul style="list-style-type: none"> - Therapist intervenes more actively by introducing a new aspect through e.g. a deepening interpretation of the crying - Emotions are contextualized with respect to biography, conflicts, diagnosis, (relationship) patterns. - Such interventions may involve confronting contradictions in the patient's experience, which can require a strong alliance. 	<p><u>Examples of concrete interventions from Gutjahr & Benecke (2024):</u> <i>"no matter how hard you try to deny the anger you feel towards your mother, it's there."</i></p> <p><i>"seeing your daughter, you yourself become a child again and</i></p>	<p>The three subcategories of <i>Addressing</i> reflect different qualities along the same continuum:</p> <ol style="list-style-type: none"> 3. interventions that create a connection between here-and-now and there-and-then, with the therapist contextualizing the

		<ul style="list-style-type: none"> - Such interventions usually presuppose a certain degree of therapeutic relationship because they require prior knowledge about the patient. 	<p><i>experience your own abuse all over again."</i></p> <p><u>Examples from the current studies / expert-interviews:</u> <i>"If you have a good relationship with the person and the same situation keeps repeating itself, it might make sense to point out that the crying serves a specific function in that context. In my opinion, though, it's really important to make sure you've validated the emotion thoroughly beforehand – otherwise, it can come across as shaming. You could end up doing more harm than good."</i></p>	<p>crying actively by providing e.g. an interpretation.</p> <p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - PD therapists report sharing countertransference feelings to help patients gain new perspectives and integrate thoughts, emotions, behaviors, and past experiences. - CBT practitioners report using a more confrontational approach. - ST therapists report focusing on recurring behavioral and relational patterns, using questions to open up new possibilities for action.
<p>Giving space</p> <p><i>This category differs from the other two in that no explicit therapeutic intervention can be identified. Two subscales are distinguished, which have in common that the therapist does not try to direct the situation but leaves the guiding to the patient, allowing any possible course of the scene. Therapists maintain a holding, containing presence while respectfully giving the client space to feel and express emotion – an active and intentional act</i></p>	(4) Pause	<ul style="list-style-type: none"> - Therapeutic pause, distinguished from natural conversational breaks; deliberate interruption initiated by the therapist. - Instances where the patient is solely engaged in cognitive processing or word retrieval are excluded - The interaction is slowed, space is created, and present-moment awareness is fostered. - A pause can also be used preventively when therapists sense that crying and emotions might become too intense. A pause can then serve as a means of calming. 	<p><u>Examples from the current studies / expert-interviews:</u> <i>"[...] when emotions start to intensify... yes, then you pause for a moment. Something needs to be digested first."</i></p>	<p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - The intervention was exclusively mentioned by PD and ST therapists, with no reference from CBT practitioners.
	(5) Letting Narrate	<ul style="list-style-type: none"> - Patient has the (almost) exclusive speaking part without the therapist intervening. - Shorter pauses in speech are not interrupted by the therapist. - Topic changes are tolerated. - There may be brief interjections by the therapist to maintain the patient's flow of speech. - If the patient's remarks are clearly attributable to a question previously asked by the therapist, this is explicitly not intended by this scale. 		<p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - The intervention was exclusively mentioned by PD and CBT therapists, with no reference from ST practitioners.
<p>Neutralizing</p> <p><i>This category refers to behavior and interventions aimed at neutralizing the emotionally charged situation, reduce emotional intensity, or downregulate the arousal. The category is subdivided into three subscales.</i></p>	(6) Providing support in an actively therapeutic manner	<ul style="list-style-type: none"> - The therapist intervenes in a comforting and/or supportive manner aimed at de-escalating emotional tension: - proposing solutions and new perspectives, encouraging rethinking and reinterpretation, reframing, validation, or normalizing emotions. - Grounding techniques - Body-based exercises aimed at reducing tension - Guided imagery for emotional self-regulation (e.g. screen technique, inner child work, etc.) - <u>Some therapists offer their patients tissues as a comforting gesture. However, some are opposed to</u> 	<p><u>Examples of concrete interventions from Gutjahr & Benecke (2024):</u> <i>"that's what we're working on now."</i></p> <p><i>"it's good to talk about such fears."</i></p> <p><i>"I think there's an opportunity in that, even if it's hard at first."</i></p> <p><u>Examples from the current studies / expert-interviews:</u></p>	<p>Analogous to <i>contextualizing the crying in an actively therapeutic manner</i>, the interventions have a prototypical therapeutic character, with the main difference that the emotionality here is to be alleviated rather than intensified</p> <p><u>Implications for future research / hypotheses</u></p>

		<p><u>offering tissues, as it might make patients feel as though they should stop crying.</u></p>	<p><i>"And then I said, 'Can you feel compassion for this little girl?' – and she started crying really intensely. But if I had just left her in that state, I wouldn't have seen it as a successful intervention... just because she cried. So I asked, 'What does this little girl need right now?' And she said, 'She needs to be held and put to bed.' And then I said, 'Okay, then please go ahead and do that now.' And after that, she stopped crying."</i></p>	<p>- According to the expert interviews, these interventions seem to be especially common among CBT practitioners.</p>
(7) Exploring facts	<ul style="list-style-type: none"> - The triggering topic is explored on a rational, factual level. - Clarifying and comprehension questions - The therapist asks the patient to describe a situation in more detail. - An important criterion is that the questions stick to the triggering topic (in distinction from (8) <i>Initiating a change of topic / ending the session</i>) 	<p><u>Examples of concrete interventions from Gutjahr & Benecke (2024):</u></p> <p><i>"how did this happen?"</i></p> <p><i>"how old were you then?"</i></p> <p><i>"what did your mother die of?"</i></p> <p><u>Examples from the current studies / expert-interviews:</u></p> <p><i>"It was about a man who had witnessed [...] a good friend of his being murdered. So I started asking: what was it like before the war, in your village? How did people bury their dead back then? What kinds of rituals were there? And then he started talking – and really lit up, because he had some good memories. And eventually, we imagined together how he would have buried his friend, if he had had the chance."</i></p>	<p>- Similar to the <i>exploring emotions</i>, with the difference that here the focus is not on the emotional but on the factual level</p> <p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - According to expert interviews predominantly used with patients exhibiting structural impairments - The intervention was exclusively mentioned by PD and ST therapists, with no reference from CBT practitioners. 	
(8) Initiating a change of topic / ending the session	<ul style="list-style-type: none"> - Crying is ignored, a new topic or aspect is introduced, or the session is ended. - Only category where the therapist actively directs attention away from the emotionality and the triggering issue - Exclusion criterion: the patient themselves distracts from the topic and the therapist just follows along - Therapists report employing such interventions, e.g., when crying disrupts the therapeutic process, such as in cases of maladaptive, persistent or inauthentic crying 	<p><u>Examples of concrete interventions from Gutjahr & Benecke (2024):</u></p> <p><i>"where did you live back then?"</i></p> <p><i>"you also mentioned your brother earlier. Can you tell me more about him?"</i></p> <p><u>Examples from the current studies / expert-interviews:</u></p> <p><i>"...but with this patient who would cry through entire sessions, at some point I stopped responding to it every single time."</i></p>	<p><u>Implications for future research / hypotheses</u></p> <ul style="list-style-type: none"> - CBT therapists reported attempts to lighten the mood in the therapy room. 	