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Self-definition issues may veil relational needs and fears in negotiations of the alliance - A new way to conceptualize rupture and repair

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Abstract: Needs for self-definition and relatedness in psychotherapeutic interaction have been described in theory and research but their role in rupture-repair episodes is still not well understood. The aim of this study was to explore the relational dynamics between therapists and clients during alliance ruptures and repairs through the lens of the concepts of self-definition and relatedness. Nine therapists were interviewed about their experiences in rupture and repair processes. Interview answers were analyzed with theory-informed interpretative phenomenological analysis (IPA) focusing on therapists' and clients' needs and expressions of self-definition and relatedness during these processes. Two themes were identified: *Ruptures as imbalances of relatedness leading to strains in self-definition* and *Repair as a restoration of mutual self-definition to create balance in relatedness*. The general finding was that ruptures developed as unaware imbalances between therapist and client regarding their needs of relatedness. This imbalance was, however, expressed and handled with behaviors that were oriented around needs of self-definition. After therapist-client negotiations over self-definition issues had come to an end, renewed and more mutual relatedness could be achieved. The findings underline the importance of self-definition and relatedness as fundamental aspects of rupture and repair processes. This study analyses how clients' and therapists' different relatedness expectations may be expressed as self-definition problems. After negotiation of ruptures, increased relatedness may ensue. The results can improve therapists' understanding and handling of rupture and repair processes in therapy.

Keywords: Self-definition, relatedness, the therapeutic alliance, rupture, repair.

Alliance problems are traditionally described as transference and countertransference aspects of the relationship in psychodynamic theory (Cooper, 1998; Hunter & Safran, 2020). Object-relations theories assume that the client's transference may evoke countertransference in the therapist, potentially pointing to patterns in the client's life that can be used to understand the client's current problems (Cooper, 1998).

The concept enactment is often used in relational theories to describe mutual limitations of interpersonal mental freedom (Holmqvist, 2021). These theories emphasize the client's and the therapist's mutual and intertwined interactions that are thought to be evoked mainly by the client's, but also the therapist's, relationship history and by the ongoing interaction in therapy. The two-person perspective in this model differentiates it from the usual one-person perspective in psychodynamic theories and opens for more self-disclosures from the therapist in order to understand the relational complexities. This "relational turn" in psychotherapy has paved the way for a widened interest in the therapeutic alliance, in the therapist, and therapeutic skills (Barsness, 2018; Muran & Eubanks, 2020). We think that there are some gaps in the knowledge regarding how therapists and clients negotiate the therapeutic alliance during challenging periods, which has led to our research question which explores whether the constructs of self-definition and relatedness can be used to gain further understanding of alliance ruptures and repairs.

Literature Review

The therapeutic alliance and rupture-repair

The quality of the relationship between the therapist and the client in psychotherapy is key to therapeutic outcome (Muran & Barber, 2010; Muran & Eubanks, 2020). An important aspect of this relationship is the therapeutic alliance (Muran & Barber, 2010) which is a well-researched and robust predictor of outcome in psychotherapy (Flückiger et al., 2020; Horvath, 2018). Theorists have emphasized different components of the alliance. Bordin's (1979) conceptualization postulates three aspects: agreement between therapist and client about (1) tasks and (2) goals in a (3) climate of positive feelings in the relationship. Bordin's definition of the therapeutic alliance underlines the value of cooperation. A central aspect of cooperation is to negotiate ruptures that evolve over time and to repair them (Bordin, 1994).

A meta-analysis found that reparation of alliance ruptures had a moderate effect on outcome (Eubanks et al., 2018). Several qualitative studies (Hill et al., 1996; Rhodes et al., 1994) have found that resolutions of ruptures are associated with a better relationship quality whilst unresolved ruptures may be linked to lower quality or even breakdown in the alliance. Some studies (Chen et al., 2018; Zilcha-Mano et al., 2019) highlight the importance of the therapist's *awareness* regarding fluctuations and deteriorations in the alliance. Such awareness or attention seems to eliminate the negative effect ruptures may have on the alliance (Eubanks & Muran, 2020).

Negotiating ruptures

The conceptual model of alliance ruptures and repairs created by Safran and Muran (2000) has been studied in several ways. In this model, alliance ruptures are seen as disagreements between therapists and clients regarding tasks or goals of the treatment, or a deterioration in the emotional bond (Muran & Eubanks, 2020; Safran & Muran, 2000). Alliance ruptures may vary in intensity, and even subtle strains in the alliance can be indicative of tensions that need attention (Muran & Eubanks, 2020). Zilcha-Mano (2017) estimated that in 43% of sessions, there are direct and concrete expressions of ruptures. Client ratings indicate ruptures in 25% to 68% of sessions (Muran, 2019).

In the therapeutic context Safran and Muran (2000) proposed, based on observational studies of rupture and repair processes (Safran & Muran, 1996), that therapist and client negotiate the therapeutic alliance by accommodation and refusals to accommodate to the other person's wishes and needs (Muran & Eubanks, 2020). This idea is also a significant aspect of relational theory (Benjamin, 2020).

In therapy, negotiations take place continuously, when issues emerge between therapist and client that challenge the cooperation or the relationship (Safran & Muran, 2000). More specifically, Safran and Muran (1996) found that ruptures can be categorized as withdrawals and confrontations. During withdrawal ruptures, the client avoids the therapeutic work by talking about unrelated topics and keeping away from emotionally charged themes. During confrontation ruptures, in contrast, the client expresses open dissatisfaction with the therapy, the therapist, or the therapeutic progress (Safran & Muran, 2000). They posited that withdrawal ruptures may hide fears of showing agency and assertiveness whereas confrontation ruptures may conceal the client's fears of being vulnerable in the relationship.

A major goal of attending to and working with ruptures is to avoid irremediable breakdown in the alliance, often loaded with negative emotions for both persons (Hill et al., 1996; Muran & Eubanks, 2020; Rhodes et al., 1994; Safran & Muran 2000). In Safran's and Muran's therapeutic rupture repair-model, they also see ruptures and repairs as opportunities for generating corrective emotional and relational experiences in the client by working through disagreements that emanate from his or her implicit and maladaptive internal working models for self and others (Safran & Muran, 2000). This type of therapeutic practice can therefore be seen as a method of creating changes in the client's implicit and automatic ways of relating to him or herself and to others. They suggested that repair of ruptures may be accomplished through therapeutic

metacommunication, which is a way to make implicit aspects of the relationship open for joint explicit exploration and negotiation (Safran & Muran, 2000).

From a developmental psychological perspective, studies of interactions between young children and their caregivers show the ubiquity of ruptures and strains, and resolutions of them, in everyday interactions (Beebe et al., 2003; Harris, 2011; Lachman & Beebe, 1996). Taken together, studies from different domains signify that ruptures and repairs are natural relational occurrences in interpersonal interaction; rupture and repair processes can be understood as contributing to persons' improved feelings of subjectivity and agency, and to enhance mentalizing competence (Benjamin, 2020; Muran & Eubanks, 2020).

Blatt's developmental model

The idea that withdrawal ruptures are driven by fears of showing agency and being assertive and that confrontation ruptures by fears of sharing vulnerabilities is based on Blatt's theoretical model of two fundamental dimensions of human psychological needs that are activated in interpersonal relationships (Safran & Muran, 2000). According to Blatt (2008) healthy interpersonal relationships are characterized by a balance between two persons' needs of self-definition and relatedness. The agency-communion-model is founded in the interpersonal interaction model (Kiesler et al., 1997; Wiggins, 2003) which posits these two dimensions as fundamental in human relationships. These basic modalities of human existence have been discussed in other theoretical contexts such as autonomy and surrender (Angyal, 1951), agency and communion (Bakan, 1966), and achievement or power versus affiliation or intimacy, to name a few.

Self-definition implies the need to be a separate and unique individual. Behaviors that, as stated by Blatt (2008), serve this need vary according to level of psychological maturity, from expressions of isolation, autonomy, control, possession, power, dominance, to initiative, achievement, competence, agency, self-confidence, individuality and integrity (Blatt, 2008). Relatedness-oriented behaviors, on the other hand, serve the need to be part of a relationship, and vary from psychologically immature expressions of dependence, submission, and merging, to more mature expressions of cooperation, participation, belonging, communion, affiliation, union, intimacy, love, sexuality, mutuality, and reciprocity (Blatt, 2008).

Applied to psychological development these two basic modalities represent two distinct, sometimes synergistic, and sometimes conflicting human needs (Blatt, 2008). To seek fulfillment in one of these two needs, for instance to express oneself in accordance with the need, can imply a deterioration in the other need. An activity focused on fulfilling needs of relatedness can risk the person's self-definition or sense of self while an activity implying a striving to fulfill needs of self-definition can jeopardize intimacy and genuineness in relationships with others and lead to loneliness. The synergistic aspect of the relationship between the two needs, on the other hand, means that fulfillment of one of these needs – when the need is expressed, understood and validated – stimulates psychological development. This paves the way for the need to be identified and expressed with improved maturity. Blatt's theory posits this dialectical process as the core in psychological maturation processes. A psychologically mature person has contact with his or her own needs of self-definition at the same time as being able to be in intimate and authentic relationships with others (Blatt, 2008). On the other hand, when a person grows up in interpersonal contexts that do not allow or promote expressions of one of the needs, or both, it may create an imbalance or a stagnation in the person's psychological development which implies expressing needs in inadequate ways (Blatt, 2008). Less mature expressions of needs can be age-appropriate, for example when a child expresses self-definition in terms of control and power during play or when refusing to brush his or her teeth. However, such expressions can be inadequate in contexts with other expectations, when an adult, for example, has a desire to aggressively dominate colleagues in a discussion. Mental health problems and symptoms can accordingly be understood as an over-emphasis in seeking need fulfillment in only one of the two needs (Blatt, 2008), and as negative relational consequences regarding miscommunication of needs. In Blatt's view, normal developmental processes, where feelings of self-definition enable a person's propensity to fulfill needs of interpersonal relatedness, which, in turn, interfere with or stimulate feelings of self-definition, are activated in therapy (Luyten, 2017).

Purpose of the present study

Although Blatt's two-dimensional model is a basis for Safran's and Muran's model of rupture types, few studies have analyzed how therapists react to and handle ruptures through this lens. Alliance ruptures and resolutions have, for example, been studied with the Rupture Resolution Rating System (3RS; Eubanks et al., 2015), an observer-based rating measure. The 3RS allows for detailed categorization of both rupture and resolution events. However, the rupture and repair model described by Safran and Muran, as well as the 3RS rating system, are centered on client behaviors and do not really capture the dyadic aspects of rupture and repair processes. We argue that more knowledge is needed about how the alliance is negotiated in the therapeutic dyad.

To gain a better understanding of the complex phenomenon of rupture repair-negotiations we used Blatt's model to shed some light on such processes by interviewing nine therapists about their experiences. The research question was whether the constructs of self-definition and relatedness can be used to gain further understanding of alliance ruptures and repairs. The interviews were analyzed with IPA to focus on the individual therapists' perceptions and interpretations of the processes.

Method

Method of analysis

Interpretive phenomenological analysis (IPA) was used for data analysis. IPA is a qualitative method combining an interpretive *hermeneutic* stance and a *phenomenological* focus in an *idiographic* analysis model (Smith et al., 2022). IPA uses a double hermeneutic implying that in addition to using the participants' own attempts to interpret, understand and make meaning of their experiences, it also includes the researchers' interpretation of the participant's understanding (Smith et al., 2022). This double hermeneutic analysis made it possible to make sense of the participants' meaning making in rupture and repair episodes. Thus, in addition to the phenomenological perspective, the researcher uses his or her own knowledge and previous experience in the analyses (Smith et al., 2022).

The idiographic focus allowed us to further deepen the analysis by paying close and careful attention to the participant's description of the subtle, complex, and intertwined interactions where the participant's unique subjectivities, backgrounds as therapists and contexts were understood to play an important part in their meaning making. In the analysis, the individual therapist's understanding of these dynamics was central.

While doing the interviews and the analyses, we tried to bracket our own expectations and beliefs (Tufford & Newman, 2010). We attempted to be as open as possible about the risk of biases in our understanding of the therapists' reports. In this study's context, this also implied not letting the theory-informed use of self-definition and relatedness impact either the interviews or the first steps in the analysis, constraining the use of these constructs to later stages in the analytic process.

IPA is usually used as an inductive method (Smith et al., 2022), but it can also allow researchers to use a theoretical model to inform the analytical work (Haskayne et al., 2014). In our analysis, Blatt's model served as a theoretical frame, helping us to understand the descriptions and phenomenon more clearly. Blatt's model did not inform the interview questions; thus, the participants talked about their experiences in rupture and repair episodes. We also used Safran and Muran's (2000) model of rupture and repair, not to conceptualize the data, but to identify ruptures and repairs in the material.

Psychotherapists/participants

Nine psychotherapists participated in the study. They all had extensive experience of working with therapy, using psychodynamic/relational or system theoretical orientations. Two therapists were in private practice, five worked in multi-professional treatment teams in public primary care, one worked in a treatment institution, and one in family counselling. The average time in the profession was 15 years (the range was between 7 and 30 years). Of the nine participants, five were licensed psychotherapists, three had basic training in psychotherapy, and one had other forms of clinical training, for example, minor courses in cognitive behavioral therapy and motivational interviewing. The participants were found through a snowball procedure as the first author asked therapists in his network if they could participate in the study or if they knew somebody who could. We made the judgment that nine participants would be enough to match the aims of the study and to give sufficient examples of rupture and repair processes. The inclusion criteria were that the participants had worked with psychotherapeutic treatment for five years or more and that they had experienced clear rupture and repair processes with one or more clients.

Clients

The participants were given the choice to be interviewed about one or two cases. The nine participants talked about 14 cases of rupture and repair. Eleven of the fourteen clients in these cases were adults; three were young adults (age 16-18). Six of the cases were standard individual therapies. The remaining 8 cases were individual therapies with added interventions in treatment contexts where psychotherapy was one of several components in the treatment, e.g., in treatment institutions or in multi-professional teams. In these contexts, sometimes a partner, parent, or the client's child participated in the therapy session now and then. Ten of the clients, and all three young adults, had the treatment financed by economic assistance from social services. This may have implied that some of them had more severe psychological and social problems and that some of them would not have had the intentions to participate in treatment if they were not motivated by social services involvement. The treatments were carried out in Sweden.

The severity of the cases differed substantially. Most of the clients had relational problems within their family system. They presented with, for instance, behavioral problems, complex post-traumatic stress disorder, isolation tendencies, anxiety, and depression. The shortest therapy had a duration of six sessions and the longest four years. The therapies had been completed between two months and two years before the interviews.

Interviews

The first author conducted semi-structured interviews with the therapists with a focus on their experiences of rupture and repair episodes between themselves and a client. Three of the interviews were conducted online and six face to face. Four of the participants talked about one case and five about two cases. The interviews were based on an interview guide (see Appendix A). The interview guide enabled us to capture contextual and background information about the therapist and the therapy that made it possible to better understand the meaning that each therapist gave to the presented rupture and repair episode. Besides this, the guide was focused on how the therapists understood the therapeutic interplay before, during and after rupture and repair events, with special attention at thoughts, feelings, impulses, reflections, behaviors, strategies etc. The interview guide enabled us to see the temporal aspect of each rupture repair process.

The ruptures were identified as interactions that made it obvious for the therapist that something was wrong in the alliance and the repairs as interactions that the therapist thought were of importance in resolving the rupture. The interviews took about one hour or somewhat more to perform. The interviews were recorded on a smartphone. The participants were asked about their view of the use of a smartphone as a recording device and all of them approved. They were informed that the recordings would be deleted after transcription and accepted this.

Transcription

The transcription was made with literal rendition of the recorded interviews and included sighs, longer pauses, laughter, and notable body language. The transcription was made by the first author.

Data analysis

In the first step, each transcription was read by both of us individually. The first reading was done unconditionally to get a sense of the total picture of each case.

In the second step we, again individually, read each transcription, but with special focus on passages about ruptures and repairs. We compared our readings to check if we had identified the same ruptures and repairs. Our comparisons showed a high level of congruence. This meant that neither of us detected ruptures or repairs in the material that the other author had not noted.

In the third step, the rupture and repair segments identified in the previous step were used to make flowcharts of each individual case. The flowcharts illustrated chronological and progressive steps in the rupture and repair episodes and made each of these processes clearer.

In step four, the interviews were read individually once again, now with guidance by the rupture and repair flowcharts to check if the analyses were still sound. We compared our analyses to get a sense of their reliability.

In the fifth step, we looked closer at each flowchart and its corresponding interview, now by letting our readings be informed by Blatt's concepts of self-definition and relatedness. Expressions and behaviors that we analyzed as conveying needs of self-definition or relatedness in the participants' descriptions of their own and the clients' implicit and explicit interactions in relation to the rupture and repairs were noted and discussed. In this creative process, attempts were made to distinguish expressions of self-definition from expressions of relatedness.

In the sixth step, maps with central interactions with each case of rupture and repair were created. Each case was depicted on posters with their respective sequential therapist-client interaction during rupture and repair, with matching transcript segments demonstrating and validating expressions of needs for self-definition and/or relatedness. These "process-maps" comprised the dyads' mutual relational negotiations of self-definition and relatedness during rupture and repair. We compared these analyses with the original transcripts to check the validity. After this step, we felt safe to say that the process-maps were grounded in the original data material.

Step seven implied that the themes and subthemes were decided. The individual processes were brought together to general patterns. In this step, a check between individual cases and general patterns confirmed that themes and subthemes seemed plausible and consistent.

Conceptual model informing the analysis

The concepts of self-definition and relatedness were used in accordance with Blatt's (2008) theoretical framework and from step 5 in the analysis. In the analysis, needs of self-definition were identified as behaviors, thoughts, feelings, and

utterances that conveyed needs of isolation, autonomy, control, possession, power, dominance, initiative, achievement, competence, agency, self-confidence, individuality and integrity. Relatedness needs were identified as behaviors, thoughts, feelings, and utterances that conveyed needs of dependence, submission, merge, cooperation, participation, belonging, communion, affiliation, union, intimacy, love, sexuality, mutuality, and reciprocity. Safran & Muran's rupture-model were used to identify ruptures in the data during step 2 in the analysis.

Data availability statement

The raw data transcriptions, the flowcharts, and the process maps are archived. There is no online access to the data. The recordings were deleted after transcription.

Ethical considerations

The participants were informed in advance, verbally and by e-mail, about the general content of the study and the interviews. They knew, for example, that the focus would be on ruptures and repairs. They were asked to think about one or two treatments where there had been a significant and clear rupture with a perceived repair.

Participants and information about them have been anonymized. They were informed that the study could be published in a scientific journal and approved of that. They accepted the use of smartphones in the recording procedure with the agreement of erasing data after transcription. We think the anonymity of the clients is acceptable. We changed names in the transcriptions and used pseudonyms in the Findings section. Further, we had to make some arrangements in the presentation due to descriptions of episodes in the material that would risk anonymity. Our judgement is that the participants had relevant information about the study's purpose and procedures and that they could choose to end their participation if they wanted, during interviews and afterwards if they changed their minds.

The authors' positionality

Our clinical practice and research are influenced by the two-person relational perspective leaning on a constructionistic view on the interaction in therapy and the knowledge the participants can attain (Mitchell, 1998; Safran & Muran, 2000; Wachtel, 2008). The assumption that the relational negotiation of desires and needs in therapy has importance for alliance and outcome may have influenced the interpretations of the interview material. The impetus for doing this study was an interest in understanding whether, or in what ways, self-definition and relatedness are useful clinical concepts in the daily work of negotiating strains in therapy.

Findings

The analysis of the interview answers led to the identification of two main themes and several subthemes. Table 1 shows the themes and the subthemes.

Themes	Subthemes
1. Ruptures as imbalances of relatedness leading to strains in self-definition:	
	1a) Rejection or disappointment over relatedness.
	1b) Struggles about self-definition in response to imbalances in relatedness.
2. Repair as a restoration of mutual self-definition to create balance in relatedness:	
	2a) The therapist strengthens his or her self-definition outside the therapy.
	2b) The therapist strengthens the client's self-definition.
	2c) The therapist softens his or her display of self-definition in the therapeutic relationship.
	2d) The therapist regulates relatedness in the therapeutic relationship.
	2e) Balance of self-definition and relatedness in the therapeutic relationship.

Table 1: Themes and subthemes

The therapists' descriptions of ruptures and repairs conveyed that some ruptures occurred suddenly and were repaired instantly, while others occurred suddenly but were repaired during a longer period, and that still others evolved in prolonged interactions with extensive repair processes.

In the report of the themes and subthemes below, some of the ruptures and repairs were particularly protracted, and they were articulated in the interviews in ways that bring clarity about the dynamics in the relational negotiations. Excerpts from these therapies are marked with letters (a, b, c, d, and e). We choose to give names and some contextual information to these specific therapists and clients. Generally, names with the initial of 'T' denote the therapist and names with 'C' the client.

Therapy	Therapist	Client	Context
(a)	Therapist Thomas, 50	Client Chloé, 20	Psychodynamic/supportive; Chloé was quiet and seemed depressed at school. School staff became worried and recommended her to contact the primary care where the therapist worked to get help with her distress.
(b)	Therapist Thea, 45	Client Caesar, 20	Mentalization oriented; Caesar lived in a foster home which approached the therapist at the beginning of the treatment. Caesar had difficulties in relationships and had some self-injurious behaviors.
(c)	Therapist Thiago, 50	Client Conny, 55	Psychodynamic/systemic; Conny was a caregiver to a youth placed in treatment by the social services. The treatments were carried out in the same treatment institution.
(d)	Therapist Therese, 50	Client Chris, 55	Systemic; Chris was a caregiver to a youth placed in treatment by the social services. The treatments were carried out in the same treatment institution.
(e)	Therapist Tindra, 25	Client Claire, 55	Integrative/relational; Claire was a caregiver to a youth placed in treatment by the social services. The treatments were carried out in the same treatment institution.

Table 2: Information about therapists and clients

Excerpts that are not indicated by letters are to be understood in isolation with the purpose of exemplifying the presented theme. Therapists in these examples are named Tiffany, Trudy, Toto and Tara.

Ruptures as imbalances of relatedness leading to strains in self-definition

The ruptures could be seen as imbalances either in wishes of relatedness with the other or in expressions of self-definition, but the main tendency was that imbalances in relatedness preceded struggles of self-definition.

1a) Rejection or disappointment over relatedness

Most of the ruptures indicated a lack of balance between therapist and client regarding relatedness. This meant that one of the two in the therapeutic dyad wanted to have a more intimate relationship with the other than the other wanted or could manage. Sometimes, the therapist wanted more contact with the client by wishing and stimulating openness and asking about the clients' vulnerabilities. Sometimes it was the other way when the client wanted a closer relationship with the therapist.

In case (a), the male therapist Thomas described an episode in which he sensed that his female client Chloé conveyed something that was central in her psychological distress. In the interview, he described that he wanted to explore this diffuse sensation of "something of importance" together with her, to be able to give her emotional support. During this interaction he noticed that she became increasingly nonresponsive. The rupture became clear for him as Chloé rejected his attempts by becoming totally silent. Thomas described his thoughts about the rupture:

> My feeling was that I became a little bit too eager and a little bit too hurried ... it was something that made me, I became a little too hasty about wanting to give care. And I had too much faith that we, even though we had only met a few times, had progressed further in our trust ... I tried all sorts of caring things ... There was nothing she wanted to get from me ... So, I steamed on in this. (Thomas)

After this session, Chloé considered terminating the therapy. She withdrew from the relationship, both in the session and afterwards. Thomas described in the interview that he felt guilty afterwards, and he thought that his mistake was his eagerness to come too close to her in the relationship. Withdrawal can be understood as a way to strengthen self-definition needs. A way to understand this rupture interaction is by noting that the therapist's searching and striving for relatedness with the client made her respond by rejecting him. It is possible that the client's behavior strengthened her sense of her own self-definition in relation to the therapist.

In other cases, it was the client that seemed to have the primary expectation, need, or desire of relatedness of the two, whilst the therapist did not respond in kind. An example of this was described in case (b). The female therapist Thea described that her male client Caesar was craving for her attention and care. Caesar had some self-injurious behavior outside the therapy that he talked about in a way that to the contrary made her somewhat non-caring about him. Furthermore, she described that Caesar was persistent and pushy in wanting her to side with his negative attitude about important others in his life, and she also felt that she had become too important for him. Hesitantly, she accepted some phone contact between the sessions, but she felt that the client was too dependent on her supportive stance. In the interview she described being tired and frustrated with him and his strong need for her care and support. At one session, Caesar talked about suicidal behavior that Thea did not regard as seriously meant:

> I said, 'Well, that was not a good idea, lucky you didn't do it' with some sarcasm. Then just poof, I lost him ... it was like seeing someone get sucked in, his head went from looking at me to closing inward, he pulled his hair before his face. (Thea)

In this episode, the rupture became clear for Thea. Caesar got closed and refused to talk more with her during that session. In the interview, Thea described that she felt like a perpetrator. In her thoughts about the rupture, she thought it was her somewhat sarcastic comment that became the trigger for the rupture. A closer look at their interaction, however, brings a wider temporal aspect to the table and shows that Caesar seemed to desire and crave relatedness with Thea in pretty demanding ways over a protracted period, and that she, in the end, responded to his need by rejecting him with some passive aggression, in her sarcastic comment. Caesar's disappointment then became clear. The rupture became ostensive after a prolonged interaction where the client wanted more relatedness with the therapist than she could give. The rupture interaction can be conceptualized as a negotiation of interpersonal relatedness that they implicitly negotiated by using expressions of self-definition as their primary language.

In another case (c), the male client Conny seemed keen to come close to the male therapist Thiago, although in a somewhat demanding manner, complaining about different aspects of the treatment at the same time as he wanted more frequent sessions. Thiago described in the interview that Conny often was angry at him. Thiago found it difficult to understand Conny and described how he handled him:

> I probably wasn't that eager at all to get close in the relationship. Conny called me a lot, and I didn't answer because he called when I had sessions with other clients. I was very careful to tell him that 'I can answer your calls sometimes, but not so often, and we can meet in the sessions, we have these sessions booked in the calendar.' Conny called anyway, although he knew I would not answer. (Thiago)

Thiago did not fully respond to Conny's attempts to contact him, maybe he couldn't for practical reasons. However, Conny may have felt refuted when Thiago couldn't meet him in this need. Thiago may have contributed to Conny's challenging ways to get connection by his formal stance. This protracted rupture dynamic can be understood as being driven by incompatible ways to express and manage relatedness in the relationship, where the client seemed to be the one of the two that wanted most connection. This may be seen as an example of a process where disappointments over wishes for emotional closeness leads to increased needs of strengthening self-definition, exemplified by this client's anger and frustration; in response the therapist held a distance and protected himself in the relationship by hiding behind the therapeutic frame. The next section shows some clear examples of self-definition struggles.

1b) Struggles about self-definition in response to imbalances in relatedness

During a prolonged phase in therapy (d), the female therapist Therese wanted the male client Chris to get more involved in the therapy and talk about personal things such as his family and his role as a father. Chris seemed reluctant to talk about these themes. Therese described that she became more and more persistent in her emphasis on the importance of these themes and especially on the importance for Chris to listen to her advice:

> I talked about those things – I gave him tips. But he never accepted a single one of them. He said that he had already done what I proposed and that it did not work. I asked how long he had tried, and he gave the same answer. It just bounced. I felt frustrated, he did not want to have anything

> from me. He said that nothing was possible and never would. (Therese)

Chris clearly rejected Therese's suggestions about what he could do in his life situation to get better, and she became frustrated. She became even more persistent, and Chris became even less open to accepting her point of view of him. Therese's tips and ideas and Chris' negative reactions can be seen as expressions of self-definition in an escalating polarization; Therese emphasized her role as an expert and Chris resisted that position. Before these types of interactions became ostensible for Therese, the interview showed that she had adapted a lot to him in attempts to get connection and she felt disappointed about the level of sharing and trust. She described the alliance formation in this way: "If I should be able to have any sessions with him in the beginning, I had to arrange it to fit his schedule, and thus to work in the evening although my workday ended earlier" (Therese). In analyzing this case, several perspectives can be used for bringing clarity. Therese seemed to feel incompetent and useless, hypothetically leading to a need to strengthen her self-definition by giving therapeutic advice and underlining her expertise. She was frustrated, which indicates some internal struggles. Chris, also, may have had the same feeling of incompetence because of all the therapeutic advice he was given. His response seemed to be to be stubborn, thus making the therapist feel even more incompetent.

In another case (e), the female therapist Tindra described her female client Claire as active in some of the sessions, but that she almost never did anything between sessions that they had talked about in agreement. Claire also had a pattern of canceling sessions now and then. In the interview, Tindra described that she became more and more frustrated at Claire's avoidant way of relating to her. She also described that she was frustrated over the lack of therapeutic progress. Claire, however, had repeatedly said to the therapist that she was really pleased with both Tindra as a therapist and the therapy. After a while, Tindra addressed Claire's evasions in a clearer way. She told her, with some annoyance, that there would be no therapeutic progress if she did not start to take more responsibility between and in sessions. Claire suddenly and for the first time became angry at Tindra, criticized her, and wanted to terminate the therapy. Tindra describes her thoughts of the rupture interaction:

> ... it felt like "oops!", now it went completely wrong! I didn't question the client as a person, but the progress ... So, we kind of became rivals in our perspectives all of a sudden ... and I felt <u>really</u> bad. (Tindra)

Tindra seemed to have thought that differences in perspective did not exist and seemed surprised when they appeared. Tindra's feelings of competence may have been challenged by the lack of progress and cooperation due to Claire's avoidance. Tindra may have felt a need to express her own view about this, and this came out assertive and quite tough. Claire, then, supposedly felt criticized, and reacted with anger and critic. This interplay seemed to trigger their respective needs to express and strengthen their own sense of self-definition and the preceded feeling in Tindra seemed to be frustrated due to lack of cooperation.

Another participant (Toto) described a situation when his client did not act in ways that he, the therapist, thought promoted change and progress in the client. The client seemed to be challenged when Toto shared his thoughts about how to understand the client's problems. The client became angry, hurried out of the room, and terminated the session. In the interview, Toto described what happened in that situation:

> I tried to describe to the client that he was afraid and must dare to try to challenge himself ... When the client heard this, he furiously walked away. It was a disaster. My level of shame was high. (Toto)

Toto expressed his ideas about what the client ought to do in a way that the client may have perceived as confrontative. The client responded by expressing his autonomy. The rupture could be seen as a collision between behaviors from the therapist and the client containing messages about self-definition needs. Toto described that he felt frustrated over the lack of connection with the client in the period before the rupture became clear. He said that the sessions were characterized by talking "as-if" without emotions, which he as the therapist thought was not constructive. This may have been a basis in their contact that hypothetically eroded Toto's feelings of self-competence over time, leading him to speak to the client about his fears and shortcomings.

2. Repair as a restoration of mutual self-definition to create balance in relatedness

In the repair activities, the therapists described different strategies that seemed to imply management of their own or the client's needs of self-definition. The strategies could be addressed to the therapist, the client, or the dyad. The analysis showed that the therapists were aware of some of their repair strategies, but that others became visible for us in the analysis, thus being out of awareness during the therapies.

2a) The therapist strengthens his or her self-definition outside the therapy

The therapists often described how they strengthened themselves in other contexts than in the therapy room, for instance by talking with colleagues or in supervision. One way

to do this was by trying to conceptualize the rupture. In this way, new perspectives about the relationship, the interaction, the therapist himself or herself, or the client emerged. The therapists seemed to attempt to regain self-confidence by theorizing outside the actual therapeutic relationship. To understand something challenging or complex, for example, a rupture episode or process, may lead to a feeling of competence and a sense of control, which imply a strengthening of self-definition in a person.

In the previously described situation in therapy (d), where the therapist Therese had suggested many solutions and therapeutic advice to her client Chris in his situation, and his response was to reject all of them, she had the feeling that he defended himself against her attempts to help. She reported that she felt frustrated and out of hope. In this emotional state, Therese used supervision and gained a new insight:

> ... my supervisor said, 'What is Chris really saying? What is the meaning behind? What is it Chris wants to convey?'... her [the supervisor's] hypothesis was that he conveyed hopelessness instead of omnipotence [as Therese had thought], conveying that 'I'm completely exhausted, I cannot cope'. (Therese)

Therese described that she felt strengthened by this new perspective of Chris, and it seemed to bolster her self-definition. When she met him the next time, she reported that she felt less stressed about his attitude, which in turn made possible a change in her approach. Therese's feelings of competence, as an aspect of self-definition, had supposedly eroded in the protracted rupture interaction with Chris, and this internal state changed when she got a new hypothesis about his behavior, and it helped her to regain her sense of her professionality.

Another example was case (b), with the self-injurious male client Caesar. The therapist Thea had expressed herself with some sarcasm and Caesar had shut down and become silent in the session. In the interview, Thea described that she first thought she had hurt Caesar and had to show kindness. She described that her attitude changed during the rupture and that she started to show Caesar that she was friendly. However, the session ended without being repaired. Some days later, Thea used her supervisor and reflected on the therapeutic interaction with Caesar:

> ... it was so useful with supervision. Because I was so stuck in that I had to show that I was kind ... The supervisor said to me, 'you try and try, but he may be absolutely furious with you.' Then I realized that - my God! This is not about me having been a little mean and now I'll have to be kind. He is probably furious with me, the person whom he has trusted so much for years, who now slips. Maybe he wanted to protect our relationship by not looking at me [because he was so angry]. (Thea)

This new hypothesis, that Caesar perhaps was mad at her, and that he protected the relationship from breaking by withdrawing, may have led to a new understanding of him and their relationship. Thea may have regained self-definition through a bolstering of her feelings of competence by her new understanding of something complex.

At times, the therapists got strengthened in their feelings of competence by creating their own ideas about the client's need for them. In case (c), the male client Conny, that seemed to desire more contact than the therapist could offer, at the same time as he criticized his therapist (Thiago), made the therapist adopt a mental strategy that seemed to function in this way. Thiago described in the interview how he was thinking about the therapy process:

> I became Connys mental trash can, where he could "vomit" and after that find his way back to his rational side. I was like a father figure holding him … that's how I tried to understand what was happening and how to understand the importance of me still being around. I think I made it meaningful to myself. (Thiago)

Thiago told himself that Conny still needed him and that he was important although Conny's behavior consisted of a lot of criticism. Thiago did not only register the criticism from Conny, but also his more implicit behavior that conveyed a need for more contact. To think and feel that he was important for Conny probably strengthened Thiago's self-definition.

Other therapists told themselves that "it is not about me" (Tindra) during challenging periods when clients criticized them. One of them reported thinking "Now I have to turn on my capability to contain" (Thomas). These strategies seemed to mobilize inner strength, in some way, by creating space between themselves and their clients. Other examples of this were the use of intellectualizing defenses against clients' attacks on the therapists' self-confidence. A similar approach was to interpret the therapeutic interaction as absurd with a humorous perspective (Thiago). These strategies seemed to be more frequent during confrontative rupture interactions, maybe to protect the therapists' feelings of self-definition in relation to client behavior that was more demanding.

Another way some therapists described in the interview, in their handling of ruptures, seemed to imply getting a sense of control. An example was to make plans for the next session. One therapist (Tindra in case (e)) said in the interview that she "… created focus for the upcoming session in order to make an attempt to repair. I needed to mobilize mentally". In this way, the therapist had made a plan to stick to which made her feel

more confident. Another therapist (Thomas in case (a)) felt responsible for a rupture and became worried that he had hurt his client. Between the sessions, he tried to search for information that ensured him that the client was ok. This led to some relief and some control of the situation. These activities can be perceived as strategies for the therapists to strengthen their agency and self-definition by creating a sense of control.

The therapists sometimes talked about the significance of getting emotional support and being recognized and validated from colleagues and supervisors. Thiago in case (c) said that he: "… needed to talk with colleagues a lot ... The supervision was terribly crucial.", and another therapist that "... the client was frequently on the table in our supervision. I think that was my vent." (Tiffany). Several of the therapists underlined that it was of great importance that they had opportunities to share difficult feelings with someone they trusted during challenging phases of the therapies. These strategies could hypothetically be seen as rebuilding their self-definition using relatedness-oriented practice; someone they could trust, be listened to and have their difficulties validated by.

2b) The therapist strengthens the client's self-definition

When the therapists understood that something went wrong in the alliance, they sometimes attempted to strengthen the client's feelings of self-respect and self-confidence. One way was to be non-judgmental of behaviors that seemed disruptive. The male therapist Thiago in case (c) described how he tried to be tolerant about Conny's confrontative behavior:

> Conny was sometimes angry at me. At those moments, he left the room, went out, and then came back. When he came back, after ten minutes or so, he calmed down. I tried not to say so much, only give relief and validation. (Thiago)

Thiago seemed to validate Conny's behavior as understandable and acceptable.

Another therapist (Tiffany) tried to understand her client's antagonistic behavior as driven by underlying motives that was easier to empathize with and described that "I tried to see the client's vulnerability behind her dominant behavior, and to convey that I recognized her desire to care for her daughter" (Tiffany).

A more preventive way to strengthen clients' self-definition at the beginning of a contract was to present an ideological perspective on treatment, emphasizing egalitarian ideas:

> ... I spent several sessions talking about who I am and what I think about treatment... – 'So, here is my view on treatment' ... how I see therapy, that it is not I who should talk about, or give advice, or such things ... I really tried to be transparent and demonstrate that we would be on some sort of equal, as best as it goes, level ... and ask – 'Do we talk about the right things? How is this for you?'. (Therese)

In this case the therapist thought that the client became more confident talking about what he felt was important for him. Still another way was to allow conversation about matters that did not seem to be of therapeutic interest, as when the female therapist Therese in case (d) found a manageable path during the previously described period of hopeless feelings in the therapy with Chris:

> He had a hard time. We talked … he always talked about his job... It was not very therapeutic. It was not what I was there to talk about. But he wanted to talk about road sticks and snow and the emergency services. And that was very important to him. He was someone ... he got the opportunity to introduce himself, his competent side. (Therese)

Chris was allowed to describe competent aspects of himself, and Therese thought this strengthened him.

In case (b), a more direct repair event occurred. During the ostensive part of the rupture, the male client Caesar became silent and non-responding when the female therapist Thea had responded to a self-injurious behavior with some sarcasm. After gaining a new perspective of the rupture in supervision, Thea hypothesized that Caesar might be angry with her and that he protected their relationship by being silent. In the interview, Thea said that she tried to describe this to Caesar, thus putting forth his potentially positive reason for his silence:

> ... so, I tried to convey to Caesar that I could understand and that I wanted to praise him, that I appreciated that he protected us, and me ... It went straight in ... Caesar could describe that he felt recognized ... there was a lot of sadness then too ... A lot of grief, oxytocin-crying, you know. (Thea)

An interpretation of this repair intervention is that the therapist, in explicitly pointing out the client's goodness, bolstered the client. Furthermore, the relatedness quality developed too.

A common way to increase or stimulate clients' self-definition was for the therapist to be humble about his or her own understanding by talking with cautiousness. This seemed to be of great importance in a case where the interaction with a client had been completely locked; the therapist (Trudy) had great difficulties finding ways to communicate with the client at all. Trudy described that she often told the client that he

could correct her if he did not think that what she said was true.

A common problem was handling situations when the clients did not want to communicate about their problems. A way to improve self-definition seemed to be to validate the client's influence over the conversation, like this example from the therapist Thomas in case (a). Chloé, who had withdrawn, returned to the therapy. After the session where Chloé withdrew, Thomas sent her an SMS with an apology for being too hasty in the foregoing session, and he wrote that he would try to adapt to a more relaxed or cautious stance. Thomas describes how he handled their conversations after the rupture:

> It was like I was asking if it was ok to ask before I asked. In this way I secured something... Chloé was allowed not to respond at all. (Thomas)

Thomas made non-responding a possible and acceptable response, that seemed to imply respecting Chloé's boundaries, an aspect of self-definition.

2c) The therapist softens his or her own display of self-definition in the therapeutic relationship

A general dynamic pattern of accommodation in the therapists' handling of rupture episodes was to soften his or her own displays of self-definition in front of the clients. This could lead to a strengthening of clients' feelings of self-definition. One general therapeutic stance was accordingly to be compliant and letting the client choose the session content even if the therapist had other ideas of the therapeutic direction. Another way was to be transparent about own insecurities:

> I was uncertain with one client about the meaning of what she said. I could hear that she was in despair but was still uncertain about how to meet it. I said to her that I was unsure about how to respond. … I did that quite a lot with this client. (Tiffany)

In the interview, Tiffany conveyed that the client was dominant and somewhat aggressive, but insecure. Tiffany reported that the contact between them became more and more genuine over time, and she thought that the therapy would not have been successful if she had adopted a stance towards the client that conveyed therapeutic expertise. Such an example of self-disclosure could illustrate a way for the therapist to soften her own and the client's expectations about their uneven power positions, thus balancing their self-definitions. This was also made in case (e) in which therapist Tindra and client Claire worked together. In the balance between asserting her own understanding and accepting Claire's avoidance, Tindra explicitly told her that she wanted more progress and was frustrated over the situation. This ended up in a clear confrontation in which Claire became angry at her. During the rupture and repair, Tindra became more sensitive and empathic about how things had turned out for Claire:

> ... I could put words on feelings evoked in me by Claire's reaction. I told her that when I realized how she felt about it, that that must have been really hard for her ... I was able to be a human person in the room and not just professional. (Tindra)

In this case, it seemed that Tindra turned from being frustrated at Claire, to feeling empathy, and in accordance with this could be able to convey something like an excuse and a recognition for Claire's situation. In the interview, Tindra described that she thought this rupture and repair led to a more balanced relationship regarding their respective responsibilities for the progress and that they could relate to each other with more authenticity.

As a variant of such a correction of imbalance, one therapist (Tara) described that she had joked with a client who became reserved and hurt. Tara suddenly noticed this and asked what had happened. When the client said that she felt hurt by Tara's joke, she felt guilty and said:

> Ok, I understand. I'm so sorry about that. You should know that it is my intention to help, and it is good that you tell me if it goes crazy, because then we can stop, rewind, and talk about it, which we do now. So, I just want to help, that's what I want. (Tara)

The illustration shows how the therapist admitted responsibility for the rupture but also conveyed an apology and that her intention was to be helpful. If done with empathy an apology can be thought of a way to soften one's own display of self-definition in front of the other.

In another instance of rebalancing the interaction, the female therapist Therese in case (d) wanted more therapy-focused content, leading it with exaggerated therapeutic advice in the sessions while the male client Chris resisted this and wanted to talk about other things. After a period of being frustrated Therese gained a new hypothesis of the meaning behind Chris behavior and tried to use it in a session. Therese described it in this way:

> I said to him that 'I'm coming up with a lot of ideas and advice, what do you think of that?'. Chris said '… you should know how much of that I have been given. They [other professional staff] don't know what they're talking about ... I'm used to that, it's nothing new.' And I said, 'I get the

> sense that you are really tired of the situation and that it is hard.' And so, I asked him what he thought of getting a lot of advice. He said that a lot of experts had told him things year in and year out. Then I understood that something happened, that we came close to something ... I think the client was recognized for the first time ... he was validated and recognized in his situation. (Therese)

In this example Therese seems to invite Chris to have thoughts about her therapeutic competence and potential faults. This may have opened up the door for talking about her mistakes and made it easier for her to show and feel genuine interest in Chris's perspectives.

2d) The therapist regulates relatedness in the therapeutic relationship

Sometimes, the therapists described how they attempted to repair ruptures in ways that seemed to open for flexible and relaxed relatedness. This could be made, for instance, through playful or pedagogic interventions on the whiteboard, or by introducing a perspective from the outside. The therapist Thiago in case (c), where the interaction was characterized by the client Conny being critical, angry, and craving for more contact, described this:

> I think that Conny implicitly taught me, very rapidly, that we should have something between us. Questionaries, a game, something that distracted. I used the whiteboard, and we talked through the board. (Thiago)

This distraction hypothetically relieved some pressure of relatedness through, for example, less eye-contact.

In case (e), where therapist Tindra became frustrated over the lack of progress and Claire's avoidance, and a confrontative rupture arose, she invited a person to the upcoming session that interviewed them about their perspectives in relation to the rupture event. In the interview, Tindra reported that she thought that this intervention created reflective space between her and Claire because they could put forth their experiences of the rupture one at a time while the other listened. According to Tindra, the relationship seemed to require this intervention to survive from collapsing.

In case (b), the therapist Thea had to some extent rejected Caesar's wish for relatedness by being somewhat sarcastic about a self-injurious episode due to her tiredness and the protracted challenges in their interaction. Thea described that she, before she gained her new perspective/hypothesis of Caesar's good intentions in supervision, tried to regulate the closeness in the relationship:

> ... Sometimes I sat next to him, sometimes I sat down on the floor, so I felt like this – 'But God, the closer I get, the harder it gets for him', so I backed off and sat further away. I thought that – 'I'm so charged now'... I moved a lot in the room ... the closer I came, the shakier he got. Then I thought I'd have to keep my distance. (Thea)

By these movements, Thea could be understood as searching to find a manageable level of relatedness for Caesar.

The therapists used different strategies to handle issues of relatedness. Sometimes, they made efforts beyond what might have been expected, for example to reschedule sessions when clients needed and to show service-mindedness in different ways. It could also be by explicitly expressing desires for cooperation, for example by formulating a joint challenge and thus creating a sense of we-ness.

One therapist (Toto) commented about a client documenting the sessions by writing notes. Toto felt that the client was showing a defensive stance and kept a distance from him by using the notebook:

> I said to the client that I had noticed that he wrote in a notebook during the sessions and asked if he thought that I, also, should do that, so we could keep track of what was going on in the therapy. I asked if he wanted help with this, but I also asked why he documented it. The client opened up in a new way and reported that he had been badly treated and described as an incompetent person by other clinicians earlier. I validated his approach but said that I hoped that the trust between us could grow later on. After some sessions the client stopped documenting during sessions. (Toto)

2e) Balance of self-definition and relatedness in the therapeutic relationship

When ruptures were experienced as repaired, the therapists generally thought that the therapeutic alliance had become more solid. The therapists were more confident and trusted their clients' judgments and abilities more. There was a more equal sharing of responsibilities, the clients were seen as agents, and the relationship was experienced as more mutual with more sharing of vulnerabilities from clients.

In case (e), the therapist Tindra thought that the client Claire was avoidant, which over time led to frustration in her. The withdrawal pattern led to frustration that eventually was conveyed, which in turn led to a confrontative rupture that was repaired through the intervention with a third person that interviewed them. Tindra described her thoughts of Claire and their interaction after this process:

> She gained experience of resolving a conflict ... I expressed my point of view in some way ... which felt very nice. Then, I could also take a step back and let her control a bit ... It felt like Claire was more strengthened in that – 'this is going to be okay; I'm going to be okay.' I also felt it, I knew that she would. (Tindra)

The therapist Thea in case (b) described that she felt that her client Caesar was too dependent on her. Thea had been very involved but had found it hard to meet Caesar's strong wish for relatedness. When Thea somewhat rejected Caesar, by being a little sarcastic, a clear rupture emerged. The rupture was repaired, and Thea reported that the interaction afterwards contained more balance:

> It was cool that Caesar became more independent ... And we could begin to end the therapy too ... He also broke up with his partner after a few weeks ... and then he had quite a struggle in the spring but in a different way ... Started looking ahead ... he could make fun of me in a way that was very refreshing. Air entered the system. I think he could separate from me. (Thea)

After the reparation of ruptures, the clients seemed to share more vulnerabilities and express insecurities more openly, by being able to seek support in new ways. One therapist (Tindra) described such change at an implicit level. Tindra had been searching for the client's need of relatedness and support but had for a long period mainly experienced critical comments and rejections. In the interview, Tindra said that "... I think it was about body language, smiles, the eyes, how she looked to me, communicated. … she chose to contact me when she needed help or support." (Tindra)

Discussion

The aim of this study was to analyze rupture and repair interactions in therapies through the concepts self-definition and relatedness. The analyses were based on therapists' descriptions of therapy processes with rupture and repair episodes.

Two main themes were identified: *Ruptures as imbalances of relatedness leading to strains in self-definition,* and *Repair as a restoration of mutual self-definition to create balance in relatedness*.

Ruptures as imbalances of relatedness leading to strains in self-definition

Imbalances in relatedness usually implied that one of the participants seemed to desire more relatedness than the other. These imbalances seemed to be subtle and difficult for the therapists to grasp and handle constructively, and the displays were multifaceted. Some therapists were aware of relatedness-based problems in the alliance but in most cases, the relatedness aspect of the interaction was inferred in the analyses.

Most of the ruptures seemed to emanate from implicit and non-reflected interactions concerning relatedness. Sometimes it was the therapist who wanted more relatedness, sometimes the therapist resisted the client's attempts to develop relatedness. Both processes seemed to activate a need to strengthen feelings of self-definition. This could be done by either moving away and withdraw from the client in self-caring and self-strengthening activities, or towards the client in a confrontative manner with critical comments or impulses. The therapists became aware of the ruptures after increasingly more ostensive struggles about self-definition.

In their original conceptualization, Safran and Muran (2000) assumed that the client produces the rupture, described as indicated by the client showing either withdrawal or confrontation behavior displays. Recent theorizing and empirical studies of ruptures emphasize contributions from both therapist and client (Samstag & Muran, 2019; Holmqvist, 2022). In some of the examples in our study, it was apparent that it was the therapist that initiated ruptures and that ruptures developed in interaction between client and therapist. In the episode with client (b), for example, the therapist hurt the client by not taking self-injurious behavior seriously, and in case (e), the therapist became inadequately forceful towards the client after a period of being frustrated at the client's avoidance. In both examples, the rupture had begun to take form earlier.

Clients' expressions of self-definition took different forms. It seemed to be easier for therapists to tolerate more mature expressions of self-definition indicating agency and integrity than to manage immature expressions like attempts to control and dominate, isolate, and avoid. Therapists' expressions of self-definition, on the other hand, could convey that they became frustrated when they had feelings of being incompetent, that they wanted more therapeutic progress, or constructive work, and sometimes pushing the processes in ways that led to more ostensive ruptures later.

Repair in terms of self-definition and relatedness

Repairs of ruptures were accomplished in different ways. Some examples consisted of single event repairs and others of repetitive repair interactions, and the repair processes could imply implicit or explicit communication. Negotiations about therapist and client self-definitions often led to more balance between them, which in turn led to better relatedness quality. In some cases, the client's self-definition was strengthened; in others, the therapist's expression of self-definition was moderated. These processes could play out one at a time or simultaneously. Some examples of therapeutic strategies that aimed directly at regulating relatedness occurred in the material.

There was a continuum ranging from indirect and implicit management to more direct and explicit handling in the therapists' repair activities. When managed indirectly, the therapists often recharged their own feelings of self-definition outside the therapy relationship. They used colleagues and supervision, for instance, to better understand the client and the interaction. This was understood as strategies to regain self-confidence and feelings of competence, or to create new strategic paths in order to resolve ruptures.

In a study of psychodynamic therapies, Haskayne et al. (2014) found that therapists and clients often experienced struggles about control and power preceding connection and growth. This is in line with the results of our study with the addition that struggles about control and power, i.e., expressions and negotiations of self-definition, may be driven and preceded by imbalances in relatedness. It may be that it is important for the client as well as for the therapist to have a certain security in their sense of self-definition before they can let themselves get a deeper connection with the other person.

Several studies underline the importance of strengthening the client's feeling of agency, which is an aspect of self-definition. Rönnestad and Oddli (2012) found that experienced expert therapists were oriented towards to strengthen the clients' agency at the same time as they were explicit about their own expertise during the alliance formation. In Blatt's terminology, this means that these therapists may bolster the client's self-definition at the same time as they highlight their own, by suggesting ideas about how the client's symptoms had been established and how to work in therapy with them. The therapists also seemed to be cautious and demonstrated softness by the use of "verbal hedging" to show the tentativeness in their understanding, by explicit statements about the provisional nature of their suggestions, and even by literally stumbling on their words. The therapists may in this way balance their own and their clients' self-definitions through strengthening the client's sense of competence simultaneously by presenting themselves with a tempering of their own expertise about the client's subjectivity. Rönnestad's and Oddli's findings indicate that feelings and a sense of self-definition seem to be of central importance in therapy and that they in some sense depend on the other person in the therapeutic dyad during alliance formation and development.

Similar ideas are forwarded in theories about mentalization. In their "communication model" Fonagy et al. (2017) state that the client's impaired ability to learn from social interactions is counteracted by negotiations about how to understand and work with the client's problems in the current therapy relationship and therapeutic method. By showing curiosity about the client's previous attempts to solve the problems, the therapist prepares for his or her acceptance of the therapist's model ("epistemic trust"). In this way, both the client's and the therapist's self-definition may be bolstered. By extensive use of ostensive cues that underline the client's subjectivity, i.e., self-definition, the therapist engages the client to become open to new social learning in the therapeutic relationship, which is a relatedness oriented practice.

Rhodes et al. (1994) found that clients sometimes needed to express themselves assertively to their therapist in order to progress from impasses and that the therapists had to receive this assertiveness openly and non-judgmentally. If the therapist could not do this, the therapies led to breakdown. In other words, the therapists needed to contain the clients' outward expressions of self-definition.

Similarity with this was seen in a study of adolescents in therapy (Binder et al., 2008) in which the therapists' understanding of ruptures and repairs often centered around the client's need for autonomy, an aspect of self-definition.

Comparable, but at the micro level, a conversation analysis about rupture and repairs (Muntigl & Horvath, 2014) suggested that therapists should show sensitivity about the client's epistemic rights and have a stance of curiosity towards the client's perspectives during repair events, meaning that the client should be given encouragement regarding his or her self-definition in the relationship.

These different findings together with theory and our present study seem to convey the importance of self-definition and relatedness in alliance ruptures and resolutions, and that therapists are more prone to identify and stimulate clients' needs of self-definition than to attune to and address challenges regarding relatedness.

Relational negotiation as a whole

To understand the interplay between relatedness and self-definition in therapy processes, a metaphor picturing water

movement at sea can be used. Relatedness seems to function as an underwater current driving with a clear force which is not directly seen. Self-definition, on the other hand, is more akin to a viewable wave reaching shore, clearly observable but caused and reinforced by other non-ostensive factors. Another metaphor could be found in a perfume's presentation, in which self-definition plays the role of the top notes that bloom first and reaches the recipient in vibrant ways whilst hiding the perfume's heart and base notes. In this metaphor, relatedness functions as the heart and base notes, all the time existing but veiled by the top notes, appearing and reaching the recipient a little later. Even if it can be said that a perfume is constituted by top, heart, and base notes, the heart and the base are regarded as the main characters that add body, depth, richness, and resonance.

The alliance literature is often oriented at ruptures and repairs with a focus on therapist-client tensions about tasks and goals. The findings in this study suggest that underneath these tasks and goals negotiations, there may be less visible, often implicit, but nonetheless central negotiations about the bond aspect of the relationship.

Safran and Muran (2000) suggested that confrontative ruptures may hide clients' desires for relatedness and protect the client from being vulnerable in the relationship whereas withdrawal ruptures may protect against fears of showing agency and assertiveness. Therefore, in their model, therapeutic aims in confrontative ruptures are to try to stimulate the client to a sharing of vulnerabilities (relatedness-oriented therapeutic goal), whereas withdrawal ruptures opt for agency and assertiveness (self-definition-oriented therapeutic goal). In our study, relatedness and self-definition needs were rather seen as aspects of intertwined mutual processes between client and therapist, where both tried to handle their needs in cycles of ruptures and repairs. The two dimensions are in this perspective seen as dyadic states that change during the therapeutic process rather than trait-like aspects of the client. Further, and of central importance, the findings indicate that both withdrawal and confrontational ruptures seemed to follow the same pattern; imbalances in relatedness led to struggles about self-definition, which when negotiated, created more mutual and improved relatedness. A hypothesis that could be derived from this is that both withdrawal and confrontation ruptures have the same underlying dynamic in that they serve to bolster needs of self-definition in response to disappointments or other conflicts concerning relatedness. Thus, our findings suggest that it is the relatedness domain that is most vulnerable and difficult, and that both withdrawal and confrontation function as two seemingly different responses to the same underlying difficulties a person can experience in either too little or too much relatedness with the other. Relatedness could be said to be safeguarded by self-definition and the display can be withdrawal (to move away) or confrontation (to keep the other at a distance).

The alliance conflicts that were described in the results section could be seen as transference and countertransference problems or as mutual enactments. We found it valuable to complement such perspectives with self-definition and relatedness concepts. In line with current research, we have reasons to believe that negotiations around self-definition and relatedness improve mentalizing ability (Luyten et al., 2024).

Implications for practice

Three distinct types of therapeutic activities were found in the study: to strengthen the client's sense of his or her self-definition, to soften the therapist's own displays of self-definition in front of the client, and to regulate relatedness. In addition to these activities, another way for the therapists to handle pressure was to regain strength outside the therapeutic relationship by venting or theorizing with colleagues or supervisors.

Metacommunication and self-disclosure

Metacommunication was used in several cases to make a rupture attainable for working through. Metacommunication was sometimes initiated by self-disclosures about the interaction, when the therapists shared something with the client that was related to the ongoing therapy (Wachtel, 2008). These somewhat overlapping interventions may serve a clear therapeutic purpose in rupture and repair processes; self-definition can be strengthened in both therapist and client by explicitly talking about the relationship intensity and co-operation, thus creating a sense of control over more subtle relatedness needs, fears, and challenges, stimulating at the same time as hedging, safeguarding, or titrating it. However, it may be important to be attuned to reactions to these interventions as they potentially may lead to an increase in perceived emotional closeness in the relationship that may surpass the client's threshold (or the therapist's). This can, in turn, activate defenses in the form of more rigid or immature expressions of self-definition, which may challenge the therapist (or client) even more. To understand such processes, a keen eye on transference-countertransference and enactments between therapist and client can help clarify the therapy process, as well as an attunement to the client's or the therapist's propensities of expressing needs of self-definition.

As a variant of self-disclosure, *genuine apologies,* together with an exploration of the client's perspectives on the interaction also seemed to be valuable in repairing ruptures. Apologies may convey a tempering of own self-definition in front of the receiver. Benjamin (2018) suggested that when

therapists share their own vulnerabilities, which may entail showing a softened self-definition, it may be easier for the client to do the same. The outcome can be improved emotional intimacy.

(a) supervision or colleagues giving new perspectives on the client, the therapist, or the interaction, (b) changes in the semantic structure in the therapist's interventions, (c) a third person that was invited to participate in one or a few sessions, and (d) through something to focus on outside of the dyad, for example whiteboard pedagogic interventions. In these instances, the third seemed to involve a distraction, or a cooling down of relational intensity.

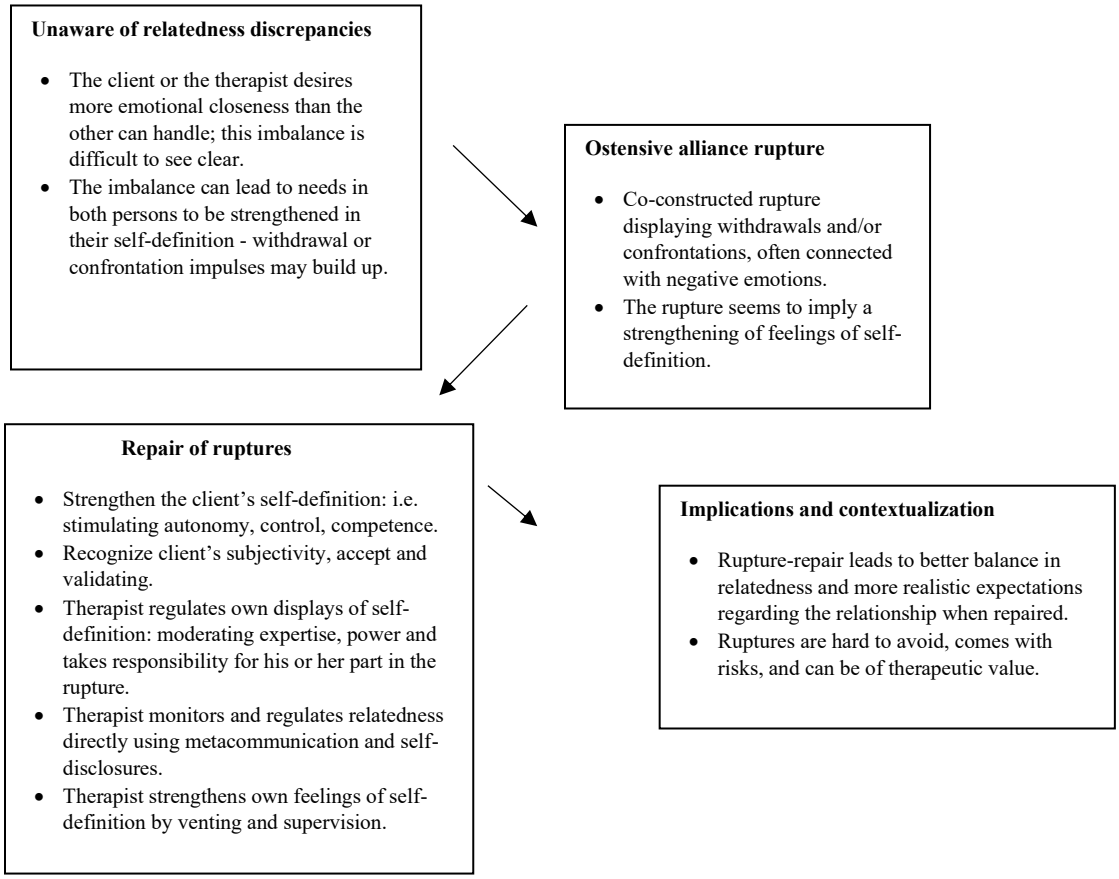

Table 3: General picture of the findings.

The third

A concept often used in relational psychotherapy is the analytic third (Aron, 2018; Benjamin, 2018). One meaning of the concept is that it offers a perspective from the outside, a way of looking at the relationship from a third position. The third is often associated with a situation where two participants have moved from an enacted locked therapeutic impasse towards a freer and more authentic relation to each other (Aron, 2018). In our analysis, such experiential third perspectives seemed to appear spontaneously in some cases, as a consequence of repairing a rupture, and deliberately in others. Examples of activities that stimulated the third were

Sometimes this third position was an inescapable consequence of relatedness discrepancies that led to more intense self-definition struggles, i.e. open conflicts. A suggestion is that struggles or conflicts about self-definition lead to a somewhat stronger sense of self. After all, the bottom line in a conflict is that there are two wills that do not have the same perspective about something that concerns them and that both persons to a certain degree are dependent on what the other wants. At other times, the third position seemed to function more preventatively, for example when the therapists strengthened their self-definition outside of the therapy with colleagues or in supervision, which enabled a change of mental position. When therapists interpreted the clients' challenging behaviors as expressions with underlying good intentions, the clients could see themselves from a new perspective that hypothetically strengthened their self-definition and enabled such a position change.

Strengths and Limitations

The study had some obvious limitations. The perspective is the therapist's; the clients' descriptions of these events might have given other perspectives. Moreover, the theory-informed methodological approach excluded other theoretical perspectives of rupture and repair processes. The descriptions conveying expressions of self-definition and relatedness were sometimes intertwined and, in some interactions, hard to distinguish. It was for example, sometimes hard to understand if a specific behavior conveyed a need for relatedness imbedded in a self-definition formulation. The interactions had to be carefully contextualized to get a grasp of their significance and meaning. On the other hand, the phenomenological, idiographic, and double hermeneutic approach fitted the complexity of the studied phenomenon. The therapists worked with a heterogenous group of clients and in various contexts, with different expressions of needs of relatedness and self-definition. The clients were, also, generally vulnerable and challenging. Negotiations during rupture and repair with a homogeneous client group with less severe psychological problems and more psychological resources could have shown other dynamic patterns. On the other hand, the heterogeneity in the sample can also be seen as a strength in the study.

The choice of IPA as an analysis method seemed relevant, considering its focus on phenomenological, interpretative, meaning-making and idiographic aspects. Thematic analysis (TA) could have been an alternative, but we found that IPA would be more appropriate in view of the idiographic perspective that we aimed for. Sometimes, the line between TA and IPA is not sharp, and in some respects, the analysis has a TA color. Our intention was to catch the participants' own understanding of rupture processes.

The model of processes where problems with relatedness were expressed as, or led to negotiations about self-definition, in turn leading to increased and more mutual therapeutic relatedness should be studied in other therapeutic contexts. We hope that the results in this study may contribute to the ongoing understanding of benefits and problems in rupture and repair processes.

Objections could be raised to the use of smartphones for recording interviews. As smartphones are usually connected to the internet, there could be doubts about integrity borders. On the other hand, most people have competence in handling smartphones. We felt safe in our use, and no participant commented on it. It has already become accepted in most interview studies to use smartphones in recording and filming situations. But it is certainly important to continuously discuss the issue.

Conclusion

A major challenge in therapeutic work is to find a constructive level of relatedness. Sometimes, it should be "titrated" in adequate doses (Muran & Eubanks, 2020). The findings in this study suggest that relatedness discrepancies in the alliance may be the core in rupture processes, although often veiled by implicit or explicit negotiations about self-definition. Negotiations and expressions about self-definition may thus be proxies for problems regarding relatedness. For therapists this could imply monitoring his or her own and the client's behaviors and action tendencies in terms of self-definition and use this information to adapt strategies and interventions that strengthen the client's autonomy, competence, and other aspects of his or her self-definition and to soften his or her own displays of self-definition. Maybe genuine relatedness necessitates a stable sense of self-definition. Immature client expressions of self-definition may require more work with these aspects.

A therapeutic strategy aimed to handle relatedness discrepancies more directly could be to hedge conversation about aspects of emotional closeness, thus making implicit and vague relatedness needs and challenges more explicit and manageable. In addition, therapists could adjust the intensity of relatedness by moving towards or away from the client by using metacommunication and self-disclosure.

An important consequence of our findings is also to stress the significance of supervision. Although there may be a therapeutic value in the emotional loading when mutually detecting and working through strains in the alliance, it is important not to become blinkered to what happens. The supervision might primarily focus on the therapist's own propensity to engage in exaggerated self-defining activities.

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Appendix A: Interview Guide

Block 1 - Introduction and background

Questions regarding the client's problems, the context of treatment, the role and training of the therapist, duration, and frequency of treatment, etc. This is to get an overview of the treatment relationship and its context.

- What training and experience do you have?
- What context do you operate in?
- The cases that will be addressed: How long did the contact last and how often did you meet?
- What problems/themes did you work with?
- Which therapy goals did you work with?
- Which client characteristics did you see?

Block 2 - The rupture(s)

Questions about the rupture(s) and its characteristics. These are for the interviewee to think of one to two cases that have been challenging, and which have nevertheless led to favorable development and change in the client and the therapy. The interview processes one case at a time. Sample questions:

- What was typical of this breach of alliance and treatment relationship?
- What problems/themes were difficult to collaborate on?
- How did you know you had co-operation problems?
- Can you give examples of how this was expressed or exhibited?
- What did you feel and think during these moments, sequences, periods?
- What thoughts did you have about the cooperation?
- How did you feel about being criticized?
- How did you feel about not seeming needed?
- How did it feel not to get ahead in the process?
- How did it feel to be able not to say what you were thinking?
- What/who did you become for the client and vice versa?
- What did you think/feel about the client?

Block 3 - Management of ruptures for self and dyad/cooperation

Questions about the actual handling of the alliance rupture. What strategies were used by the therapist, for example to being able to manage to stay in the relationship, not to lose hope, to feel good enough, to keep the focus, etc. What happened to the therapist when he or she used these strategies? Sample questions:

- How did you manage this phase of therapy?
- What did you do to put up with it?
- How did you communicate with the client?
- How was it received?
- Where did you turn with these feelings?
- How did you bring out your own thoughts about it?
- Is there a difference between how you handled these difficulties for yourself and for the client?

Block 4 - What were the consequences of rupture and repair in the cooperation?

Questions about the time after the rupture-repair with a focus on the relationship and cooperation based on the experiences. What does the therapist think about what happened? and What did it lead to in the treatment relationship?

- When you got past the most challenging period, what did the collaboration look like?
- What lessons about yourself have you learned?
- Is it possible to say anything about the difference before and after the problems of cooperation?
- Is there anything we've missed that you want to say anything about? (Rounding)