

Types of Ruptures and Repairs in the Therapeutic Relationship: A Scoping Review

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Abstract

Background: This study was designed to create a comprehensive view of the existing literature on rupture and repair. Ruptures in the therapeutic relationship are defined as tensions or breakdowns and repair is needed to continue the relationship. In order to create an overview of the different views on what causes ruptures and what is needed for repair, an integrative study is needed. **Objectives:** This scoping review provides an answer to the question: “What are reasons for ruptures between therapist and client to occur and in what way may they be repaired?”

Methods: A scoping review was chosen as a methodology. Literature search was completed through PsycINFO, PubMed, and Scopus, which delivered 36 articles. Eligibility criteria were developed according to PICOS-guidelines. A hybrid thematic analysis was carried out, meaning deductive and inductive coding were used. There were two deductive codes for the repair of ruptures: *general steps for rupture resolution* and *based on type of rupture – withdrawal/confrontation*. These were based on previous literature. The other codes and themes were found inductively. **Results:** Within the overarching theme *reasons for ruptures*, the following themes were found: *incompatibility therapist-client*, *client challenges*, and *therapist’s contributions*. The second overarching theme is *ways to repair*, with themes *therapist’s guideline*, *insight into client*, *personal relationship repair*, and *therapist actions*. **Discussion:** Concluding, ruptures could be due to a mismatch in the therapist-client relationship, problems caused by the client and problems caused by the therapist. For repair, there was a general, always applicable, solution, a way to learn more about the client, a method focusing on personal relationship repair, and some techniques therapists can use. The findings can be used in teaching, as basic knowledge for future psychologists. Future research could focus on statistics of ruptures and on a client or therapist’s perspective on rupture and repair.

Keywords: Scoping review, rupture, repair

Types of ruptures and repairs in the therapeutic relationship: a scoping review

Social relationships determine happiness, even more so than income (Camfield et al., 2009). Connections promote health, longevity, and increase our survival (Holt-Lunstad, 2018). Relationships are important. Therapists can use the therapeutic relationship to work for them and support their client. Gelso (2014) mentions the *real* relationship as part of the therapeutic relationship, along with working alliance and transference-countertransference. Therapist and client start a social relationship, a *real* relationship, based on a universal experience (Gelso, 2014). Both the client and the therapist relate the therapeutic relationship to the other relationships they have.

Why ruptures occur

As the relationship between therapist and client unfolds, the working alliance continues and ruptures may occur (Gelso, 2014, Safran & Muran, 2000). A rupture is, very broadly, defined in the literature as one or multiple minor or major tensions or breakdowns in the therapeutic relationship (Chang et al., 2020; Okamoto & Kazantzis, 2021). Following are authors from different research fields who further define the reasons for ruptures. Acceptance and Commitment Therapy (ACT) suggest that ruptures occur due to therapists' insensitivity and the relation to a client's interpersonal context (Walser & O'Connell, 2021). This is further confirmed by the definition that Watson et al. (2016) give in their paper about the therapeutic alliance in sex offender treatments. Relational psychoanalysis contributes ruptures on both the therapists' side and the clients' side, taking away the idea that the therapist is the only one at fault (Safran and Kraus, 2014). Researchers from Cognitive Behavioural Therapy suggests, either a difficulty of the client to turn inwards, or a missapplication of the therapeutic techniques by the therapists (Eubanks, 2022).

Ruptures are an important influence on the therapeutic alliance, process and its outcome (Bartholomew et al., 2017). Ruptures strain the working alliance and can lead to clients dropping out of psychotherapy, worsening their mental states (Bartholomew et al., 2017). Therefore, it is important that ruptures are, where possible, prevented. When not possible, they need to be repaired in a healthy manner.

Ways of repair

Types of ruptures are withdrawal ruptures and confrontation ruptures, meaning clients either withdraw from therapy or confront their therapist (Safran & Kraus, 2014; Okamoto & Kazantzis, 2021; Walser & O'Connell, 2021). Based on this and a relational psychotherapy perspective, different methods of repair have been developed (Safran & Kraus, 2014). Clients who withdraw should be given the space to express fears and criticisms they might have (Safran & Kraus, 2014). Confrontation ruptures require a more active approach with empathy and a nurturing attitude towards the client (Safran & Kraus, 2014). Safran and Kraus (2014), who are relational psychotherapists, suggest the different kinds of repairs as described above. However, there are also researchers who suggest general stages of repair (Chang et al., 2020; Okamoto & Kazantzis, 2021; Walser & O'Connell, 2021). Researchers from relational psychotherapy, next to basing repair on type of rupture, state that there are six stages of repair; attending to the rupture marker, analyzing the rupture, exploring the meaning of the rupture, exploring the avoidance, affirming the relationship, and repairing the rupture (Chang et al., 2020). The repair principles in cognitive behavioural therapy mention eight different stages; identifying and acknowledging the rupture, validating the patient's experience, exploring the circumstances, sharing decision-making, incorporating direct experience, using socratic questions, inviting feedbackself-reflection (Okamoto & Kazantzis, 2021). Several stages are similar, such as

‘attending to the rupture marker’ and ‘identifying and acknowledging the rupture’. However, there are also stages which can be found in only one of the two guidelines, such as ‘self-reflection’. Because there are differences between the different schools of psychotherapy in ruptures and in repair, a review is needed to document the differences and similarities.

Previous reviews

There are already several systematic reviews from specific fields. Eubanks (2022) from the field of Cognitive Behavioural Therapy questions the role of therapist in rupture repair and whether training in the field would be beneficial for therapists. Walser & O’Connell (2021) gave an overview of the course of rupture and repair from the view of Acceptance and Commitment Therapy. Watson and Greenberg (2000) present methods of detecting and repairing ruptures experiential therapy. Lastly, Safran and Kraus (2014), from the field of relational therapy, explain the training process of new therapists in rupture and repair.

Moreover, there is an overall systematic review on the working alliance which reports strengths and limitations and shortly describes theoretical developments on rupture and repair and measurement of the working alliance (Doran, 2016). Muran et al. (2022) provides an in depth definition of rupture and repair and links it to change process. Therefore, there are some specific systematic reviews on one type of therapy and there are some more general reviews. However, there is no integrative review on only rupture and repair from all schools of psychology. In order to provide therapists with an overview of all possible causes for rupture and possible techniques for repair, this review is needed. This will make it easier for therapists to navigate the working alliance and provide therapeutic care in a more efficient way.

The literature available is disconnected and shows fragments of the causes of ruptures as well as of ways to repair those ruptures. Moreover, it shows differences between important

research fields, as shown above. Therefore, there is no clear way for therapists to gain an overview of what has happened with a rupture and what they can do. Moreover, such an overview would help to teach upcoming therapists and provide them with something to hold onto when ruptures in sessions occur. This is necessary because the working alliance is very important to clients' wellbeing and health (Bartholomew et al., 2017). A scoping review is needed to summarize the literature and provide a general overview for therapists to use.

The scoping review will provide an answer to the research question: "What are reasons for ruptures between therapist and client to occur and in what way may they be repaired?" This question can be divided into two sub-questions. The first sub-question is: "What are reasons for ruptures between therapist and client to occur?" The second sub-question is: "In what way may ruptures between therapist and client be repaired?" Answering these questions will provide the answer to the main research question.

Methods

Research design

To analyze the existing literature, a scoping review was utilized. According to Arksey and O'Malley (2005), a scoping review is a quick and effective way to provide a map of a possible area of research. Moreover, it is designed to identify gaps in the evidence base as well as summarizing data received from studies (Arksey & O'Malley, 2005). Therefore, it is a good method to give an overview on rupture-repair research, as is needed for this review.

A scoping review is successfully implemented when five steps have been taken: 1) identify the research question; 2) identify the relevant studies; 3) select studies; 4) chart data; and 5) summarize and report results (Arksey & O'Malley, 2005; Tricco et al., 2018). This scoping review has been designed according to the PRISMA Extension for Scoping Reviews (PRISMA-

ScR) (Tricco et al., 2018). Using the mentioned guidelines increased the review's overall quality and replicability.

Search strategy

The literature search for this scoping review was conducted from September 2024 to December 2024. The following databases were used: PsycINFO, PubMed and Web of Science. PsycINFO gives an overview of specific psychology articles, while PubMed reflects a health-focused database. As a general database, Web of Science was used. Grey literature was not explored, as only one person was assessing the literature and no quality assessment was performed on the papers. Therefore, there was no way to determine the reliability of the grey literature included.

As this scoping review will make use of multiple databases, different search strings were utilized. The general terms and search string were piloted using PubMed and can be found in Table 1. The terms are one-to-one taken from the research question.

Table 1

Databases and Search Strings utilized

Database:	Search string:
PubMed	("rupture*") OR ("repair*") AND ("therapeutic relationship*" OR "therapeutic alliance")
Web of Science	rupture* OR repair* (Abstract) AND ("therapeutic relationship*" OR "therapeutic alliance"(Abstract))
PsycInfo	rupture (All text) AND repair (All text) AND ("therapeutic relationship*" OR "therapeutic alliance")(All text)

Eligibility Criteria

To ensure a comprehensive and replicable review, the PICOS guidelines were followed regarding inclusion and exclusion criteria (Amir-Behgadami & Janati, 2020). PICOS entails five components of a review: Population, Intervention, Context and scope, Outcomes, and, lastly,

Study screening and data analysis (Amir-Behghadami & Janati, 2020). These five components will be covered in order to take a systematic approach to this scoping review. Intervention will not be included, due to the fact that there is no intervention tested (Peters et al., 2017).

Population

This scoping review includes articles which focus on the rupture and repair of therapeutic relationships. Systematic reviews were included, in order to broaden the scope of the review. Robinson et al. (2014) highlighted the need to include these reviews, due to the increase in systematic review literature. Ruptures take place more often in therapy sessions with clients with personality disorders and repair takes a different approach than usual (Schenk et al., 2021). Thus, studies which focus specifically on personality disorders are excluded. Children's psychotherapy rupture and repair also needs to be adapted in order to be effective (Nof et al., 2019). Studies which focus exclusively on children's or adolescent's psychotherapy are also not included. No restrictions regarding publication date and geographic location were determined, which allowed for a thorough exploration of the available literature.

Context and scope

The included research is focused on repairing a relationship between therapist and client. Studies which focus on other types of relationships, such as caretaker-client or parent-child, are not included. Moreover, non-English papers were excluded, as the author did not know this language. Books and chapters were not included as they tend to function as summaries of papers. All schools of thought in psychotherapy and psychology were considered for this review. Papers on rupture and repair in group therapy and couples therapy are also not included. Papers on repair in Psychedelic Assisted Therapy are also not included as psychedelics change perception, cognition, and sense of self (Swanson, 2018).

Outcomes

The outcomes that were extracted from the participated studies are codes grouped into themes describing types of ruptures and repairs that exist.

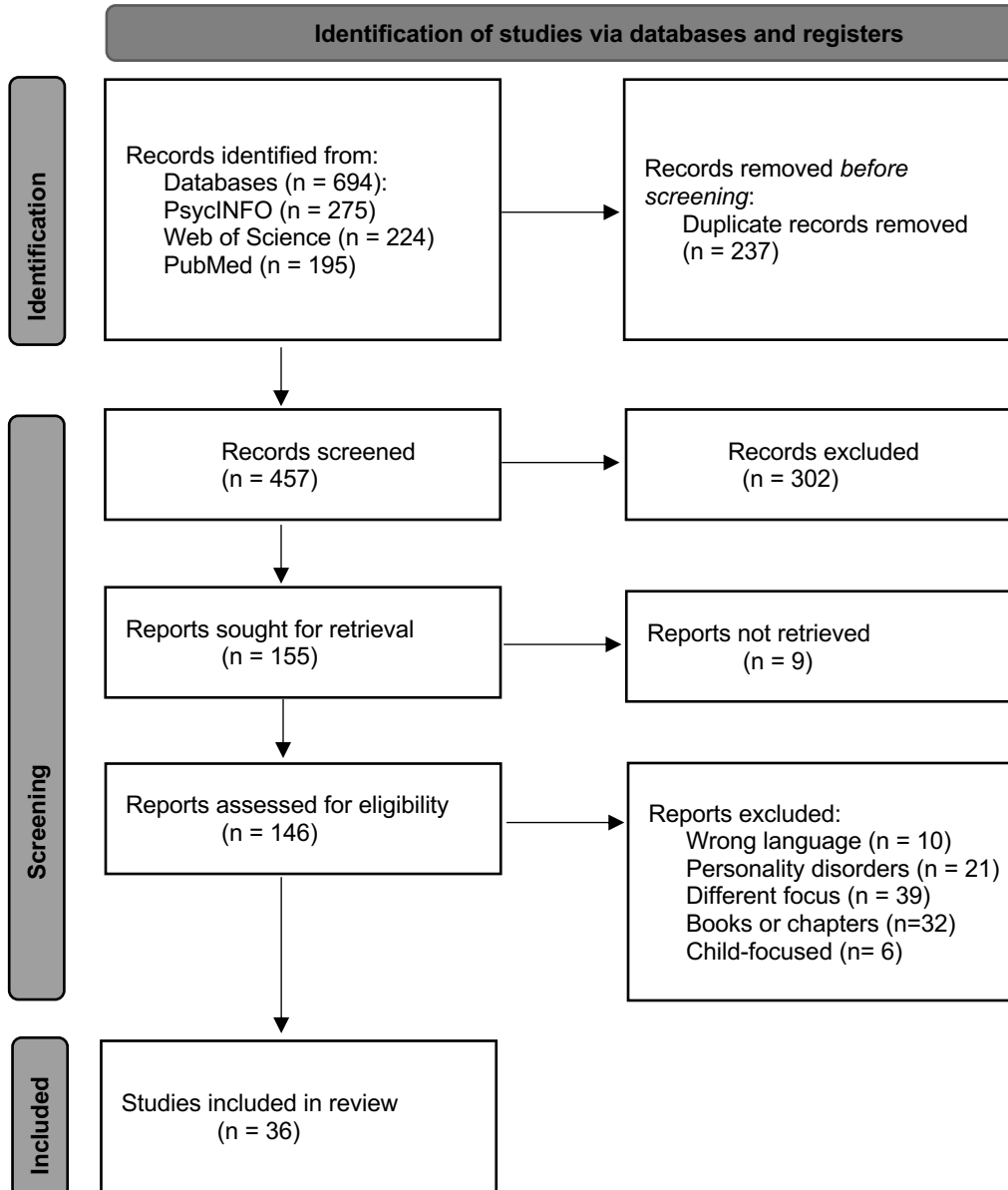
Study screening and data analysis

The eligibility criteria mentioned above were employed to screen the articles. Figure 1 shows the steps undertaken in study screening. Firstly, duplicates were removed by Covidence screening software (Babineau, 2014). Records were screened on their title and abstract. Covidence provides an easy way to screen abstracts and full-texts by providing a platform for this (Babineau, 2014). Studies were removed if it was clear they didn't meet the eligibility criteria. Afterwards, full texts were sought after for the studies which could be included. These full texts were then screened in greater detail according to the eligibility criteria. 36 studies remained to be included in the review. Screening was conducted independently by the researcher following the PRISMA extension for scoping reviews (PRISMA-ScR) checklist (Appendix A) (Tricco et al., 2018).

After screening, the data was extracted using a data extraction form designed by the author (Appendix B) which included: Author(s) and year, Study title, Study design, Theoretical background, Type of therapy researched, Key findings related to reasons for ruptures, and Key findings related to repair of ruptures. Theoretical background describes the background of the author (for example, relational therapy), and type of therapy researched describes the specific type of therapy which was investigated (for example, critical-cultural-relational therapy).

Figure 1

PRISMA Flow diagram (Haddaway et al., 2022)



To retrieve reliable and usable data from the screened studies, a hybrid thematic analysis as the one described by Swain (2018) is conducted. Thematic analysis was chosen because this is a way of identifying and synthesizing themes in the literature (Joffe, 2011). Moreover, it allows for the inclusion of existing theories as well as a data-driven approach (Swain, 2018). Thematic analysis allows a deeper focus on the patterns, in this case of the therapeutic alliance, rather than quantifying words or categories, as is the case in content analysis (Vaismoradi & Snelgrove, 2019). Therefore, in context of the research, thematic analysis was chosen.

Previous to coding, the researcher generated two deductive codes from an analysis of the existing literature: *general steps for rupture resolution* and *Based on type of rupture – withdrawal/confrontation* (Chang et al., 2020; Eubanks, 2022; Keenan et al., 2005; Muran et al., 2022; Okamoto & Kazantzis, 2021; Safran & Kraus, 2014; Safran & Muran, 2000; Samstag & Muran, 2019; Walser & O’Connell, 2021). These are based on the theoretical framework presented in the introduction. Including both deductive and inductive coding, ensures that the review is both grounded in theory and open for new themes.

Taguette software was used, which is an open-source way of analyzing qualitative data and pulling codes (Rampin & Rampin, 2021). The user of the software reads the PDF and manually selects the phrases/words which correspond with the codes. Taguette tracks the frequency of codes used across studies. This software was complemented by manual coding done in Excel, due to the unreadability of multiple PDF’s when loaded into Taguette.

During the thematic analysis, six codes were found which had a prevalence of two or less. These codes were not included as final codes and included in themes. Themes were chosen by looking for similarities and grouping into sensible themes. This was done by the author.

Results

A total of 36 studies were analysed to answer the research question, of which the characteristics can be found in Table 2. Most studies were conducted in the United States of America (n=18, 50%), followed by Canada (n=3, 8,3%). Different types of studies were included, of which the most common was a systematic review (n=6, 16,7%), followed by case report (n=5, 13,9%) and mixed methods studies (n=5, 13,9%). Most studies (n=15, 41,7%) had an unclear or transtheoretical background, meaning they did not hang on to a specific theoretical background. Psychoanalysis was also often mentioned in the articles (n=8, 22,2%).

Table 2*Summary of papers included in this review*

Study ID	Country	Title	Study design	Theoretical background	Type of therapy researched	Key findings related to reasons for ruptures	Key findings related to repair of ruptures
Abbass & Town (2021)	Canada	Alliance rupture-repair processes in intensive short-term dynamic psychotherapy: Working with resistance	Case report	Intensive short-term dynamic psychotherapy (ISTDP)	Intensive short-term dynamic psychotherapy (ISTDP)	Childhood attachment, client defenses, disagreements	Using the rupture to gain insight about the client
Bartholomew, Gundel, & Scheel (2016)	United States of America	The relationship between alliance ruptures and hope for change through counseling: A mixed methods study	Mixed methods study	Transtheoretical	Psychotherapy	Disinterest therapist, misunderstandings, disagreements, overeagerness therapist	-
Chang, Dunn, & Omid (2021)	United States of America	A critical-cultural-relational approach to rupture resolution: A case illustration with a cross-racial dyad	Case report	Relational psychology	Critical-Cultural-Relational therapy	Unfavourable power dynamic	General therapist skills, general stages of repair
Chen, Atzil-Slonim, Bar-Kalifa, Hasson-Ohayon, & Refaeli (2016)	Israel	Therapists' recognition of alliance ruptures as a moderator of change in alliance and symptoms	Process-outcome research	Transtheoretical	Naturalistic treatment	Unalignment, disagreements	Attending to rupture
Christian, Barzilai, Nyman, & Negri (2021)	United States of America	Assessing Key Linguistic Dimensions of Ruptures in the Therapeutic Alliance	Referential Process research	Transtheoretical	Psychotherapy	-	Empathy and linking to client's other relationships
Dimmick, Watkins Jr., Callahan (2023)	United States of America	Examining Goal, Task, and Bond in Therapeutic Alliance Ruptures	Process-Outcome research	Transtheoretical	Psychotherapy	Difficulty turning inwards, disagreement	Attending to rupture
Doran (2016)	United States of America	The working alliance: Where have we been, where are we going?	Systematic review	Psychoanalysis	Psychoanalytic psychotherapy	Disinterest, disagreement	Empathy

Dworkin, & Errebo (2010)	United States of America	Rupture and Repair in the EMDR Client/Clinician Relationship: Now Moments and Moments of Meeting	Case report	Relational therapy	EMDR	Unalignment	Attending to rupture, mindfulness, taking responsibility
Eubanks (2022)	United States of America	Rupture Repair	Systematic review	Cognitive Behavioural Therapy	Cognitive Behavioural Therapy	Difficulty turning inwards client, misapplication therapeutic techniques	Attending to rupture, renegotiating goals, general steps
Eubanks, Burckell, & Goldfried (2018)	United States of America	Clinical Consensus Strategies to Repair Ruptures in the Therapeutic Alliance	Mixed Methods Research	Behavioural therapy	Counselling / Psychotherapy	-	Attending to rupture, validating client's experience, exploring avoidance
Gelso & Kline (2019)	United States of America	The sister concepts of the working alliance and the real relationship: on their development, rupture, and repair	Text and opinion	Transtheoretical	Psychotherapy	Disinterest therapist	Repair according to withdrawal and confrontation rupture
Gerostathos, Roten, Berney, Despland, & Ambresin (2014)	Switzerland	How Does Addressing Patient's Defenses Help to Repair Alliance Ruptures in Psychodynamic Psychotherapy?	Non-randomised experimental study	Psychoanalysis	Psychodynamic Psychotherapy	-	Confronting defenses
Gülüm, Soygüt, & Safran (2016)	Turkey	A comparison of pre-dropout and temporary rupture sessions in psychotherapy	Mixed Methods research	Transtheoretical	Various	Perceived incompetence, shared hopelessness, difficulty turning inwards	-
Guzman, Tomicic, Medina, & Krause (2014)	Italy	A Microanalytical Look at Mutual Regulation in Psychotherapeutic Dialogue: Dialogic Discourse Analysis (DDA) in Episodes of Rupture of the Alliance	Qualitative research	Transtheoretical	Psychotherapy	-	Exploring avoidance, validating client's experience
Keenan, Tsang, Bogo, & George (2005)	Canada	Micro Ruptures and Repairs in the Beginning Phase of Cross-Cultural Psychotherapy	Case series	Interpersonal therapy	Cross-Cultural Psychotherapy	Unfavourable power dynamic	Repair according to withdrawal and confrontation rupture, general steps, empathy

Kieffer (2007)	United States of America	Emergence and the Analytic Third: Working at the Edge of Chaos	Case series	Dynamic Systems Theory	Psychotherapy	Unalignment	Empathy, taking responsibility
Krause (2024)	Chile	Lessons from ten years of psychotherapy process research	Mixed Methods Study	Transtheoretical	Psychotherapy	Overeagerness, disinterest, difficulty turning inwards	Explaining rationale, shifting perspectives, renegotiating goals
Lavik, McAleavey, Kvendseth, & Moltu (2022)	Norway	Relationship and Alliance Formation Processes in Psychotherapy: A Dual-Perspective Qualitative Study	Qualitative research		Psychotherapy	Client angst, overeagerness	Affirming relationship, re-explaining rationale
Luo, Liu, Levendosky, Good, Turchan, & Hopwood (2022)	United States of America	Idiographic and Nomothetic Relationships Between Momentary Interpersonal Behaviors, Interpersonal Complementarity, and Alliance Ruptures in Psychotherapy	Intensive longitudinal idiographic modelling	Transtheoretical	Psychotherapy	Unfavourable power dynamic	-
McLeod (2015)	Norway	Narrative Case Studies and Practice-Based Learning: Reflections on the Case of "Mr. R"	Case report	Narrative psychology	Psychotherapy	-	Taking responsibility
Moeseneder, Ribeiro, Muran, & Caspar (2018)	Switzerland	Impact of confrontations by therapists on impairment and utilization of the therapeutic alliance	Mixed methods study		Psychotherapy	Overeagerness therapist, misapplication techniques, client angst	Exploring defenses, showing empathy
Muran (2019)	United States of America	Confessions of a New York Rupture Researcher: An Insider's Guide and Critique	Text and opinion	Psychoanalysis	Psychotherapy		General therapist skills, therapist actions
Muran, Lipner, Podell, & Reinel (2022)	Chile	Rupture repair as change process and therapist challenge	Systematic review	Transtheoretical	Psychotherapy	Unalignment, misunderstandings	Therapist taking responsibility, general steps
Mylona, Avdi, & Paraskevopoulos (2022)	Greece	Alliance rupture and repair processes in psychoanalytic psychotherapy: multimodal in-session shifts from momentary failure to repair	Exploratory single session-study	Psychoanalysis	Psychotherapy	Misapplication therapy techniques	Empathy, metacommunication

Okamoto & Kazantzis (2021)	Australia	Alliance ruptures in cognitive-behavioral therapy: A cognitive conceptualization	Case series	Cognitive Behavioural Therapy	Psychotherapy	-	General steps
Safran & Kraus (2014)	United States of America	Alliance Ruptures, Impasses, and Enactments: A Relational Perspective	Systematic review	Relational therapy	Psychotherapy	-	Exploring avoidance, empathy, metacommunication
Safran & Muran (1996)	United States of America	The Resolution of Ruptures in the Therapeutic Alliance	Review and Synthesis	Transtheoretical	Psychotherapy	Linked to other relationships, misapplication of therapy techniques	Empathy, validation, taking responsibility, exploring avoidance
Safran & Muran (2000)	United States of America	Resolving Therapeutic Alliance Ruptures: Diversity and Integration	Review and Synthesis	Transtheoretical	Psychotherapy	-	Re-explaining treatment rationale, metacommunication, taking responsibility
Samstag & Muran (2019)	United States of America	Ruptures, repairs, and reflections: contributions of Jeremy Safran	Case series	Psychoanalysis	Psychotherapy	-	Repair according to withdrawal and confrontation rupture, metacommunication
Shir & Tishby (2024)	Israel	Should We Feel the Same? Mutual Recognition and Congruence Between Therapist and Client Regarding Ruptures and Repairs	Non-randomised experimental study		Psychodynamic Therapy	-	Attending to rupture/metacommunication
Sommers-Flanagan (2015)	United States of America	Evidence-Based Relationship Practice: Enhancing Counselor Competence	Text and opinion	Evidence-based practice (EBP)	Psychotherapy	Disinterest therapist	Empathy
Tishby & Wiseman (2020)	Israel	Countertransference types and their relation to rupture and repair in the alliance	Qualitative research	Psychoanalysis	Brief psychotherapy	Misapplication therapy techniques	Metacommunication
Urmanche, Oliveira, Gonçalves, Eubanks, & Muran (2019)	United States of America	Ambivalence, Resistance, and Alliance Ruptures in Psychotherapy: It's Complicated	Case report	Psychoanalysis	Psychotherapy	Unalignment therapist-client	Empathy
Von Below (2020)	Sweden	"We Just Did Not Get on". Young Adults' Experiences of Unsuccessful	Secondary Qualitati	Psychoanalysis	Psychotherapy	Difficulty turning inwards, misapplication therapy	-

		Psychodynamic Psychotherapy – A Lack of Meta- Communication and Mentalization	ve Analysis				techniques, disinterest, difficulty turning in	
Walser & O'Connell (2021)	United States of America	Acceptance and commitment therapy and the therapeutic relationship: Rupture and repair	Systemat ic review	Acceptance and Commitment Therapy (ACT)	Acceptance and Commitment Therapy (ACT)	Disagreement therapist-client, unalignment		General steps, therapist taking responsibility
Watson & Greenberg (2000)	Canada	Alliance Ruptures and Repairs in Experiential Therapy	Systemat ic review	Experiential therapy	Experiential therapy	Shared hopelessness, difficulty turning inwards		Empathy, metacommunication, validating client's experience

Theme selection

The results of the thematic analysis revealed a total of 39 individual codes were found in the literature. Of these, six codes had a prevalence of two or less. Therefore, they were removed from the data set. 33 unique codes remained, of which two were deductive. These were grouped into themes (Table 3). The prevalence of the codes that were included can be found in Figure 2.

Table 3*Results of thematic analysis*

Overarching theme	Theme	Individual codes
Reasons for ruptures	Incompatibility therapist-client	Difference in expectations Misunderstanding Clashing personal qualities Unfavourable power dynamic Unalignment therapist-client Disagreement therapist-client
	Client challenges	Client angst Client's own defenses/patterns getting in the way Client's difficulty turning inwards Shared hopelessness Relationship unconsciously linked to client's other relationships Childhood attachment
	Therapist's contributions	(Perceived) disinterest therapist Misapplication therapy techniques Overeagerness therapist (Perceived) incompetence therapist
Ways to repair ruptures	Therapist's guideline	General steps for rupture resolution (deductive) General skills all therapists should have Based on type of rupture – withdrawal/confrontation (deductive)
	Insight into client	Exploring and confronting client's defenses Exploring avoidance Linking rupture to patient's other relationships Rupture analysis Rupture meaning
	Personal relationship repair	Affirming relationship Empathy Mindfulness/compassion Validating a client's experience/feelings

Therapist actions	Attending to rupture – metacommunication Re-explaining treatment rationale Renegotiating tasks and goals Shifting perspectives Therapist taking responsibility
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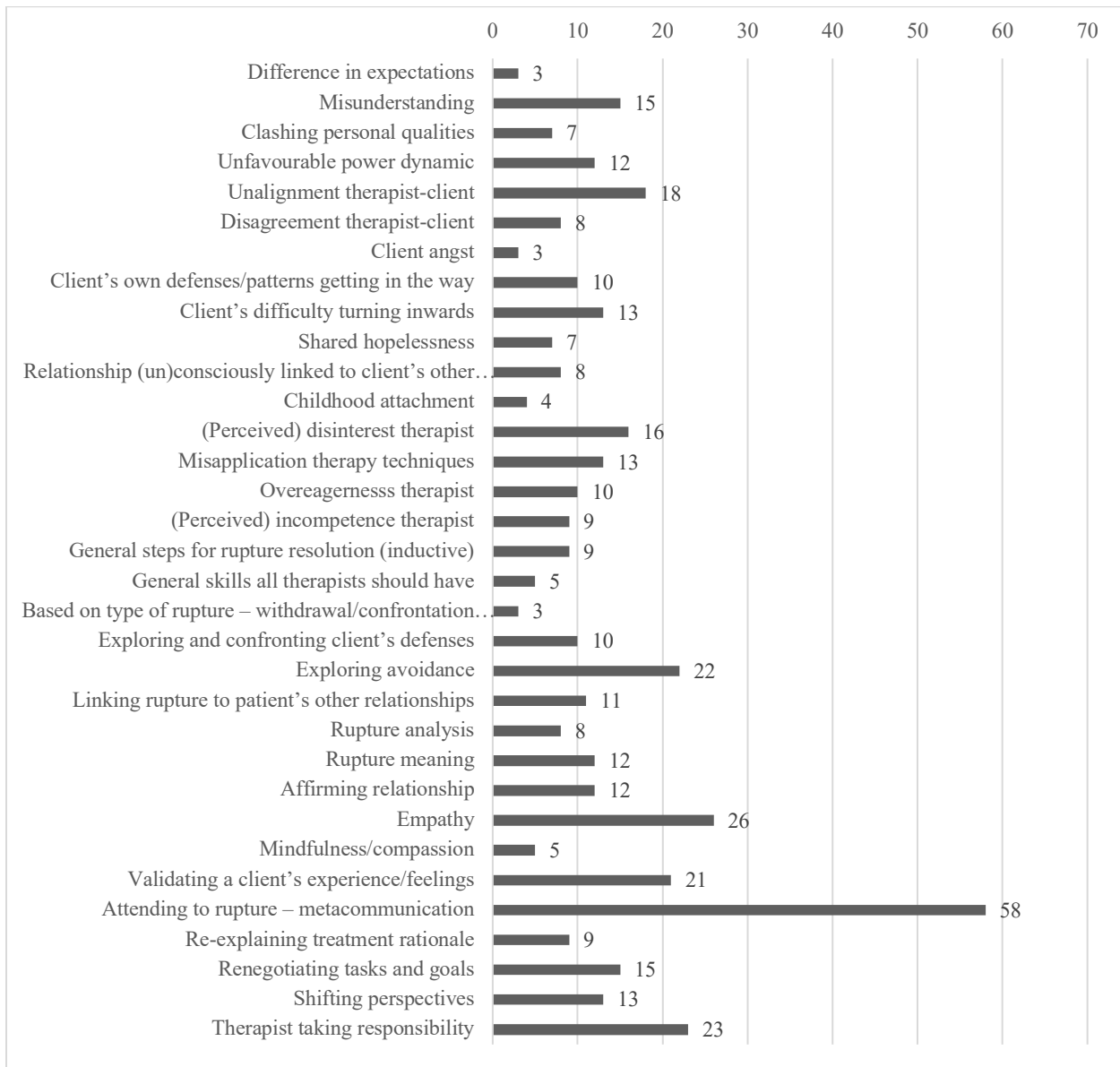
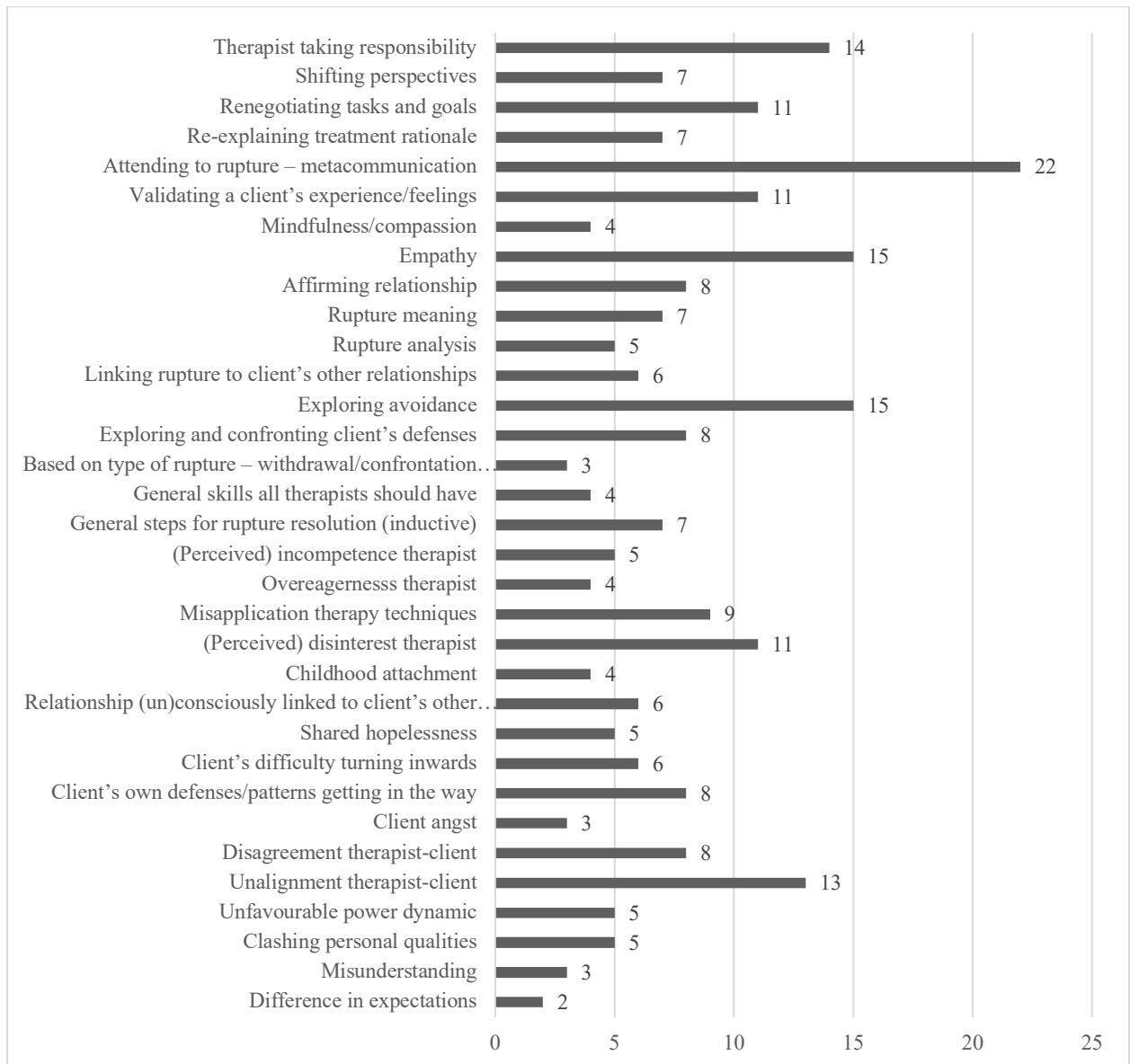
Figure 2*Frequency of Individual Codes*

Figure 3*Number of papers from which the codes were derived***Reasons for ruptures*****Incompatibility therapist-client***

Incompatibility between therapist and client refers to therapist and clients who have a disagreement or misalignment in any way. This could be through a *difference in expectations*, which is the first code in this theme. The difference in expectations could be due to differing

expectations of psychotherapy or communication, as well as difference in expectations of tasks or goals (Chen et al., 2016; Keenan et al., 2005). The second code is a *misunderstanding*, which is showcased by a therapist not understanding the client or missing something (Bartholomew et al., 2017; Chang et al., 2020; Keenan et al., 2005). An example of this is from Bartholomew et al. (2017): “My counselor [misunderstood] my values and ... that made me feel that she was prejudiced toward me” (p. 7). A more severe form of a misunderstanding is when clients and therapists have *disagreements*, the third code. This disagreement can be about different things such as values or tasks or therapy directions (Abbass & Town, 2021; Bartholomew et al., 2017; Chen et al., 2016; Dimmick et al., 2023; Doran, 2016; Kieffer, 2007; Safran & Muran, 2000; Walser & O’Connell, 2021).

A client and therapist may also not be well-attuned to each other, shown in empathic misses and diverging behaviour, for example. (Chen et al., 2016; Dworkin & Errebo, 2010; Eubanks, 2022; Gülüm et al., 2016; Kieffer, 2007; Lavik et al., 2022; Muran et al., 2022; Safran & Muran, 2000; Sommers-Flanagan, 2015; Urmanche et al., 2019; Von Below, 2020; Walser & O’Connell, 2021; Watson & Greenberg, 2000). This can cause a form of *misalignment*, the fourth code in this theme (Chen et al., 2016; Dworkin & Errebo, 2010; Eubanks, 2022; Gülüm et al., 2016; Kieffer, 2007; Lavik et al., 2022; Muran et al., 2022; Safran & Muran, 2000; Sommers-Flanagan, 2015; Urmanche et al., 2019; Von Below, 2020; Walser & O’Connell, 2021; Watson & Greenberg, 2000). A more severe version of this is when a therapist and client have are not a match in personality (Chang et al., 2020; Eubanks, 2022; Keenan et al., 2005; Lavik et al., 2022; Safran & Muran, 2000). This code has been named *clashing personal qualities*. The relationship between therapist and client could also cause an *unfavourable power dynamic*, which is the last code. This means the therapist is taking on an authoritative or demeaning role

over the client, leading to ruptures (Chang et al., 2020; Keenan et al., 2005; Lavik et al., 2022; Luo et al., 2022; Watson & Greenberg, 2000).

Client challenges

The theme of client challenges describes clients who seemed to be causing the rupture. The first code for this was client *angst* which can be described as clients having a fear of becoming close(r) to their therapist (Lavik et al., 2022; Moeseneder et al., 2018; Watson & Greenberg, 2000). Angst refers to a more severe form of anxiety, which hinders the client from sharing with their therapist. This is clearly described by Watson & Greenberg (2000), who examined and illustrated the following: “Clients may be frightened of losing control in the session or may have a sense that the process is too quick or overwhelming” (p. 181). This occurrence might lead to a *client’s difficulty turning inwards*, meaning they shy away from this and do not focus internally, which is the second code in this theme (Gülüm et al., 2016; Krause, 2024; Lavik et al., 2022; Safran & Muran, 1996; Von Below, 2020; Watson & Greenberg, 2000). The third code states that a client may be the cause is if their *own defenses or patterns get in the way* of being helped, for example, through denial or changing the topic (Abbass & Town, 2021, Chang et al., 2020; Dimmick et al., 2023; Dworkin & Errebo, 2010; Eubanks, 2022; Keenan et al., 2005; Kieffer, 2007; Safran & Muran, 1996).

Another way in which ruptures might occur is due to the clients *therapist-client relationship unconsciously linked to other relationships*, which is the fourth code in this theme (Doran, 2016; Muran, 2021; Okamoto & Kazantzis, 2021; Safran & Muran, 1996; Safran & Kraus, 2014; Walser & O’Connell, 2021). One of these relationships is the familial relationship, which might have created unhealthy *childhood attachment*, the fifth code, which might cause discomfort in any relationship as well as be the reason for ruptures between therapist and client

(Abbass & Town, 2021; Keenan et al., 2005; Muran et al., 2022; Walser & O'Connell, 2021).

The last code describes when clients and therapists lose the sense of hope and develop a *shared hopelessness* (Gülüm et al., 2016; Lavik et al., 2022; Safran & Muran, 2000; Von Below, 2020; Watson & Greenberg, 2000). This is illustrated by the following quote: “therapist and client develop a hopeless narrative about the client’s difficulties” (Safran & Muran, 2000, p. 234).

Therapist’s contributions

As clients can be the cause of ruptures, therapists can also make contributions. This shows in multiple ways. The first code states that clients might perceive the therapist as having a *disinterest* in them, as was mentioned in 11 papers (Bartholomew et al., 2017; Doran, 2016; Gelso & Kline, 2019; Krause, 2024; Lavik et al., 2022; Muran et al., 2022; Mylona et al., 2022; Sommers-Flanagan, 2015; Safran & Muran, 1996; Von Below, 2020; Walser & O'Connell, 2021;). An example of how this shows is therapists being unresponsive, rigid, and tense (Mylona et al., 2022). Another perception, and code in this theme, which causes ruptures is the client’s *(perceived) therapist’s incompetence* (Bartholomew et al., 2017; Gülüm et al., 2016; Lavik et al., 2022; Von Below, 2020; Watson & Greenberg, 2000). An example of this is given by Watson and Greenberg (2000) who state that clients may sometimes doubt the effectiveness and focus of their therapists, thinking they know better.

Clients described a pushiness as voiced by a participant in the study of Bartholomew et al. (2017): “Participants described their ruptures as... being pushed into an intervention” (p. 9). This code is mentioned in four papers that found *overeagerness of a therapist* to be a cause of ruptures (Bartholomew et al., 2017; Krause, 2024; Lavik et al., 2022; Moeseneder et al., 2018). Therapist’s *misapplication of the therapy techniques*, which was mostly described as using a technique that did not fit the issue was also a common code in this theme (Dworkin & Errebo,

2010; Eubanks, 2022; Moeseneder et al., 2018; Mylona; 2022; Safran & Muran, 1996; Safran & Muran, 2000; Sommers-Flanagan, 2015; Tishby & Wiseman, 2020; Von Below, 2020).

Ways to repair ruptures

Therapist's guideline

When building the theoretical framework, two deductive codes were found in the literature to repair ruptures. The first one is for the therapist to follow *general steps to repair a rupture*, this was mentioned in seven papers (Chang et al., 2020; Eubanks, 2022; Keenan et al., 2005; Muran et al., 2022; Okamoto & Kazantzis, 2021; Safran & Muran, 2000; Walser & O'Connell, 2021). Steps could be clarifying misunderstandings or changing tasks or goals (Chang et al., 2020). Some of these steps are also included in other themes, however, the point of this code is that there is a common number and order of steps to be followed. The second deductive code is *based on type of rupture – withdrawal/confrontation*, which was highlighted in three papers (Keenan et al., 2005; Safran & Kraus, 2014; Samstag & Muran, 2019). As was shown in the introduction, some papers explain two types of client reactions to ruptures, they either withdraw from or confront their therapist and highlight the difference in repair (Keenan et al., 2005; Safran & Kraus, 2014; Samstag & Muran, 2019).

A third code was added into this theme, which was found inductively. *General therapist skills* shows was coded in four papers which state that with a specific set of therapist skills, a rupture will be resolved (Chang et al., 2020; Christian et al., 2021; Muran, 2019; Mylona et al., 2022). Examples of these skills can be “(a) self-awareness, (b) affect regulation, and (c) interpersonal sensitivity” (Chang et al., 2020, p. 372).

Insight into client

Some therapists see a rupture as the perfect way to explore the inner world of a client and gain insight into them, which is what this theme encompasses. This could be done in multiple ways. The first code entails repair through *exploring and confronting a client's defenses*, which was mentioned in eight papers (Abbass & Town, 2021; Eubanks et al., 2018; Gelso & Kline, 2019; Gerostathos et al., 2014; Moeseneder et al., 2018; Safran & Muran, 1996; Shir & Tishby, 2024; Tishby & Wiseman, 2020). An example of this is shown in a clinical case report:

To help the patient recognize and understand these defenses, first the therapist clarifies the defensive behaviors and the impacts they have ... Then to enable the patient to stop using the defenses, the therapist and patient confront or challenge the defenses to interrupt and undermine the avoidant behaviors... (Abbass & Town, 2021, p. 402).

The second code focuses on *exploring the avoidance* caused by a rupture (Chang et al., 2020; Muran et al., 2022; Mylona et al., 2022; Okamoto & Kazantzis, 2021; Safran & Muran, 2000; Walser & O'Connell, 2021;). This differs from the previous code in that it looks more closely at the rupture itself, in which defenses do not have to necessarily be considered. An example of this is mentioned in a clinical case report: "The critical task for the ACT therapist is to recognize the rupture and invite an exploration of it in session." (Walser & O'Connell, 2021, p. 432).

Third and fourth codes in this theme are *rupture analysis* and *rupture meaning*. Rupture analysis is commonly a step in the general steps for rupture resolution mentioned in therapist's guidelines (Chang et al., 2020; Keenan et al., 2005; Muran et al., 2022; Okamoto & Kazantzis, 2021). Rupture meaning is also a common step which follows after the rupture analysis (Chang et al., 2020; Keenan et al., 2005; Muran et al., 2022; Okamoto & Kazantzis, 2021). Chang et al.

(2020) explains the difference between steps in rupture analysis showing an application and analysis of a therapist's own knowledge and skills, while rupture meaning looks more deeply into conversation with the client. In total, rupture analysis was mentioned in five papers (Chang et al., 2020; Keenan et al., 2005; Muran et al., 2022; Okamoto & Kazantzis, 2021; Safran & Muran, 1996). Rupture meaning was mentioned in seven papers (Chang et al., 2020; Eubanks et al., 2018; Keenan et al., 2005; Muran et al., 2022; Mylona et al., 2022; Okamoto & Kazantzis, 2021; Safran & Muran, 1996).

A last way to gain insight into the client, and the last code in this theme, is to focus on *linking the rupture to client's other relationships* of psychotherapy. This could be familial as well as friendly or hostile relationships. This method was mentioned in six papers (Christian et al., 2021; Okamoto & Kazantzis, 2021; Safran & Muran, 2000; Safran & Muran, 1996; Shir & Tishby, 2024; Walser & O'Connell, 2021).

Personal relationship repair

Some papers talk about the 'real' or personal relationship as opposed to the working alliance (Gelso, 2014). This theme shows that that relationship between therapist and client needs repairing as well as the working alliance. This can be done by *affirming the relationship*, as was the first code in this theme (Chang et al., 2020; Dworkin & Errebo, 2010; Lavik et al., 2022; Moeseneder et al., 2018; Muran, 2019; Mylona et al., 2022; Safran & Kraus, 2014; Samstag & Muran, 2019). Lavik et al. (2022) found in their dual-perspective qualitative study that this was done by therapists using genuineness, compassion, congruence and patience. Therapists showing *empathy*, the second code, was mentioned in 15 papers, highlighting its importance (Chang et al., 2020; Christian et al., 2021; Doran, 2016; Eubanks et al., 2018; Gelso & Kline, 2019; Keenan et al., 2005; Kieffer, 2007; Lavik et al., 2022; Moeseneder et al., 2018;

Mylona et al., 2022; Okamoto & Kazantzis, 2021; Safran & Kraus, 2014; Safran & Muran, 1996; Safran & Muran, 2000; Watson & Greenberg, 2000).

A therapist's *validation of a client's experience and feelings* was mentioned in 11 papers and the third code in this theme (Eubanks et al., 2018; Eubanks, 2022; Gelso & Kline, 2019; Guzman et al., 2014; Muran, 2019; Okamoto & Kazantzis, 2021; Safran & Kraus, 2014; Safran & Muran, 1996; Sommers-Flanagan, 2015; Walser & O'Connell, 2021; Watson & Greenberg, 2000). Watson and Greenberg (2000) gave the following example from experiential psychotherapy:

Therapists' validation and acknowledgment of their clients' concerns is important in terms of the general task of experiential psychotherapy, namely, to have clients attend to and use their own subjective experience as a vital source of information about their environment. (p. 182)

Lastly, *mindfulness and compassion* interventions following the rupture showed to have a positive effect on repair, and are as such, the last code in this theme (Chang et al., 2020; Dworkin & Errebo, 2010; Okamoto & Kazantzis, 2021; Walser & O'Connell, 2021).

Therapist actions

This theme encompasses what a therapist can do to repair the relationship after a possible (self-induced) rupture. The first code in this theme is *attending to the rupture*. Attending to rupture is also called metacommunication and was mentioned in 22 papers, showing its importance (Chang et al., 2020; Chen et al., 2016; Dimmick et al., 2023; Dworkin & Errebo, 2010; Eubanks et al., 2018; Eubanks, 2022; Gelso & Kline, 2019; Keenan et al., 2005; Krause, 2024; Moeseneder et al., 2018; Muran, 2019; Muran et al., 2022; Mylona et al., 2022; Okamoto & Kazantzis, 2021; Safran & Muran, 2000; Safran & Kraus, 2014; Sommers-Flanagan, 2015;

Shir & Tishby, 2024; Tishby & Wiseman, 2020; Von Below, 2020; Walser & O'Connell, 2021; Watson & Greenberg, 2000). Metacommunication in psychotherapy encompasses communicating about the communication between therapist and client, as well as, in this case communicating about the rupture (Watson & Greenberg, 2000).

A more specific part of this, and the second code, could be the therapist's *re-explanation of the treatment rationale*, which could also be helpful in solving a rupture (Gülüm et al., 2016; Guzman et al., 2014; Krause, 2024; Lavik et al., 2022; Muran, 2019; Safran & Muran, 2000, Watson & Greenberg, 2000). Another code in this theme has the therapist and client *renegotiate the tasks and goals* of the psychotherapy, which was mentioned in 11 papers (Dimmick et al., 2023; Eubanks, 2022; Gülüm et al., 2016; Krause, 2024; Muran, 2019; Muran et al., 2022; Mylona et al., 2022; Okamoto & Kazantzis, 2021; Safran & Muran, 2000; Walser & O'Connell, 2021; Watson & Greenberg, 2000).

Two more therapist actions, and codes, have been found in the papers: *Shifting perspectives* and *taking responsibility*. Shifting perspectives refers to changing the view which a client takes towards psychotherapy/therapist/themselves/others and is mentioned in seven papers (Dworkin & Errebo, 2010; Guzman et al., 2014; Krause, 2024; Safran & Muran, 1996; Safran & Muran, 2000; Walser & O'Connell, 2021; Watson & Greenberg, 2000). Walser & O'Connell (2021) give a clear example from their clinical case report: "Through perspective-taking, [the client] was able to see her daughter's struggle, noting it was the same as hers, not feeling loved and chosen (by the therapist in session)." (p.438). Lastly, a therapist taking responsibility for their actions might also lead to resolving ruptures, as it makes the client feels understood (Dworkin & Errebo, 2010; Gelso & Kline, 2019; Guzman et al., 2014; Kieffer, 2007; Mcleod, 2015; Muran et al., 2022; Okamoto & Kazantzis, 2021; Safran & Kraus, 2014; Safran & Muran,

1996; Safran & Muran, 2000; Shir & Tishby, 2024; Sommers-Flanagan, 2015; Walser & O'Connell, 2021; Watson & Greenberg, 2000).

Discussion

Concluding, this scoping review aimed to map the existing literature on rupture and repair in the therapeutic relationship. Therefore, this review may be used as a literary source for future research on this topic. The research question which needed to be answered through a scoping review is: “What are reasons for ruptures between therapist and client to occur and in what way may they be repaired?”.

The first sub-question is: “What are reasons for ruptures between therapist and client to occur?”. This led to the following overarching theme of this thematic analysis: *Reasons for ruptures*. The following themes were found: *incompatibility therapist-client*, *client challenges*, and *therapist's contributions*. Based on these themes, there are three clear ways of thinking. The first way of looking at it is that client and therapist do not align and are not a personal match (*incompatibility therapist-client*), which results in disagreements, unalignments and different expectations, for example. This aligns with the view that relational psychoanalysis takes, as explained by researchers such as Safran and Kraus (2014). The second view is that the client is the main cause of the rupture (*client challenges*) through, for example, a client's defenses getting in the way or their difficulty turning inwards. The last theme (*therapist's contributions*) highlights (perceived) mistakes therapists may make in order to contribute to a rupture, such as being overeager or misapplying therapy techniques. These two themes are also mentioned simultaneously in papers in order to show both perspectives on ruptures (Eubanks, 2022; Von Below, 2020).

The second part of the question is: “In what way may ruptures between therapist and client be repaired?”. The following overarching theme was formed: *ways to repair ruptures* with four ways to do this. *Therapist’s guideline* is the first way and the only one with deductive codes. This theme refers to when a paper describes a general way of dealing with repairs, such as a certain number of steps which need to be followed or a list of general therapist skills. This theme has two deductive codes, and was therefore grounded in literature before coding (Chang et al., 2020; Eubanks, 2022; Keenan et al., 2005; Muran et al., 2022; Okamoto & Kazantzis, 2021; Safran & Kraus, 2014; Safran & Muran, 2000; Samstag & Muran, 2019; Walser & O’Connell, 2021). The second way (*insight into client*) instructs to gain more information about the client by using the rupture. This is also shown in papers from behavioural therapy and psychoanalysis (Eubanks et al., 2018; Gerostathos et al., 2014). *Personal relationship repair* refers to recovery of a relationship between therapist as it would also be seen in a normal relationship between friends or family for example. This includes empathy, affirming the relationship and validation of a client’s experience or their feelings. This is in line with the article from Gelso (2014), which dives into the “real” relationship between therapist and client. The last way (*therapist actions*) refers to specific actions or interventions which a therapist can make use of in order to repair the rupture, such as using metacommunication or shifting a client’s perspective. This is in line with acceptance and commitment therapy (Walser & O’Connell, 2021).

Clinical implications

The above-mentioned reasons for ruptures and ways of repairing them can form a basis for both new therapists and ones already practicing. Therefore, if all therapists are aware of the information in this review, this can help with client relationships and therapy success. This review could provide the basis of teaching ruptures and repairs to new therapists.

Another clinical implication shows in the possible use of Artificial Intelligence (AI). Psychotherapy is based on human contact. However, some authors think that AI will eventually stand alongside current therapists, or even replace therapists altogether (Montag, et al., 2024). Montag, et al. (2024) mention that for small-scale therapies, generative AI could be a useful tool which recommends interventions and provides a space for the client to “talk” about their problems. However, before that happens, AI should be taught a lot of things about psychotherapy. This review can be used to conceptualize and understand ruptures and repairs so they can be learned by AI.

Future research possibilities

This study reveals several areas which could be further researched. This is a complete overview which includes qualitative and quantitative data. One area of research could be to focus on the frequency, statistics, and the intensity of ruptures. The frequency and intensity of ruptures was shortly touched in this review when explaining the reasoning for excluding research on personality disorders. This would help to develop measures for the working alliance and focus on objectively measurable data from ruptures (Schenk et al., 2021).

The themes found for reasons for ruptures showed one based on disagreement, one therapist-induced, and one client-induced. Researchers are quite often from a therapist/psychology background, which might leave less room for a client’s input. Future research could focus on a client’s view of rupture and repair. It would be interesting to see whether this would lead to the same codes and themes.

Limitations and strengths

Eight of the 36 papers have a theoretical background in psychoanalysis. A reason for this could be that the term repair originates from psychoanalytic language, which could skew the data

collected. This dates to when Freud, the originator of psychoanalytical thinking, mentioned that the working alliance is the goal of therapy (Doran, 2016). There is a large body of literature on this subject written from a psychoanalytic point of view, therefore, it is likely the current review skews toward a psychoanalytical view of rupture and repair. Moreover, half of the studies in this review were conducted in the United States of America. This is where most of the research is conducted. Therefore, most of the clients were American, which might lead to a western perspective in the study.

Another limitation is that grey literature is not included. Publication bias is less prominent when including grey literature and a clear overview of all the available literature can be given (Mahood et al., 2013). Therefore, it should be kept in mind that there is more research on this topic and this might have skewed the data if included. Moreover, as there is only one reviewer, the study is less objective and reliable than it would have been with more than one reviewer.

Research into therapeutic relationships is an important topic, as relationships in general are extremely important (Camfield et al., 2009; Holt-Lunstad, 2018). A strength of this research is that it includes all schools of thought and theoretical backgrounds. Therefore, as mentioned in the introduction, it gives a comprehensive overview of the entire field of rupture and repair. The scoping review methodology and the thorough way in which studies were searched and retrieved add to that. By using thematic analysis, many codes were categorized and there is a comprehensive overview of the possible reasons for ruptures and possible ways for repair. A broader view is given on the working alliance, and the importance of the relationship is emphasized. Another strength is that this research adhered to Prisma-SCR (Appendix A) and PICOS guidelines (Tricco et al., 2018; Amir-Behgadami & Janati, 2020). Therefore, it is a

structured and transparent review. The screening process is made very clear, which makes this study more reliable.

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Appendix

Appendix A: Prisma SC-R checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	5
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	6
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	6
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	7
-7Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	6-7
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	7
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	8-10
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	9
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	9
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	n.a.
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	12

RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	10
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	12
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	n.a.
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	13-17
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	18-29
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	18-29
Limitations	20	Discuss the limitations of the scoping review process.	32-33
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	29-32
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	n.a.

Appendix B: Data extraction template

Characteristics

Author(s) and year

Title

Study design

Theoretical background

Type of therapy researched

Key findings related to reasons for ruptures

Key findings related to repair of ruptures
