Meetings and mismeetings

A qualitative meta-synthesis of clients' experiences of the therapeutic relationship

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Abstract

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Title: Meetings and mismeetings – A qualitative meta-synthesis of clients' experiences of the therapeutic relationship

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Background: The importance of the therapeutic relationship for change in psychotherapy is well established. Understanding the client's subjective experiences of the interplay with the therapist may sensitize researchers and clinicians to important phenomena, which in turn may enhance clinical effectiveness and improve our understanding of the working mechanisms of psychotherapy.

Aim: The aim was to review and synthesize qualitative studies on clients' subjective experiences of the therapeutic relationship, to highlight their meaning-making in the dyadic context. The focus was how they see themselves as a participant in the relationship and their perception of struggles and resolutions.

Method: We conducted a meta-synthesis of literature studying adult clients' experiences of psychotherapy, using the meta-ethnographic method of Noblit and Hare (1988). Following a literature search in two databases, 2631 studies were systematically screened, resulting in 23 studies that met our inclusion criteria. We extracted findings from the primary studies, which were then systematically compared and synthesized in order to develop higher-level sub-themes, themes and meta-themes.

Results: Three meta-themes (as well as seven themes and 20 sub-themes) were developed: (1) *If clients sense support, they overcome initial fears and commit to the process,* describing needs clients may have that are not disclosed and how they assess their therapist before potentially engaging in therapeutic work. (2) *The inner drama and vulnerability of being involved in an asymmetrical relationship* reflects how clients may understand and deal with difficulties arising in the dyad. These include distress accompanying perceived rejection and how client-therapist roles could lead to feelings of inferiority. (3) *Doing the hard work together* concerns how relational tensions may be worked through with a humble therapist; the hard work of exposing oneself which may not be disclosed, and how clients with the help of the therapist may discover new ways of being.

Conclusions: The findings show how clients are meaning-making participants in the therapeutic relationship who engage in activities that are not always apparent to their therapists, and shed light on the dynamics of ruptures and power differences. Clinical

implications include the importance of seeking feedback from clients and knowledge of how ruptures may be experienced, as this may sensitize therapists and thus enhance their responsiveness. In the future, we recommend investigation of clients' possible experiences of contribution to resolution, studying client and therapist experiences simultaneously and using methods suited to explore micro-processes in-depth. Involving participants in all phases of the research project seems to have the potential to explore new and important phenomena. The importance of critically considering findings in light of their context is underlined.

Preface

This thesis marks the end of our final year at the clinical psychology program at the University of Oslo. As developing practitioners with an interest in psychotherapy processes and the client experience, the writing of this thesis has proved important for both our personal and clinical development.

We would like to thank our main supervisor, Line Indrevoll Stänicke, for steadily guiding us through this at times demanding process and for expanding our negative capability. Thank you for having devoted more time than we could expect and for always believing in our work. Your enthusiasm related to qualitative methodologies, and clients' subjective experiences in particular, has been contagious, and we are grateful for your encouraging words as well as your critical remarks. Our co-supervisor, Helene Amundsen Nissen-Lie, has also been invaluable during this process. Thank you for having contributed with your knowledge of the psychotherapy research field as well as your insightful and encouraging comments on our work. We are also highly appreciative of your enthusiastic involvement in this project and for helping us see its value. Thank you to university librarian Glenn Karlsen Bjerkenes for conducting the literature search and for giving us advice on the screening process – this has been most helpful.

We would also like to thank Isabelle and Olav for opening up their home for us during an intense period – we are grateful for having had the opportunity to occupy the living room while conducting the analog analysis. Our partners, Sigurd and Magnus, also deserve our gratitude. Thank you for supporting us throughout this process, and not least for all the dinners made and housework done while we were working late nights. Your technical aid and curious questions have been very helpful. We would also like to thank each other for the continuous theoretical and clinical discussions, and an inspiring and enriching collaboration process, as well as our evolving friendship.

Lastly, we would like to thank all the clients who have shared their experiences and feelings with researchers, and thus contributed with invaluable insights into psychotherapy processes and hence also educated professionals as ourselves. Thank you also to the researchers who conducted the primary studies. This project has been meaningful and important to our developing professional identities, and the knowledge gained will continue to influence us in our future therapeutic work.

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1 Introduction

When clients are asked what helped them during therapy, one of the most frequent answers is the "therapeutic relationship" (Norcross, 2010). Studies addressing clients' perception of helpfulness and outcome, often point in the same direction; from clients' perspective, it is the relationship, not the specific method or interventions that help them change (Norcross, 2010). While this may be due to their lack of knowledge of the specific ingredients used by the therapist to facilitate change (i.e., interventions and techniques), an abundance of psychotherapy research conducted over the years also highlight relationship factors as consistent contributors to therapeutic outcome (Lambert & Barley, 2002; Norcross & Lambert, 2018).

This thesis focuses on the client's experience of the therapeutic relationship – that is, both its meaningful and healing elements, as well as the potentially difficult and hindering aspects of therapeutic processes. The aim is to highlight the client experience in the dyadic context, with a focus on their active participation in the therapy process and relationship, and their perception of struggles and their resolutions. The thesis employs a qualitative meta-synthesis methodology in an attempt to synthesize findings in this realm from primary qualitative studies, aiming to describe and further our insight into clients' experiences of these processes, which in turn may inform therapeutic practice.

In this introduction, empirical research and theory on the process and outcome of psychotherapy, the therapeutic relationship, the client's perspective, qualitative research, helpful and hindering aspects, will be presented first, as a background for more specific research questions that are presented at the end.

1.1 Process and outcome in psychotherapy research

The historical lines of psychotherapy research can be broadly described in terms of phases; the first being "*does* therapy work?", the second "*which* therapy works", and the third "*what* works in psychotherapy" (Oddli, 2013; Rønnestad, 2008). More than four decades of research into psychotherapy efficacy has clearly established that psychotherapy works (Lambert & Barley; 2002, Wampold & Imel, 2015). More precisely, psychotherapy given to a help-seeking client, leads to better outcomes than no therapy, that is, a substantial number of meta-analyses and empirical evidence speak to the *absolute efficacy* of psychotherapy (Wampold & Imel, 2015).

Efforts to distinguish between different therapeutic approaches (to establish comparative efficacy) have, for the most part, proved to be futile (Oddli, 2013; Rønnestad,

2008), with limited evidence for the superiority of one therapy form over another (Oddli, 2013; Rønnestad, 2008). The answer to "*which* therapy works" can therefore be unsubtly summed up with the words of Wampold and Imel (2015, p. 114): "The dodo bird still gets it" – pointing to Rosenzweig's paper from 1936, where he uses the phrase from Alice in Wonderland (Carroll, 1865), to describe the finding that different treatment methods, on average, obtain equally favourable results: "Everybody has won, and all must have prizes".

Since Rosenzweig's "dodo bird verdict" (1936), several meta-analytic efforts, with early examples such as that of Smith and Glass (1977), have contributed to this conclusion, and since the 1980s, the common factors of psychotherapy have been an important area of research (Duncan, 2002). The common factors can be described as the general components contributing to change that, in some way or another, are common to all therapeutic processes, regardless of the specific therapeutic orientation (Duncan, 2002; Wampold & Imel, 2015).

There have been different attempts to delineate common factors (Wampold & Imel, 2015), and the therapeutic change principles of Goldfried have been influential in this regard (Goldfried, 1980; 2009). Within his conceptualization, psychotherapy theories (or theoretical orientations) are at the highest level, techniques or strategies at the lowest, and in between these, common therapeutic change principles are those theorized to produce change. Goldfried suggested that one such example is *corrective experiences,* which have the ability to produce change, albeit through diverse theoretical explanations and incited by different therapeutic techniques (Golfried, 1980; Oddli et al., 2016).

The above-mentioned common factors can be viewed as some of the "*what* that works", namely some of the ingredients of successful psychotherapy processes. The process and outcome research have been substantial and attempts to relate factors of the therapeutic process to client outcome (Crits-Christoph et al., 2013). The associations derived from this field of research is too extensive to be elaborated here, but in the following, one process variable that applies to the current thesis will be presented: the therapeutic relationship.

1.2 The therapeutic relationship

Qualities of the therapeutic relationship have been regarded as pivotal for therapeutic change and are influenced by both clients and therapists and their unique dyad (Norcross, 2002; Norcross & Lambert, 2018). Though not always reflected in treatment guidelines, the conclusion in the latest report from the Interdivisional APA Task Force on Evidence-Based Relationships and Responsiveness is clear: The therapeutic relationship is one of the key mechanisms of change (Norcross & Lambert, 2018).

The therapeutic relationship has been conceptualized in many ways. The definition of Gelso (2014) denotes important and pan-theoretical aspects of the therapeutic relationship. Extending the work of Greenson (1967), he conceptualizes the therapeutic relationship as consisting of three components: transference/countertransference configurations, the real relationship, and the (working) alliance. These components are thought to be present from the beginning until the end of treatment, though some aspects may be more prominent from time to another (Gelso, 2014).

Although psychoanalytically rooted, Gelso (2009; 2014) argues that the concepts of *transference and countertransference* are present in virtually every therapeutic relationship, understanding the former as the way in which the clients' perceptions of and feelings towards the therapist, are influenced by their relational history and interpersonal patterns (i.e., inner working models, or interpersonal schemas). Similarly, the therapist's countertransference, that is, the arising reactions and feelings evoked in the therapy relationship, is formed by the therapist's own history and vulnerabilities, which thus – if not reflected upon and understood – may influence how he or she behaves (Gelso, 2014).

The *real relationship* is characterized by genuinity and realism (i.e., not influenced by transferencial dynamics) and represents the perception and feelings that the therapist and client have towards one another, whether these are favourable or unfavourable, and are inferred through both verbal and nonverbal behaviours. Importantly, the therapist and client may have diverging perceptions of what is *real*, (although the relationship is regarded as co-created) but the one's perspective is not more true than the other's (Gelso, 2009).

The *working alliance,* as defined by Gelso, is the part of the relationship where the work takes place, that is the collaborative aspect of the relationship, where the therapist and client, with their assigned roles, engage in the process, and decide on the tasks and goals for the therapy (Gelso, 2009; Gelso, 2014).

Although the therapeutic relationship has been conceptualized as more than the therapeutic (or working/helping) alliance, most of the empirical research has been carried out on this aspect of the relationship (Altimir et al., 2017; Gelso, 2014). Diverse operationalizations have been used in this line of research (Flückiger et al., 2018), the three-part conceptualization of Bordin (1979) has been influential (Zilcha-Mano, 2017). Bordin defines the working alliance as consisting of a collaborative agreement on therapeutic tasks and goals and the forming of a relational bond.

The *bond* component is also present in the notion of Gelso, but he understands this as a *working bond*, again underlining the therapeutic *work*, as distinguished from the *personal*

bond originating in the real relationship (Gelso, 2009; 2014; Gelso & Kline, 2019). Moreover, in this conceptualization, the three elements are deeply interwoven, e.g., in the way that realistic feelings from the real relationship may shape the working alliance. The real relationship, though less empirically investigated, has been related to therapeutic outcome (Gelso et al., 2018).

Meta-analytic efforts have consistently and robustly related the alliance to outcome, also resulting in clinical recommendations (Flückiger et al, 2018; Horvath et al., 2011). However, the relationship between alliance and outcome is complex. For instance, some therapists may be more effective both in their ability to form an alliance and in facilitating a helpful therapy process (Castonguay & Hill, 2017). Also, client characteristics may influence both the quality of the alliance and thus the change process (Zilcha-Mano, 2017).

In sum, from these mainly quantitative studies, we see that a sound alliance seems to be related to better outcomes, and that different aspects of the therapeutic relationship such as the real relationship are important contributors. However, what is seen as a satisfactory "outcome" may vary, e.g., depending on how it is measured (Stänicke & McLeod, 2021). In addition, clients may have their own perspective on what constitutes a "good outcome" (see e.g., Binder et al., 2010; Clarke et al., 2004) that is not captured in the more conventional standardized outcome instruments (see e.g., Halvorsen et al., 2016). It is also evident that how the participants perceive therapy processes and interactions is a complex matter too. To increase our understanding, it is necessary to investigate the experiences of the main person involved in the healing process – the client. This is also made explicit in clinical guidelines, i.e, to take the user perspective into account (NICE, 2011).

Next, we will present research on the client, client contributions to outcome, and not least, how qualitative researchers have investigated the relationship from the client's own perspective.

1.3 The client in psychotherapy and the client perspective

Factors within (i.e., motivation) or around (i.e., social support) the client are robustly linked to therapeutic outcomes (Bohart & Wade, 2013; Lambert & Barley, 2001). It may seem artificial to separate psychotherapy processes into distinct contributions from different participants, as these are complex, dyadic, and intersubjective in nature (Atzil-Slonim & Tschacher, 2020). Nevertheless, to further our insight into the workings of psychotherapy processes, we also need information from the client – the often neglected other half of the therapeutic dyad (Bohart & Tallman, 2010; Levitt et al., 2016).

Throughout some of the (earlier) psychotherapy research that was influenced by a medical model of psychotherapy (see Wampold, 2001), one can get the impression that clients are merely passive recipients of the therapists' interventions (Bohart & Wade, 2013; Carey & Stiles, 2015). Likewise, clients have also been viewed as *disturbing* factors, e.g., characterised by 'resistance' or otherwise hindering their own healing therapeutic process (Bohart & Tallman, 2010; Bohart & Wade, 2013; Norcross, 2002).

This language portraying the client as a passive agent, can also apply to some of the language used so far in this thesis, e.g., "psychotherapy *given* to a patient", "client *factors*", "clients *receiving* psychotherapy", when in fact there is a growing body of research demonstrating the opposite, namely that clients are *actively* involved in the therapeutic relationship and their own process towards change (e.g., Bohart & Tallman, 2010; Greaves, 2007; Levitt et al., 2016; Rennie, 2001). Bohart and Tallman (2010) cites Bergin and Garfield (1994) in their call for viewing clients as agents of change:

> Clients are not inert objects upon which techniques are administered. ... [Therefore] it is important to rethink the terminology that assumes that "effects" are like Aristotelian impetus causality. As therapists have depended more upon the client's resources, more change seems to occur (Bergin & Garfield, 1994, pp. 825-826)

Clients typically highlight therapist qualities or behaviours when they are asked to describe what was helpful during therapy (Bohart & Wade, 2013; Lambert & Barley, 2002). When asked questions concerning their own contribution to e.g., the alliance, the same tendency can be observed: Therapist characteristics or behaviours are emphasized (e.g., Bedi et al., 2005), which seem to contrast with how the alliance construct is perceived both conceptually and empirically, although there are exceptions (see e.g,. Hoener et al., 2012). One of the reasons for this, may be that the therapist and client engage in the relationship in different ways: One being the helper, and the other being helped, and that different relational aspects bear different meanings to the participants (Krause et al., 2011).

Client agency can be investigated through the client's own perspective, as done by Hoener and colleagues (2007) in their qualitative study on client experiences. Here, the clients, in different ways, saw themselves as pivotal in the change process, and largely attributed the outcome to their own work both inside and outside of therapy.

Client agency can also be inferred through client accounts, as Rennie (1992; 2001) did in his pioneering work, demonstrating how clients are self-reflexive and agentic, i.e., in acting intentionally and being mindful of what to address and not. Importantly, these actions seemed to proceed without the therapist being aware of it (Rennie, 2001).

Bergin and Garfield's (1994) above-mentioned call, as well as developments in other empirical and theoretical perspectives, resulted in a reformation in how clients are viewed (Hartmann, 2013), exemplified in the important contribution of Bugas and Silbershatz (e.g., 2000), where they illustrated how clients also "coaches" their therapists to do better. The extensive work of Levitt and colleagues (2016) also conveys a similar perspective: proclaiming a new agenda where knowledge about change mechanisms and theoretical constructs are built upon client experiences.

Service user involvement during different phases of research has the potential to facilitate the exploration of phenomena from the point of view of those involved, and may enable the formulation of new research questions, as well as new domains or important issues to be explored, while including those who are most directly affected by the research (see e.g., Thorne et al., 2004; Smith et al, 2021; Veseth et al., 2017). In line with this, we would argue that an emphasis on the client perspective in psychotherapy research is a way of involving the users of therapeutic services, so that their lived experiences can inform clinicians and researchers more directly in their pursuits.

1.4 Qualitative research on the client in psychotherapy

Qualitative methods in psychotherapy research may contribute to a deeper understanding of the complex processes of therapy (McLeod, 2011), i.e., by asking *how,* not *why* questions (Maracek, 2003). Due to their groundedness in the social context and search for nuances of lived experience, these methods are well suited to study psychotherapy processes (McLeod, 2011; Oddli, 2013; Willig, 2013).

Qualitative methodologies include a multitude of approaches, which in turn are grounded in different philosophical traditions and have various epistemological roots (Elliott, 2008a; Levitt et al., 2017b; McLeod, 2013; Ponterotto, 2005). Consequently, knowledge from these sources are valuable in many different ways; gaining insight into clients' private processes can enhance therapist interventions (Elliott, 2008b), or "explore the complex web of assumptions and expectations to sensitize therapists and researchers alike to the ways the same treatments might be experienced quite differently by clients" (Levitt, 2015, p. 33), and insight into the complexity of dyadic processes can shed light on change mechanisms and the interplay between therapist and client (Bernhardt et al., 2021).

There have been three major lines of qualitative research in the psychotherapy field; research on client experiences; therapist experiences; and investigation of content from therapy sessions (Levitt, 2015). The last decades of qualitative studies involving the clients' lived experiences, have employed different data collection formats (i.e., interviews,

transcripts from sessions) as well as different analytic methods, and have in turn been concerned with different phenomena, e.g., clients' perception of a theoretical construct, such as the alliance (Timulak & Keogh, 2017). An influential example of the former, developed by Kagan (1975, cited in Rennie, 1992), is the use of *interpersonal process recall* (IPR) interviews (Elliott, 2008b; Levitt, 2015; Rennie, 1992), where participants are interviewed with the assistance of a tape or video recording from a therapy session, to stimulate the memory, and then prompted to elicit thoughts and feelings regarding aspects of the content.

Despite the increasing number of qualitative studies demonstrating important aspects of therapeutic processes, their impact on clinical guidelines have been relatively limited (Levitt et al., 2016; Smith et al., 2021). However, in the policy statement from the American Psychological Association's (APA) in 2005, which marked a separation with the medical model of Evidence-Based Practice in Psychology (EBPP), the task force proclaimed the juxtaposition of various research methods. That is, research findings derived from qualitative single-case studies, naturalistic designs as well as randomised controlled trials are all considered to be valid knowledge sources informing clinicians when they seek out to integrate "the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA, 2006, p. 273; Rønnestad, 2008). This seems to reflect a pluralist concept of knowledge, where knowledge based on different epistemological principles derived from different data sources, can exist alongside each other, without one threatening the existence of the other (Smith et al., 2021). In the APA report the significance of various research forms is highlighted, and the point that different methodologies may provide answers to different problems underscored (APA, 2006; Rønnestad, 2008).

1.5 Metasyntheses on the client experience

The growing number of qualitative studies on clients' experiences of psychotherapy have led to efforts to synthesize findings (e.g., Timulak, 2007; Levitt, 2015; Levitt et al., 2016). This effort has in part been influenced by quantitative meta-analyses (Sandelowski & Barroso, 2007), and have thus also been criticized, i.e., due to the way that aggregation and analysis entails decontextualization (Paterson, 2001). Nevertheless, a meta-synthesis has the ability to make qualitative findings say more than primary studies can do on their own, which thus can make them more impactful. This in turn may enhance their significance in theory and practice (Malterud, 2017; McLeod, 2011; Sandelowski & Barroso, 2007). Further, a meta-synthesis of clients' experiences in the therapeutic relationship may sensitize researchers and practitioners towards important clinical and empirical phenomena (Oddli,

Nissen-Lie & Halvorsen, 2016).

A qualitative meta-analysis is a more formal review of the existing qualitative studies (Timulak, 2009). Studies that synthesize qualitative findings have been called both meta-analyses and meta-syntheses (Levitt, 2018; Malterud, 2017; Timulak, 2009). We use the term meta-synthesis for this thesis, as has been suggested by others to stress its interpretative nature (Malterud, 2017; McLeod, 2013; Noblit & Hare, 1988; Sandelowski & Barroso, 2007), but the terminology of other authors will be kept when describing their studies.

Examples of such studies include a qualitative meta-analysis on clients' perception of helpful events (Timulak, 2007), and the qualitative meta-analyses of Lavik and colleagues (2018) and Noyce and Simpson (2018) on the client's perspective of alliance formation and the formation of the therapeutic relationship, respectively. The most extensive study is the qualitative meta-analysis of Levitt and colleagues (2016) where they included 105 studies on clients' experiences of psychotherapy, which resulted in a practice-friendly list of recommendations for clinicians.

Meta-syntheses thus have been able to provide new knowledge that complement the findings from quantitative research. Levitt and colleagues (2016) recommend clinicians to periodically read qualitative studies as they provide deeper insight into clients' experiences which may help them provide better treatment. Qualitative meta-syntheses such as the current may give clinicians easier access to such findings.

1.6 Clients' experiences of helpful aspects of the therapeutic relationship

Research on helpful events and aspects of psychotherapy, as perceived by the client, has gained much attention in the field of qualitative psychotherapy research (Levitt, 2015; Timulak, & Keogh, 2017). In the qualitative meta-analysis on client-identified helpful aspects of psychotherapy processes (Timulak, 2007), experiences such as feeling understood and supported, learning new behaviours, experiencing the therapy as personal, and gaining insight, were all perceived as especially helpful. Another qualitative meta-analysis (Timulak & McElvaney, 2013) explored the processes leading to insight in psychotherapy, also from the perspective of the client. Here, the authors identified two classes of insight events, i.e., painful and empowering, and elaborated on the typical helpful aspects underlying the helpfulness of these events (e.g., the attunement, interpretations and empathy of the therapist). In line with this, Elliott (2008b), summarizing findings from six qualitative studies, highlights the clients' experiences of the helpfulness of the therapeutic relationship in itself, as well as the perceived affirmations and concrete help with problem-solving.

Another, but related, paradigm in qualitative psychotherapy research involves the investigation of *significant events*, where clients (and therapists) are asked to identify important moments during a psychotherapy session, sometimes with the aid of IPR methods (Elliott, 1985; Levitt, 2015). These research designs enable rich and detailed accounts of in-session experiences of therapy dyads (Timulak & Keogh, 2017), e.g., finding a discrepancy between therapy participants' perceptions of helpfulness, where therapists regarded cognitive aspects or interventions as the most helpful ingredients, whereas clients emphasized the emotional and relational qualities of events (Timulak et al., 2010).

Taken together, these classes of studies may be valuable for both researchers and practitioners, as they may guide and promote the understanding of "what works" in psychotherapy processes, as perceived by the involved client.

1.7 Strains, ruptures, struggles and repairs

It is important to note that helpful events, as experienced by clients, do not necessarily entail pleasant or solely positive feelings; they may also involve the discomfort of working through painful experiences; hence, to frame helpful and unhelpful aspects as two distinct and mutually exclusive categories, might "misrepresent the data" (Levitt, 2015, p. 34). Decades of research into phenomena related to tensions and ruptures in the therapeutic relationship – and the potential subsequent repair processes – are suggested to provide us with important information on mechanisms of change (e.g., Bordin, 1994; Eubanks et al., 2018; Safran, 1993; Safran et al., 1994). Successful rupture-resolution processes have been categorized as "probably effective" in terms of relation to therapeutic outcome, by the Interdivisional APA Task Force on Evidence-based Relationships and Responsiveness (Norcross & Lambert, 2018, p. 309).

Numerous concepts and terms associated with relational struggles between client and therapist can be found in the literature (see e.g., Muran, 2019; Werbart et al., 2020) – concepts that are primarily originating in psychoanalytic theories (e.g., Kohut's "empathic failure", cited in Safran, 1993). Bordin (1994) emphasized the natural occurrence of therapeutic strains when clients come to therapy. Understanding strains as "a significant deviation in the patient's commitment to the working alliance" (p. 18), he hypothesized that clients' presenting problems ultimately will play out in the therapeutic relationship; as resistance or as a form of "self sabotage" (p. 20). He also highlighted the therapeutic possibilities that lie in the resolution or overcoming of strains, arguing that this may well be a key factor in change.

Safran and colleagues (1994) extended the work of Bordin in their understanding of ruptures as co-created and interpersonal, as opposed to the conceptualization of the latter, where strains or ruptures are attributed, for the most part, to the client (Bordin, 1994; Muran, 2019). In their understanding of ruptures, these are still seen in relation to the working alliance, but also reflecting "an ongoing and underlying intersubjective negotiation between patient and therapist respective needs or desires" (Muran, 2019, p. 2).

Their understanding, thus, seems to be more interpersonal, and may be in line with the conceptualization of ruptures or impasses of Benjamin (2004), where she offers an intersubjective view, underlining the mutual processes of psychotherapy, and conceptualizing the therapeutic relationship as something "beyond doer and done-to", where it is not the one *doing* something *to* the other, rather it is a co-creation or a third entity (Benjamin, 2004). Safran (1993) suggests that alliance breaches may be moments where clients can explore their possible difficulties in relating to others, together with their therapist. The experience of a supporting and close relationship (or alliance) with another person, which also include "mismeetings" and difficulties, may be healing in itself and provide opportunities to learn new ways of being (Nissen-Lie et al., 2021).

The client's role in resolving alliance ruptures seems to have been less explored within the field of psychotherapy research, and the only example we know of is the dissertation of Greaves (2007). This study illustrated how the clients, from observers' perspectives, worked *together* with their therapist in the repair of ruptures, e.g., by asserting their view – or choosing not to, and by "making amends with the therapist" (p. 173).

Qualitative research on the client's experience of difficulties in psychotherapy, have received somewhat less attention than their experiences of helpful aspects, but may be valuable in guiding clinicians in how to cope with hindering aspects of therapy processes, so that their knowledge and possible interventions can be informed more directly by clients' own experiences (Timulak & Keogh, 2017). One empirical example of such studies (i.e., on client struggles) is the study of Knox and colleagues (2011) of clients' perspectives on the termination process, where one group of clients tended to drop out due to unresolved ruptures, describing harmful consequences from the therapy and painful endings. Some of these clients related their troublesome endings to their personal history of separation and loss, while those who experienced more reconciling or positive endings viewed these as opportunities to consolidate the change process. Thus, the study as a whole underlines the importance of understanding endings – perhaps the process towards resolving the definitive alliance rupture (Råbu et al., 2013) – from the clients' perspective.

Although attended to in the findings of the qualitative meta-analysis of Levitt and colleagues (2016), a meta-synthesis involving in-depth descriptions of client's experiences of in-session relational struggles, especially from the perspective of an *actively involved* client, seem to be missing in the literature. We would argue for the importance of synthesizing this line of knowledge, as the client's perspective of the therapeutic relationship involves important information for practitioners, and may thus also complement the many quantitative findings conducted on alliance ruptures. Furthermore, cumulating research findings is important in itself, and perhaps especially urgent for qualitative studies – so that these can receive a higher status rather than being seen as intriguing examples or isolated phenomena (McLeod, 2011; Sandelowski & Barroso, 2007).

1.8 Purpose of thesis

As described above, Evidence-Based Practice in Psychology involves tailoring the psychological treatment to the specific client at hand, which has practical as well as ethical implications. We would argue that placing the client experience in the foreground, and actively seeking knowledge from those who are at the centre of the psychotherapy endeavour, may in fact be an active way of delivering treatment that take into account the "context of patient characteristics, culture, and preferences" (APA, 2006, p. 273).

The present thesis reviews and attempts to synthesize qualitative studies focusing on clients' subjective experiences of the therapeutic relationship, including how they see themselves as a participant in the relationship and how they perceive their therapist and their experience of mutual struggles.

The focus of how clients view their own contribution to the relationship was in part inspired by Bohart and Wade's (2013) call for more qualitative research on the client as an active agent and their contribution to the resolution process (Greaves, 2007). The "client as an active agent" is thus the lens through which the findings of the primary studies were regarded, and not necessarily the focus of the studies themselves.

The focus on therapeutic struggles is significant, in part because it has been suggested that dropout is related to unresolved ruptures (Muran, 2019), which is important, considering that premature termination represents an obstacle to many therapy processes (Swift & Greenberg, 2012) and the mental health of clients. Thus, providing a window into *what* clients find difficult and *how* they experience or handle these experiences is vital.

Alliance ruptures and resolution processes have gained much attention in the research literature (e.g., Eubanks et al., 2018; Muran, 2019), and qualitative studies on the client's experience of hindering events have been investigated, though to a lesser degree (Timulak &

Keogh, 2017). Practical recommendations for repairing ruptures and actively monitoring and negotiating the alliance have been promoted by many researchers (e.g., Eubanks et al., 2018; Flückiger et al., 2018; Hill & Knox, 2009), and the importance of this line of work within the therapeutic relationship has also been underlined (Norcross & Lambert, 2018) – but how do clients *experience* what researchers and clinicians call "ruptures", and how do they experience "relational work" (Hill & Knox, 2009), and see themselves in the relationship together with the therapist?

Being informed by qualitative studies and meta-analyses on the client perspective can remind practitioners of the client agency, problem understanding and conceptions of what might be helpful (Levitt et al., 2016), which may furthermore facilitate the compliance to an evidence-based, and ethical practice, where the client's central position is underscored. Furthermore, the synthesis of primary qualitative research is essential for it being able to have impact on both training, research, and practice (McLeod, 2013).

We investigated these three questions when summarizing qualitative studies into a meta-synthesis: (1) *How do clients experience themselves as engaged participants in the relationship with their therapist over time, and what is important to them during this process?* (2) *How do clients experience the nature and quality of struggles in the therapeutic relationship?* (3) *How do clients participate in the resolution of struggles in their own perspective?*

2 Method

We have chosen meta-synthesis to systematically review qualitative studies and synthesize findings on how clients experience themselves in the therapeutic relationship as active participants and how they experience and make sense of struggles in the relationship. The method for meta-synthesis employed here is meta-ethnography. In the following the epistemological underpinnings of meta-synthesis and meta-ethnography and our application of this methodology will be described.

2.1 Epistemology and the interpretive paradigm

Qualitative research, or "human science" (Rennie, 1995), is generally based in the *interpretive* paradigm (Noblit & Hare, 1998; Sandelowski & Barroso, 2007). It encompasses many different epistemological positions and a heterogeneous group of methods (Madill & Gough, 2008; Marecek, 2003; Willig, 2003).

Four core components in qualitative research, described by Levitt and colleagues (2017b) characterize this meta-synthesis: (1) We analyze natural language and aim to preserve nuanced and complex meanings, (2) we conduct a repeated (iterative) analysis with gradual generation of meanings and understandings which are (3) contextually situated, including within the investigators, and thus, (4) we are self-reflexive and aim for transparency in how our position might have shaped the research and how these concerns have been addressed.

2.2 Meta-synthesis and meta-ethnography

A meta-synthesis has the potential to develop a more comprehensive understanding of phenomena (Levitt, 2018; Malterud, 2017; Timulak 2009). Following a systematic literature search, it is an interpretive form of review with the aim to abstract and synthesize findings (Malterud, 2017; Noblit & Hare, 1988). However, the value of synthesizing findings and what it can or should achieve is debated (Sandelowski & Barroso, 2007; Thorne et al., 2004; Timulak, 2009 – see also Discussion, 4.5.4, Critical reading of findings).

The method employed here is meta-ethnography (Noblit & Hare, 1988). Although originating in anthropology and sociology, meta-ethnography has been applied in other areas of research and is the most used method for meta-synthesis (Malterud, 2017). Thus, we have been informed by other meta-ethnographies conducted both within the field of psychotherapy research (e.g., Noyce & Simpson, 2018) and elsewhere (e.g., Jessen et al., 2021; Larun & Malterud, 2007; Stänicke et al., 2018). Other qualitative meta-analyses in psychotherapy research have also informed our approach (Lavik et al., 2018; Levitt et al., 2016; Timulak, 2007).

Noblit & Hare (1988) describe seven phases in meta-ethnography, which overlap and are repeated during the process: 1) Getting started, 2) Deciding what is relevant in light of the research questions, 3) Reading the studies, 4) Determinate how the studies are related, 5) Translate the studies into one another, 6) Synthesizing the translations, 7) Express the synthesis. The explication of Malterud (2017) of how to conduct a meta-ethnography within health research today has informed our understanding. See Table A1 in Appendix for a summary of how we have understood and applied the phases of Noblit and Hare.

2.3 Methodological integrity and reflexivity

Quality in qualitative studies is based on trustworthiness. Put briefly, *procedural trustworthiness* refers to reliability, and *trustworthiness of interpretations* refers to validity (Stiles, 1993). We have taken several steps to enhance trustworthiness, which will be described in the following. We have followed methodological directions made specifically for meta-syntheses in psychotherapy research (Levitt, 2018; Levitt et al., 2018; Timulak, 2009). In particular, recommendations from Levitt (2018) for establishing methodological integrity.

In qualitative research, methods are flexibly adapted to the research question (Levitt, 2016). All adjustments have been grounded in the literature mentioned above, or in discussions with our supervisors. The latter is a form of research triangulation; where others provide a check on the findings and procedures (Levitt et al., 2017b). We have kept a detailed log or *audit trail* documenting decisions and their rationale, from selection of studies through to final synthesis (Sandelowski & Barroso, 2007). Description of procedures and decisions are given to ensure transparency and reflexivity (Marecek, 2003). This is a part of epistemological reflexivity; reflecting on how the procedure has shaped the answers to the research question (Willig, 2013).

2.3.1 Investigators

Making explicit and reflecting on our specific positions is a key feature of private reflexivity – that is, how our specific positions have shaped the findings (Willig 2013, see also Marecek, 2003). We are both female clinical psychology students finalizing our studies at the University of Oslo. We have an interest in qualitative research methods, psychotherapy process research and the clients' perspective. Having been clients ourselves, we have experienced the importance of a good therapeutic relationship when being vulnerable.

As aspiring clinicians, we felt the need for more knowledge about how the therapeutic relationship is experienced by clients, and what "ruptures" are from their perspective. Learning about the field of psychotherapy research, we were fascinated by how

difficult it is to know what actually works in therapy. The importance of investigating clients' experiences thus resonated with us both personally and professionally.

While conducting this research, we were also therapists-in-training in psychodynamic psychotherapy. Thus, we were potentially more prone to foreground experiences related to relational history in the analysis. By memoing and self-reflection we strived to become aware of our perspectives and critically reflect on and challenge them, while also being aware that it is not possible to be "objective" (Haraway, 1988; Noblit & Hare, 1988).

Our supervisors audited the process (see Timulak, 2009). Our main supervisor (LIS) is an experienced researcher in qualitative studies, including meta-synthetic work. Our co-supervisor (HANL) has extensive experience in mixed method research on various aspects of psychotherapy process and outcome. LIS were consulted at key steps of the process, checked procedures, including discussions during the analysis and synthesis. HANL provided input on the development of the search strategy and in the analysis and synthesis phase.

2.4 Phase 1: Getting started

In this phase we developed a search strategy and conducted the literature search. After formulating our initial research questions, the search strategy and search string was developed in collaboration with a university librarian, LIS and HANL, striving to find a balance between sensitivity and specificity (Malterud, 2017). Sensitivity refers to finding as many relevant studies as possible, whereas specificity refers to finding mostly relevant studies, but possibly missing other relevant studies if the search is too narrow.

We decided on a broad search strategy, as recommended by Sandelowski and Barroso (2007) and included search terms for client* OR patient* AND counsel* OR psychotherap AND qualitative method. This literature search produced around 15000 results. This search was judged to be too inclusive, and after discussions we added AND therapeutic relationship in our final search. See Appendix, Table A2 for the complete search string.

Although we were particularly interested in studies investigating struggles in the relationship, we did not include this component in the search string, as this could potentially exclude studies addressing related phenomena but using a slightly different terminology.

The literature search was conducted 24.02.2021 by the university librarian across PsycINFO and MEDLINE. The search returned 3010 results. After removal of duplicates, there were 2655 results. After removal of articles published before 1980 there were 2613 unique articles. See flow diagram, Figure 1, which depicts the selection process.

2.5 Phase 2: Deciding what is relevant to the initial interest

Selection of studies consisted of developing inclusion and exclusion criteria,

systematic screening, and selection of our final sample of studies. In line with the principles of meta-ethnography and qualitative research in general, our research question and inclusion/exclusion criteria were revised during the process (Malterud 2017; Noblit & Hare, 1988). Figure A1, Flow diagram, in Appendix depicts the selection process.

2.5.1 Systematic screening on broad criteria

We (FBH and IK) screened the articles on title, and abstract, if necessary, against the broad inclusion criteria; qualitative methodology, therapeutic relationship as topic and client perspective. These criteria were discussed with LIS before screening. Books/book chapters, dissertations were excluded, as including only peer-reviewed studies can be seen as a form of quality control (Levitt, 2018). Single-case studies were excluded because a narrative form can make it challenging to extract findings and themes (Levitt et al., 2016). Articles were screened in March and April 2021 using the systematic review tool Rayyan (https://www.rayyan.ai/), where screeners are blind to each other's decisions. As a rule, when in doubt we opted to include studies.

After screening, conflicts were discussed (177 studies). After discussions, we narrowed to 105 studies. During this process, differences in preconceptions were made clear. One of the authors was generally more stringent whereas the other was more inclusive (i.e., included studies that *might* have findings related to the therapeutic relationship). The discussions clarified the focus of the study and inclusion and exclusion criteria. We strived to understand each other's point of view and then reach consensus (Hill et al., 2005). In addition, we searched reference lists in relevant literature (Bohart & Wade, 2013; Levitt et al., 2016) and reference lists in the included articles. This search localized two additional articles (Frankel & Levitt, 2009; Williams & Levitt, 2008).

2.5.2 Selection of studies based on narrow criteria

The screening based on the narrow criteria was conducted in the same way as the broad screening, and the narrow inclusion and exclusion criteria were developed in cooperation with LIS. See Table 2.2 for final inclusion and exclusion criteria. Articles were screened on abstract and if necessary, the content of the full-text article was assessed.

18 articles were included for full-text review after our first screening on narrow criteria. LIS audited decisions by reviewing the articles before they were included and participating in discussions during the selection process.

Several judgment calls were made in the selection process that determined our focus (Noblit & Hare, 1988, p. 35). As our focus was on adult clients, we excluded studies with adolescent participants. Studies investigating clients' general experiences of psychotherapy

(e.g., Hoskins et al., 2019) often mentioned the therapeutic relationship in the findings, but most of these were excluded because the clients' experiences of themselves in the relationship did not seem to be examined in much detail.

Additionally, studies that investigated how *one predetermined characteristic* of the participants influenced the relationship with the therapist were excluded. Such characteristics included obesity (Akoury et al., 2019), gender (Applegarth & Nuttall, 2016; Gehart & Lyle, 2001; Kastrani et al., 2015), class (Balmforth, 2009; Watson, 2019), ethnicity (Chang & Berk, 2009), refugee background (Valibhoy et al., 2017), sexual orientation (Kelley, 2015; Shelton & Delgado-Romero, 2011) and religion (Cragun & Friedlander, 2012).

In general, the focus of these studies seemed restricted to how this characteristic influenced the therapeutic relationship, as opposed to providing in-depth descriptions of the clients' experiences of themselves in the relationship. Consequently, they were excluded. However, readers should be mindful of how this affected the final sample of studies and consequent findings (see Discussion, section 4.5 Methodological issues).

2.5.3 Revising and refining our focus and narrow criteria

During the screening process we became more familiar with the returns from our search. The initial research question was *How do clients experience and contribute to the alliance/the therapeutic relationship, ruptures and resolutions?* Consequently, studies were initially excluded if i) struggles, strains or ruptures in the therapeutic process were not part of the study topic and ii) resolution or "working through" struggles were not addressed.

However, few studies focused on clients' experiences of their contribution to resolution. As research questions in qualitative meta-syntheses are informed by available data, they may be adapted as it becomes more evident what kinds of questions can potentially be answered (Levitt 2018; Malterud, 2017; Noblit & Hare, 1988). Levitt (2018) labels this process "considering fit" (p. 371).

Our sense after full-text reading of the 18 studies was that they could deepen our understanding of the phenomenon "struggles in the relationship" from the client's perspective. That is, how clients *experience and cope with* struggles in the relationship. What is at stake for the vulnerable part in the relationship, what kinds of difficulties do they experience, and what *is* a "rupture", from the client's perspective?

However, an important feature of our initial interest seemed to be missing within the studies: The broader qualities of the therapeutic relationship, not only restricted to struggles, and the ways clients potentially see themselves as active participants working together with their therapist. Consequently, after discussion with LIS, and consulting HANL, a more

clearly formulated research question was developed: *How do clients experience themselves as engaged participants in the relationship with their therapist over time, and what is important to them during this process?* Then, some of the earlier excluded studies were re-examined. 63 studies that had been excluded because they were judged as not addressing struggles, were re-assessed by both authors, following the same procedure as described above.

Table 2.1

Final inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
1) Focus of interest: Clients' experience of themselves in the therapeutic relationship and possibly active contribution to the therapeutic alliance, perception of ruptures and their role in the resolution process. Difficulties in the therapeutic relationship are either resolved or tolerated/coped with	1) The therapeutic relationship is not explicitly the focus of investigation. Struggles, strains or ruptures are only described in the context of leading to drop-out or deterioration after therapy.
2) Client perspective and experience	2) Only therapist/observer perspective
3) Participants from the age of 18 and older, all genders.	3) Adolescents younger than 18
4) Individual therapy (therapy dyads)	4) Treatment involving more than one therapeutic relationship, e.g., family therapy, group therapy, community therapy
5) Psychotherapy processes	5) E.g., Career counselling, methadone treatment, Internet-based therapy, tele-therapy
6) Participants has voluntarily sought psychotherapy	6) Involuntary therapy, e.g., court mandated treatment
7) Qualitative primary studies (or mixed methods methodology), with direct citations from participants, preferably data collection via interview format.	7) Only quantitative methodology, studies without a rich interview material (e.g., no direct citations, no direct description of client experiences).
8) Published and peer-reviewed primary studies	8) Books or book chapters, dissertations
9) Studies with more than one participant	9) Single-case studies
10) Articles published in English	10) Article not written in English

The subsequent assessment was guided by our final inclusion and exclusion criteria (see Table 2.1), that more clearly formulated our interest in the clients' experiences of themselves in the therapeutic relationship, in addition to their experience of struggles. We believed that this could provide a richer and more nuanced picture of clients' experiences of

coping and (potential) agency in the therapeutic relationship, including during struggles. If the data contains variations, this may lead to a broader understanding of the phenomena, and thus strengthen the synthesis (i.e., fidelity to the subject matter, see Levitt, 2018).

Following discussions, 11 additional articles were considered for inclusion and subjected to full-text screening by one of the authors (FBH). Deliberation between both authors resulted in 10 articles for further consideration. The now 28 articles were reviewed in their entirety. Five articles were excluded after discussion with LIS, as they did not meet inclusion criteria. Our complete set of studies consisted of 23 articles. These were assessed for quality.

2.5.4 Quality assessment

Appraisal of the quality of the primary studies for inclusion in a meta-synthesis is recommended, and regarded as an imported step in the process of selecting studies (e.g., Levitt, 2018; Malterud, 2017; Timulak, 2009). There are different views on how this should be conducted (Sandelowski & Barroso, 2007; Levitt, 2018). In particular, excluding studies on the basis of checklists has been critiqued (Sandelowski & Barroso, 2007).

Keeping this critique in mind, we nevertheless used a checklist from the Critical Appraisal Skills Programme (CASP, 2018) to systematize the assessment of the studies. In advance, we decided that no studies would be excluded solely based on this quality assessment. As previously mentioned, only published articles were included, which can be regarded as a form of quality check (Levitt, 2018). The information gathered was instead viewed as potentially allowing us to draw some methodological conclusions regarding the sample (see e.g., Levitt et al., 2017b; Paterson et al., 2011). See also Discussion, section 4.5.4 (Critical reading of findings).

During the first reading of the studies, an overall impression of credibility was formed. All included studies (23) were then subject to a thorough assessment with the use of CASP. Here, one of the authors noted relevant information in CASP forms. See Table A3 in Appendix for an overview of this work.

2.5.5 Characteristics of studies

In order to interpret the findings in light of their context, information on the studies such as characteristics of the participants, treatment and methodology is presented here. An overview of the final 23 studies that were included in the meta-synthesis can be found in Table 2.3. Table A4 in the Appendix presents all study characteristics.

Study setting. The studies originated from eight different countries. Eight were from the US and five from the UK. Other countries included Canada (three), Norway (two), India

(one), Portugal (one), Sweden (one) and Slovakia (one). Nine studies were conducted in a university setting (e.g., university counselling centre), six studies in outpatient clinics, three had a combination. Five studies did not report study setting.

Table 2.2

Studies included in meta-synthesis

Author	Title
Bachelor (1995)	Clients' perception of the therapeutic alliance: A qualitative analysis
Banerjee & Basu (2016)	Therapeutic relationship as a change agent in psychotherapy: An interpretative phenomenological analysis
Bartholomew et al. (2017)	The relationship between alliance ruptures and hope for change through counseling: A mixed methods study
Brooks et al. (2020)	Expectations and experiences of psychological therapy from the client perspective: A qualitative study
Chui et al. (2020)	Therapist-client agreement on helpful and wished-for experiences in psychotherapy: Associations with outcome
Coutinho et al. (2011)	Therapists' and clients' experiences of alliance ruptures: A qualitative study
Fitzpatrick et al. (2006)	Client critical incidents in the process of early alliance development: A positive emotion-exploration spiral
Frankel & Levitt (2009)	Clients' experiences of disengaged moments in psychotherapy: A grounded theory analysis
Grafanaki & McLeod (2002)	Experiential congruence: Qualitative analysis of client and counsellor narrative accounts of significant events in time-limited person-centred therapy
Haskayne et al. (2014)	What are the experiences of therapeutic rupture and repair for clients and therapists within long-term psychodynamic therapy?
Huang et al. (2016)	Corrective relational experiences in psychodynamic-interpersonal psychotherapy: Antecedents, types, and consequences
Knox (2008)	Clients' experiences of relational depth in person-centred counselling
Knox & Cooper (2010)	Relationship qualities that are associated with moments of relational depth: The client's perspective

Author	Title
Levitt & Piazza-Bonin (2011)	Therapists' and clients' significant experiences underlying psychotherapy discourse
MacFarlane et al. (2015)	The early formation of the working alliance from the client's perspective: A qualitative study
Moerman & McLeod (2006)	Person-centered counseling for alcohol-related problems: The client's experience of self in the therapeutic relationship
Nødtvedt et al. (2019)	"You feel they have a heart and are not afraid to show it": Exploring how clients experience the therapeutic relationship in emotion-focused therapy
Palmstierna & Werbart (2013)	Successful psychotherapies with young adults: An explorative study of the participants' view
Rennie (1994)	Clients' accounts of resistance in counselling: A qualitative analysis
Rhodes et al. (1994)	Client retrospective recall of resolved and unresolved misunderstanding events
Råbu & Moltu (2020)	People engaging each other: A dual-perspective study of interpersonal processes in useful therapy
Timulak & Lietaer (2001)	Moments of empowerment: A qualitative analysis of positively experienced episodes in brief person-centred counselling
Williams & Levitt (2008)	Clients' experiences of difference with therapists: Sustaining faith in psychotherapy

Note. See Table A4 in Appendix for all study characteristics.

Participants. The total number of clients was 330, varying from four to 54 in each study, and 228 identified as female and 96 identified as male. Information regarding gender was missing for six clients. The reported age range was between 16 and 65-years old, as one study included some participants below 18 years. This study (Banerjee & Basu, 2016) had sixteen participants in the age range 16-65 but did not report the number of clients below 18. We concluded that in relation to our total number of studies and participants, a few clients under the age of 18 would not affect the interpretations of the data in any major way. Two studies used the same sample of participants (Knox, 2008; Knox & Cooper, 2010).

Eight studies included only clients who identified as white European/American, nine included more diverse samples, e.g., including clients who identified as African American, Asian, and Hispanic. Six studies did not report this information. Clients presented with a variety of problems, the most reported being anxiety, depression, and interpersonal problems. Other presenting problems included e.g., career/academic issues, self-esteem issues, eating

disorders, existential issues, personality disorders and substance abuse. Five studies did not report reason for consultation. Categorised broadly, seven studies reported milder complaints, ten studies reported moderate to severe complaints, and six studies did not report this.

Therapists and therapy orientation. In ten studies the therapists were practicing therapists, in four studies all therapists were therapists-in-training, and in eight studies there was a mix between the two. Therapists-in-training ranged from master-level students to doctoral students with several years of experience.

Eleven of the studies featured a single therapy orientation, this included person-centred (five), psychodynamic (four), cognitive-behavioral (one) and emotion focused (one) therapy. Nine studies featured two or more therapy approaches, including various kinds of CBT, psychodynamic, humanistic-existential, experiential, EMDR, person-centred. Three studies either gave no information or mentioned more general therapeutic approaches such as individually tailored treatment as usual.

Methodology. A variety of qualitative methodological traditions were represented in the studies, e.g., phenomenological analysis, consensual qualitative research, grounded theory, content analysis and hermeneutic-phenomenological thematic analysis. The studies varied in terms of focus. Some focused on the therapeutic relationship or working alliance, others specifically studied ruptures or misunderstandings. More distinct in-session relational phenomena were also investigated, such as disengaged moments.

2.6 Analysis and synthesis

Analysis and synthesis was done in five (overlapping) phases (Noblit & Hare, 1988); reading the studies, determining how the studies are related, translating the studies into one another, synthesizing translations, and expressing the synthesis. The research questions were: (1) *How do clients experience themselves as engaged participants in the relationship with their therapist over time, and what is important to them during this process?* (2) *How do clients experience the nature and quality of struggles in the therapeutic relationship?* (3) *How do clients participate in the resolution of struggles in their own perspective?*

2.6.1 Phase 3: Reading the studies

In this phase we identified metaphors from the primary studies and extracted data for further synthesis. A *metaphor* can be understood as the themes of the primary studies (Noblit & Hare, 1988). We have treated the concept of identifying metaphors of Noblit and Hare as identifying the researchers' interpretations of their findings (themes) and developing *meaning units* (Levitt, 2018), in order to translate metaphors into one another.

Meaning units are "the smallest units of the data that can stand on their own while

conveying a clear meaning" (Timulak, 2009, p. 595) and allows for categorisation and abstraction while keeping context. See Table 2.4 for an example of a meaning unit. We read the studies several times, identifying themes, descriptions of themes and quotes. The articles were split between us, and we extracted meaning units from 11 and 12 articles respectively. We put special emphasis on studies and themes with rich quotes as this allows for re-interpretation, contextualisation and grounding of the data (Stiles, 1993; Timulak, 2009).

Following Levitt (2018) and Timulak (2009), meaning units consisted of labels, a description of the researchers' findings, and quotes (or descriptions of participants' responses if quotes were not presented) from the primary studies. Nearly all meaning units were labeled with the primary researchers' categories/theme names, in order to maintain context and groundedness of the units (Levitt, 2018).

All meaning units were reviewed by both authors, in the context of the article they originated from. Disagreements on wording and whether the unit was relevant to our research questions was resolved by consensus. We strived to find the balance between capturing the essence and maintaining context and nuances. The total number of meaning units was 276, ranging from 4 to 24 from each study.

We developed a table of the concepts studied in each of the articles, their definition and how explorative vs. theory-driven the concepts and methods were, in order to keep track of which phenomena the authors had explored (see Table A5 in Appendix). This helped us later in the analysis when we looked for differences and similarities between studies.

Table 2.3

Meaning unit

Author, year	Participants quote	Metaphor: Authors' **theme** and interpretation
Williams & Levitt, 2008, p. 260	"Yeah, I mean constantly I'm considering everything I say and how [the therapist] is reacting to it ... I'm not like paranoid you know, not like crazy, but kind of like in that realm of, like, she's going to think something bad ... about me."	**Clients display vigilance to differences or disapproval from their therapist** - Watching for signs was described as a constant process always underlying the overt therapy processes.

Note. The participant's quote can be seen as a first-order construct, the authors' metaphor (theme and interpretation) as second-order constructs. This meaning unit belongs to sub-theme 1.1.(2), theme 1.1. and meta-theme 1. which can be seen as third-order constructs (see section 2.6.3).

2.6.2 Phase 4: Determining how the studies are related

The most fitting construction of this meta-synthesis may be *lines-of-argument*

synthesis (Noblit & Hare, 1988). The studies concerned slightly different phenomena and at different points in time. Looking for similarities (*reciprocal translation)* and differences (*refutational synthesis)* we aimed to say something about the whole by studying a set of parts.

To determine how the studies were related, meaning units were organised in Excel in a preliminary conceptual framework (Timulak, 2009). This framework had two index studies as a starting point (Brooks et al., 2020; Nødvedt et al., 2019). They were chosen because they provided rich data and themes in line with our focus and were organised temporally (therapy from beginning to end). A temporal sequence as a loose conceptual framework seemed to fit the data and has been suggested elsewhere as useful (Timulak, 2009).

Meaning units from each of the index studies were placed in the first column in two different Excel sheets. Meaning units from subsequent studies were placed successively in rows corresponding with themes and temporal segments in the index studies. If meaning units differed thematically from meaning units in the index study, new rows were added. This provided an initial "map" of the meaning units.

2.6.3 Phase 5: Translating the studies into one another

To get an overview of all the meaning units at the same time, we then worked with analog meaning units in print. These were organised on a large surface (4,5 x 1 metres), according to the "initial map" in Excel (see picture in Figure A2 in Appendix). Meaning units were then moved around based on similarities and differences in meaning, in order to develop translations between studies. That is, finding and expressing a common understanding across studies that captures both the commonalities and differences.

Translation of studies into one another and subsequent synthesis is "interpretations of interpretations of interpretations" (Noblit & Hare, 1988, p. 35). Interpretation on the first level is the study participants' interpretations of their experiences, on the second level it is the primary researchers' interpretations of the participants' accounts, and on the third level the synthesizers' interpretations of the primary researchers' accounts. One useful way of thinking about different levels of abstraction of *constructs* is that *first-order constructs* are defined as raw data from the primary studies, *second-order constructs* are the results (i.e., themes from the primary studies) and *third-order constructs* are sub-themes, themes and meta-themes developed during synthesis, i.e., our results (Malterud, 2017). See *Note* in Table 2.4.

The results from the primary studies were on somewhat different levels of analysis. In order to translate the studies into one another, we developed *analytic units,* similar to the approach of Jessen and colleagues (2021). Analytic units can be thought of as labels on a higher level of abstraction, and a condensation of meaning across meaning units. We

followed Levitt (2018) in that label names should emphasize process. They were used to approximate the level of interpretation across studies.

2.6.3 Phase 6: Synthesizing translations

We aimed to develop a more comprehensive understanding (Malterud, 2017) and create themes and meta-themes (see Stänicke et al., 2018). Using analytic meaning units and translations, we developed sub-themes (rows of analytic units with similar meanings), themes (several rows with related meanings) and meta-themes (clusters of rows which were related). Sub-themes, themes and meta-themes can be thought of as third-order constructs.

6 preliminary meta-themes and 21 sub-themes were abstracted and synthesized further. They were refined in many discussions between the authors, looking for different interpretations of the data. LIS and HANL participated in discussions at several points as auditors. Like a consensual qualitative research (CQR) approach (Hill et al., 2005) we aimed to keep discussions open, understand different points of view and reach a consensus-based understanding of the data – but avoiding consensus due to conformity (Levitt et al., 2017b).

We developed three meta-themes, seven themes and 20 sub-themes. See Table 3.1 in Results for an overview, which also includes the number of meaning units and studies feeding into each theme. This is to ensure transparency, and an aspect of credibility checks called "representativeness to the sample" (Timulak, 2009, p. 598), which is meant to give the reader an impression of the weight of different studies in the synthesis (Timulak, 2009).

2.6.4 Phase 7: Expressing the synthesis

The seventh and last phase in a meta-ethnography is expressing the synthesis, as we have done in this thesis. As previously described, the phases overlap and do not follow a linear stepwise progression. The process of analysis and synthesis developed further while we were expressing it in language and revising the manuscript.

2.7 Ethical considerations

One ethical consideration in a meta-synthesis is its distance to participants (Malterud, 2017). We made efforts to ground the result of the synthesis in the actual experience of participants. We assumed that primary researchers and their editors had made a thorough assessment of ethical considerations, though not all the studies explicitly reported approval from ethics boards. As this study did not involve direct contact with research participants, consent from participants and approval from research ethics committees was not needed.

3 Results

In the following, we present the findings of this meta-synthesis of clients' perspective and experiences of the therapeutic relationship in individual adult psychotherapy, including their perceived contribution to the relationship, perception of the therapist and their mutual struggles. We present three meta-themes: 1) *If clients sense support, they overcome initial fears and commit to the therapeutic process*, 2) *The inner drama and vulnerability of being involved in an asymmetrical relationship*, and 3) *Doing the hard work together.* Each meta-theme consists of two or three themes, e.g.: 2.1 "Struggling with an unwished-for position". Within each theme, there are two or three sub-themes, e.g., 2.1.(2) "Asserting one's view is difficult, and clients may defer, comply and be silent". See Table 3.1 for an overview of meta-themes, themes, and sub-themes.

The results are presented with illustrating quotes as a way to embody and ground the findings, enhance transparency and allow readers to reinterpret the data (Levitt et al., 2018; Stiles, 1993; Timulak, 2009). The number of studies feeding into each sub-theme is expressed in the text. Number of meaning units and number of studies are presented to ensure transparency, and should not be interpreted as a quantification or as suggesting the relevance or impact of a certain finding (Giorgi, 1994; Jessen et al., 2019). The aim is rather to suggest the presence of phenomena, not infer their frequency, as the phenomena are relevant in that they exist (Giorgi, 1994). For this reason, we consistently use the term "some" studies, and language which aim to convey that these processes *may* apply for *some* clients.

The findings are presented along a construed timeline (akin to a narrative, as suggested by Major & Savin-Baden, 2011), where the first meta-theme concerns experiences that seem to be particularly salient in the beginning of therapy, the next meta-theme following with difficulties in the therapeutic relationship and lastly deepening of therapeutic work and experiences of change. This is one of many ways to present the findings and should be considered *a* process description. The meta-themes, themes and sub-themes attempt to capture some relevant phenomena that seems to be most salient at different phases in a psychotherapy. We propose that the essence of the findings is captured in the title of this thesis: *Meetings and mismeetings,* which will be elaborated in the Discussion.

Table 3.1

Meta-themes, themes, sub-themes, meaning units and references.

Meta-themes	Themes	Sub-themes	Meaning units	References
First meta-theme: If clients sense support, they overcome initial fears and commit to the therapeutic process	Theme 1.1. Initial apprehension and undisclosed needs	(1) Clients may be nervous and look for signs of a genuine listener, who's support can help them to open up (2) Clients may desire approval, but fear and expect judgment and criticism (3) Clients may have undisclosed confusion and needs, and establishment of trust takes time	48	Banerjee & Basu (2016); Brooks et al. (2020); Chui et al. (2020); Frankel & Levitt (2009); Haskayne et al. (2014); Huang et al. (2016); Knox & Cooper (2010); Levitt & Piazza-Bonin (2011); MacFarlane et al. (2015); Nødtvedt et al. (2019); Palmstierna & Werbart (2013); Råbu & Moltu (2020); Williams & Levitt (2008)
	Theme 1.2. Transcending roles and committing to the process	(1) Through support balanced with challenge, clients gradually realize that they are active participants in the work of therapy (2) Clients wish to be seen as something more than "a patient" and engage more fully when they experience that they are met by "a real human being" (3) When clients choose to engage, they are open to, and lean on, their therapist's input	48	Bachelor (1995); Banerjee & Basu (2016); Brooks et al. (2020); Chui et al., (2020); Fitzpatrick et al. (2006); Grafanaki & McLeod (2002); Huang et al. (2016); Knox (2008); Knox & Cooper (2010); Levitt & Piazza-Bonin (2011); Moerman & McLeod (2006); Pamlstierna (2013); Råbu & Moltu (2020); Timulak & Lietaer (2001);

Meta-themes	Themes	Sub-themes	Meaning units	References
Second meta-theme: The inner drama and vulnerability of being involved in an asymmetrical relationship	Theme 2.1. Struggling with an unwished-for position	(1) Feeling inferior can be threatening when clients feel vulnerable (2) Asserting one's view is difficult, and clients may defer, comply and be silent (3) Efforts to regain control can take different forms	26	Banerjee & Basu (2016); Brooks et al. (2020); Frankel & Levitt (2009); Grafanaki & McLeod (2002); Haskayne et al. (2014); Knox & Cooper (2010); Levitt & Piazza-Bonin (2011); Nødtvedt et al. (2019); Palmstierna & Werbart (2013); Rennie (1994); Timulak & Lietaer (2001); Williams & Levitt (2008)
	Theme 2.2. Experiences of rejection may lead to distress and impede the therapeutic process	(1) Clients can feel rejected when their therapist is out of tune with their needs in a vulnerable and important moment (2) Experiences of rejection can lead to painful feelings (3) Doubt in therapist's ability or willingness to help can lead to loss of hope	52	Bartholomew et al. (2017); Coutinho et al. (2011); Fitzpatrick et al. (2006); Frankel & Levitt (2009); Huang et al. (2016); Knox & Cooper (2010); Levitt & Piazza-Bonin (2011); Nødtvedt et al. (2019); Rhodes et al. (1994); Williams & Levitt (2008)
	Theme 2.3 Making sense of and handling relational dynamics	(1) Clients may see that their way of relating to their therapist reflects their relational history and experiences (2) Clients may handle struggles by asserting their views or by covert reformulation of misunderstandings and differences	23	Banerjee & Basu (2016); Coutinho et al. (2011); Frankel & Levitt (2009); Grafanaki & McLeod, 2002); Huang et al. (2016); Rennie (1994); Rhodes et al. (1994); Williams & Levitt (2008)

Meta-themes	Themes	Sub-themes	Meaning units	References
Third meta-theme: Doing the hard work together	Theme 3.1. Working through relational tension and the hard work of exposing oneself	(1) Misalignments seem inevitable but may be resolved together with a humble therapist (2) Clients open up to painful experiences when they trust their therapist's ability to support and understand, which can lead to new ways of self-relating (3) Clients may not disclose how demanding it is to reveal and explore difficult material	53	Bachelor (1995); Banerjee & Basu (2016); Brooks et al. (2020); Frankel & Levitt (2009); Grafanaki & McLeod (2002); Haskayne et al. (2014); Huang et al. (2016); Knox & Cooper (2010); Moerman & McLeod (2006); Nødtvedt et al. (2019); Rhodes et al., (1994); Råbu & Moltu (2020); Williams & Levitt (2008)
	Theme 3.2. Discovering new ways of being	(1) Individually tailored use of expertise is helpful and can enhance therapeutic work and relationship (2) When clients felt connected to and safe with their therapist, they could experience their own vulnerability as less threatening (3) Being met in a new way can lead to change	26	Brooks et al. (2020); Fitzpatrick et al. (2006); Frankel & Levitt (2009); Grafanaki & McLeod (2002); Huang et al. (2016); Knox, 2008; Levitt & Piazza-Bonin, 2011; MacFarlane et al., 2015; Nødtvedt et al., 2019; Palmstierna & Werbart, 2013; Råbu & Moltu, 2020; Timulak & Lietaer, 2001; Williams & Levitt, (2008)

Note. Presented here are the titles of the studies and number of meaning units contributing to each theme. Some meaning units contributed to more than one sub-theme, thus the number of meaning units is given per theme

3.1 First meta-theme: If clients sense support, they overcome initial fears and commit to the therapeutic process

This meta-theme encompasses the first phase of forming a therapeutic relationship. For clients, this process could take time, involve doubt and ambivalence regarding both the therapist and therapy itself, while trying to figure out whether this was right or not. It seemed that clients needed help to realize that they were active participants in the process, but readily engaged when given the chance in a safe environment.

Theme 1.1. Initial apprehension and undisclosed needs

This theme encompasses challenges in the beginning of therapy. Some studies (13) described how clients (1) seemed to be nervous and looked for signs of a genuine listener, (2) wished for approval but feared judgment and (3) had undisclosed confusion and needs.

(1) Clients may be nervous and look for signs of a genuine listener whose support can help them to open up. The experiences highlighted in this sub-theme concerned clients' need for unburdening, while at the same time assessing their therapist to determine whether s/he could be trusted (5 studies). One client expressed the need to reveal vulnerabilities and struggles in this way: "Each and every person needs somebody to let out. [...] I can be frank with her... There are few things I have never talked about to anybody [...] When I came out I felt aah! – what a relief! (Banerjee & Basu, 2016, p. 180).

Clients also assessed their therapist's verbal and non-verbal responses, looking for signs of safety or disapproval. One client found help in the therapist's "[...] eye contact, her calm way of being" (Råbu & Moltu, 2020, p. 70). If they judged their therapist to be interested, supportive, caring and authentic, they could open up.

(2) Clients may desire approval, but fear and expect judgment and criticism. This sub-theme concerns how clients could be sensitive to their therapist's perception of them and wanted their therapist to have a positive impression (4 studies). They could fear and expect judgment, disapproval, and criticism: "What if I reveal something and my therapist shows any sign of shock or um reacts in any way um that could be in any way construed as negative?" (Frankel & Levitt, 2009, p. 181).

Clients may try to avoid being judged by disengaging and not disclosing, or by trying to please the therapist. They might test whether the therapist respects their autonomy and is trustworthy: "It [the disengagement] was 'I have to keep up the mask.' And it was my way of testing to see 'Am I unconditionally accepted?' [...]" (Frankel & Levitt, 2009, p. 178). It seemed that this hypervigilance and sensitivity could be prominent both in the beginning phase of therapy, and later in the process.

(3) Clients may have undisclosed confusion and needs, and establishment of trust takes time. They could have needs and expectations in the first sessions that were not fulfilled or discussed, as expressed in this sub-theme (10 studies). They could be sceptical, confused or concerned about roles and tasks, not knowing what to expect or what is expected:

> [...] I had perhaps hoped that I got someone who could challenge me more. After the first session I thought 'Oh my God, this is not helpful at all.' I had not intended to have someone sitting next to me and patting me on the back. That is not what I need. (Nødtvedt et al., 2019, p. 4)

Some clients hoped for more directiveness, structure or challenge throughout the therapeutic process. Others described this as present only in the beginning, before they came to understand "what therapy was": "It took me a little while to just settle in and just realize how this was gonna go . . . It felt like we went through several sessions where I just wasn't sure what this was . . . [...]" (Huang et al., 2016; p. 188). Others would say, in hindsight, that it was important to spend a long-time building trust and safety, as this laid the ground for further work.

Theme 1.2. Transcending roles and committing to the process

This theme illustrates clients' experience of engaging in the therapeutic process. The three sub-themes within this theme, describe the process where clients (1) gradually realize their active role in the change process, maybe through (2) being met as a person rather than a patient, and (3) how they make use of their therapist. This was salient in some studies (14).

(1) Through support balanced with challenge, clients gradually realize that they are active participants in the work of therapy. Some clients came to therapy with expectations of *receiving* help and could express surprise when being told that they would have an active role (7 studies). One client said: "[...] She told me that it wouldn't be her who would find my problems, but us together [...]" (Bachelor, 1995, p. 336). Clients' perception of the therapist as leading them into uncharted territory, while at the same time not having all the answers, seemed to instil personal responsibility in the process. One client said: "It's 50% me and 50% her ... She could help me, and I don't mean take problems off me and deal with them for me. She can direct me in how I can help myself" (Brooks et al., 2020). The understanding of "being in the front seat" in the therapy process seemed to help clients engage in the therapeutic work.

(2) Clients' wish to be seen as something more than "a patient" and engage more fully when they experience that they are met by "a real human being". As expressed in some studies (11), clients could appreciate an authentic relationship, where the therapist was

not just a professional, but a "real person" who cared and was there to help them: "[...] every time I go in for a session he [the therapist] gets to be more and more of a person. I don't know what it is ... I just feel more comfortable in the sessions now [...]" (Levitt & Piazza-Bonin, 2011, p. 80).

The safe relationship with the therapist could also help clients let out parts of themselves that earlier had been secluded. The safety enabled them to be themselves, without having to explain themselves "defensively so as not to be misunderstood", as put by Råbu and Moltu (2020, p. 70). Being perceived as "more than a patient" could mean that the therapist knew them, beyond their symptoms: "So I wasn't just a client, even though I was. I was a person and that she cares. I felt that a lot [...]" (Chui et al., 2020, p. 355). "Realness" was also related to the therapist adjusting to their needs, as opposed to some predetermined method, and furthermore, they appreciated their therapist's fallibility. The experience of an authentic relationship seemed to further engagement in the therapeutic process.

(3) When clients choose to engage, they are open to, and lean on, their therapist's input. Clients described how they actively decided to open to and engage with their therapist's reflections (7 studies). When feelings of safety were established, clients seemed to tolerate and appreciate the therapist's challenging interventions.

For some clients, the process of involvement could take time, with initial scepticism towards the therapist: "I think I had a little idea, I'm actually a lot cleverer than you, I'm too complicated, you could never understand me" (Brooks, 2020, p. 375). Some clients described feeling more involved as a result of the therapist's challenges, and that the impact of his/her words enhanced their trust: "She asked me a question that made me think in a different way [...] I was telling her even more about myself and that was 'Okay, I really do trust you' (...) I'm talking about other areas that I hadn't even talked about so they just come to my mind and I'm automatically telling her" (Fitzpatrick, 2006, p. 493). Thus, for many clients, the process of engaging with their therapist and their mutual process, seemed to involve an active decision on the client's part.

The meta-theme "If clients sense support, they overcome initial fears and commit to the therapeutic process" brings out some clients' experiences of approaching therapy in a somewhat tentative way, which can include apprehension, role confusion and hypervigilance towards the therapist, often without disclosing this. It also expresses how clients become gradually engaged and how they see their own contribution to the relationship.

3.2 Second meta-theme: The inner drama and vulnerability of being involved in an asymmetrical relationship

This meta-theme consists of clients' experiences of struggles in the relationship and their understanding of these. Unhelpful power dynamics could create tensions, and feelings of rejection or disconnection could lead to painful feelings and threaten the whole idea of going to therapy. Clients also actively judged how they should deal with tensions or difficulties, sometimes taking covert action to protect the relationship.

Theme 2.1 Struggling with an unwished-for position

This theme concerns experiences of difficulties regarding an asymmetrical relationship, which was described in some studies (11). The theme expresses how (1) clients may feel threatened by perceived inferiority, which could (2) lead them to defer and comply with their therapist, and (3) how some made efforts to regain control.

(1) Feeling inferior can be threatening when clients feel vulnerable. In different ways, clients described that they felt inferior in relation to their therapist (6 studies). They could feel that their therapist "was like a teacher. Like a bit patronizing" (Haskayne et al., 2014, p. 78) or was misusing the helping role: "She laughed at me a couple of times, on what I thought were very serious issues. [...] instead of seeing that as something potentially huge, she used to talk about it as a silly little goal" (Knox & Cooper, 2010, p. 250).

The therapist was perceived to control the situation and as not being open to input from them. This could lead to anger, frustration and fear. However, some clients identified the therapist with a "guru", guardian or guide (Banerjee & Basu, 2016), which felt comforting. Thus, a power imbalance in itself was not necessarily seen as something negative.

(2) Asserting one's view is difficult, and clients may defer, comply and be silent. Perhaps as a consequence of feeling inferior, it could be difficult for clients to assert their view and openly disagree or express their needs to their therapist (6 studies). Some clients expressed deference. This could be because they were afraid of criticizing or offending their therapist. They could fear losing approval and not getting the help they needed as a consequence, and risking "[...] the displeasure of the counsellor. (You) lose the bond or relationship with her. (It also has to do with) just the fact that they're helping you and you're not helping them, so you shouldn't make it difficult for them" (Rennie, 1994, p. 52). Clients thus could let their therapist take control and not disclose that they wanted or needed something else in the session.

(3) Efforts to regain control can take different forms. In some studies (2), clients described making efforts to regain control, e.g., by making jokes, telling stories, confrontation or change of subject: "I'm attempting, I think, to get as far away from the autobiography part of that I can—what occurred to me immediately...is the dream that I had the night before, which was significant, but it became the way out" (Rennie, 1994, p. 49). In different ways, then, clients acted to manage the content and direction of the session.

Theme 2.1 reflects that it can be hard for clients to be in the role of being helped when they experience that they are inferior and do not have a say in how their therapy unfolds. Some made efforts to take control, but others submitted to the therapist.

Theme 2.2 Experiences of rejection may lead to distress and impede the therapeutic process

This theme highlights how critical it could feel when clients perceived that their therapist failed to meet their needs in significant moments of therapy. Some studies (10) described how clients (1) could feel rejected, which (2) could lead to painful feelings and (3) doubt in their therapist and loss of faith in the therapeutic project.

(1) Clients can feel rejected when their therapist is out of tune with their needs in a vulnerable and important moment. In some studies (8) clients reported events where they were talking about something that was of great importance to them and could be demanding to talk about: ‘‘we were talking about some topics that made me feel nervous and I wasn’t able to control my reactions” (Coutinho et al., 2011, p. 534). Their therapist was perceived as doing something that was not what they expected, needed or wanted in the situation – thus they had a feeling of not being met. Some had felt from the start that the relationship was fragile. For others this breach of expectations arose for the first time. They felt that their therapist was neither really interested nor connected, gave advice or suggestions that felt completely out of tune with their state of being or misunderstood something important: “She (the therapist) constantly goes back to my parents, and it’s like…that’s not my issue, and she thinks it is. But I don’t understand why” (Levitt & Piazza-Bonin, 2011, p. 79). This made them feel deeply *rejected.*

(2) Experiences of rejection can lead to painful feelings. The experience of rejection could lead clients to feel angry, sad, helpless, disappointed, abandoned, uncertain, mistrusting, sceptical, alone and upset (5 studies). One client described it in this way: ‘‘I was so depressed and hopeless that absolutely nothing the therapist might have said would matter. I didn’t even want to have been born’’ (Coutinho et al., 2011, p. 534). Some would blame

themselves for the incident. They could doubt whether they could get what they needed from the therapist in the future.

(3) Doubt in therapist's ability or willingness to help can lead to loss of hope. As clients doubted their therapist's ability or willingness to help, they could react by disengaging or closing up (7 studies). One client said: "I don't want to tell her things that I'm not convinced she knows how to help me work with" (Fitzpatrick et al., 2006). Others lost hope and felt that therapy was meaningless, which led some to quit therapy. Some stayed in therapy "in hopes that maybe someday it would change and that, maybe, if (she) did keep going, it would be the help (she) really needed" (Bartholomew et al., 2017, p. 12). Some who stayed found the session or the therapy altogether less useful.

Theme 2.3. Making sense of and handling relational dynamics

This theme narrates the ways clients made sense of and dealt with their experiences and struggles in the therapeutic relationship. Some studies (8) elaborated on how clients (1) could see the connection between their personal lives and their actions in the therapeutic relationship, and (2) acted in different ways to handle misunderstandings and struggles.

(1) Clients may see that their way of relating to their therapist reflects their relational history and experiences. Clients sometimes reflected on how their expectations and reactions to their therapist was related to their personal history (6 studies). This could be helpful for them, e.g., if they saw their therapist as similar to a lost caregiver, or if it enabled them to shed a light on this and work with it in therapy. One client described that in a moment in therapy s/he was: "Realizing why I was holding back somewhat… I guess I didn't have a very supportive family when I was younger, and I was always afraid to be ridiculed, so I always have a little protection up" (Huang et al., 2016, p. 189). It could also be unhelpful, e.g., if it stopped them from sharing. Sometimes they reflected that their way of relating to the therapist had changed and contrasted it to how they related to other people in their lives. Others saw that (unresolved) ruptures had similarities with their personal life.

(2) Clients may handle struggles by asserting their views or by covert reformulation of misunderstandings and differences. Clients could actively judge how to deal with difficulties (3 studies). Sometimes they chose not to address issues of difference, but made sense of and dealt with it internally, as expressed by one client: "I tolerate (the difference). You know it's - sometimes I just remember that (the therapist's) learning ... what he does [...] as he moves away from here and gets more experience he'll personalize it more" (Williams & Levitt, 2008, p. 263). Clients could harbour ambivalent feelings towards their therapist and choose not to address issues that were perceived as unhelpful for their process.

Other times, clients could judge that it was important to assert their view, sometimes as a way to prevent misunderstandings or differences from becoming significant enough to impair the relationship.

The second meta-theme encompasses clients' inner drama when relating to their therapist. Clients may wrestle with their position in an asymmetrical relationship and feel powerless, can experience loss of hope and feel alone as they perceive that their therapist is not there for them, while also making sense of and handling struggles in different ways.

3.3 Third meta-theme: Doing the hard work together

This meta-theme expresses the hard work of therapy. As they find new ways of relating and the clients learn from a responsive therapist, transformational experiences lay the foundation for further therapeutic work and leads to change.

Theme 3.1. Working through relational tension and the hard work of exposing oneself

This theme, expressed in some studies (13), highlights the intensity that may accompany sessions, and illustrates how clients could feel changed by the process. The sub-themes describe (1) how misalignments may be worked through, (2) the importance of trust in the therapist's abilities and that (3) clients may withhold how challenging therapy is.

(1) Misalignments seem inevitable but may be resolved together with a humble therapist. It seemed that clients could tolerate a relationship where tensions or misunderstandings occurred (6 studies). One client expressed that the possibility of addressing and working through misunderstandings "[...] made the relationship more real and human-like" (Rhodes et al., 1994, p. 478). Some became more aware of themselves and their own reactions, while also underlining how they saw the differences originating in *both* themselves and their therapist. When the therapist was not open to negative feedback and misunderstandings were not addressed, the relationship seemed to deteriorate. When the therapist conveyed safety to disagree and share negative feelings, and client and therapist worked on misunderstandings, it could maintain rapport, lead to resolution and/or enhance growth:

> At one point, I literally told her to fuck off for summat she said to me, she touched a nerve, I weren't for going back" [...] "But she wrote me a lovely letter, she actually wrote me a letter apologising and keeping it open ... that were really special, that. (Brooks et al., 2020, p. 376)

Another client expressed how feeling safe "[...] has enabled me to tell him about my dissatisfaction and anger" (Rhodes, 1994, p. 476). Thus, a safe relationship with the therapist may help render differences harmless and facilitate the process of "working through".

(2) Clients open up to painful experiences when they trust their therapist's ability to support and understand, which can lead to new ways of self-relating. Some studies (9) described that when clients trusted their therapist's capacity to help them, including their professional abilities, they could open up to painful experiences and emotions: "[...] it felt really helpful, even though I was obviously upset and hurting at the time, [...] so I suppose there was a peak in the middle of talking about these really emotional things and feeling a better connection [...]" (Haskayne et al., 2014, p. 78). The clients could feel that the therapist helped them to understand their own emotions or reactions, which could make these more tolerable. Some also described the safety of the therapist's posture, which remained the same, even if the client expressed "unacceptable" emotions: "...no matter how much I get angry, Madam's attitude never changes. I have insulted her. . . . Sometimes I felt guilty, "I said so many bad things, aren't you bothered?" She would say, "This is all in therapy! [...]" (Banerjee & Basu, 2016, p. 182). Thus, the clients underscored the importance of safety and acceptance as a prerequisite towards change.

(3) Clients may not disclose how demanding it is to reveal and explore difficult material. Therapy sessions could be intense, and the disclosure of both shameful and submerged material could activate strong emotions (4 studies). Some found it difficult to share how demanding it could be: "[...] there (during the session) I pretend it didn't matter that much [...]" (Grafanaki & McLeod, 2002, p. 28). They could also choose to disengage from the process to avoid arising in-session feelings and experiences they did not want to acknowledge: "[...] you can like sense that things are an issue, but you just, they're not an issue yet because you haven't really like felt the bad feelings that you think you're going to feel if you think about them". (Frankel & Levitt, 2009, p. 177). Disengagement could also be a way to tolerate emotions and continue the exploration of session topics. Clients may thus use different strategies to tolerate or manage a demanding therapy situation.

Theme 3.2. Discovering new ways of being

This theme encompasses experiences highlighted in some studies (13), where clients appreciated working together and how this may enhance change. The sub-themes illustrate (1) the helpfulness of individually tailored expertise, and how (2) connection with their therapist made vulnerability less threatening and (3) being met in a new promoted change.

(1) Individually tailored use of expertise is helpful and can enhance therapeutic work and the relationship. Clients appreciated and used their therapist's expertise when it was experienced as individually tailored (7 studies). One patient "[...] really liked that the

therapist dared to be rather intrusive and put me on the spot and push things that used to be pretty hard for me. It helped me go deeper into things" (Palmstierna & Werbart, 2013, p. 28).

Concrete advice, techniques, tools, structure and guidance could improve the relationship and therapeutic work, as clients experienced that the therapist gave them something they needed and had hoped for in therapy. As their therapist helped them in finding better ways to handle their specific difficulties, they seemed to gain a sense of mastery and trust in themselves.

(2) When clients felt connected to and safe with their therapist, they could experience their own vulnerability as less threatening. This sub-theme represents the positive and meaningful experiences of the therapeutic relationship (5 studies). The feelings of safety and connectedness could be accompanied by a desire to open up more, and a willingness to share the experience of the relationship: "I was telling (therapist) that the picture she had of me was an accurate one. So I was giving her some sort of feedback [...]" (Grafanaki & McLeod, 2002, p. 27). When clients felt understood and accepted, they seemed to feel more able to express and accept their own vulnerability.

(3) Being met in a new way can lead to change. Sharing shameful and unbearable feelings and being met in a new way can be a transformational experience leading to empowerment and self-worth (3 studies). One client described the experience in this way:

> To go through this therapy with the therapist was a feeling of passing through a very scary room, but I had someone there who "held my hand," and, okay, we might encounter a monster, but we are two together, I am not alone. It was an enormous relief to be able to walk into that room, and it was hard, and I have suffered through the whole process, but it was a wonderful experience, a few weeks ago, to be able to talk about it as if it had happened in another life almost (Råbu & Moltu, 2020, p. 72).

Clients sometimes described how they previously had thought that sharing their history and experiences would lead to judgment, and thus opening up and being validated led to feeling more connected, less alone and led to change.

Meta-theme 3, "Doing the hard work together" elaborates on how clients and therapists work together to resolve difficult issues in the relationship and the clients' own issues, which seemed to require that clients were confident in their therapist, while at the same time they sometimes did not disclose how challenging the work could be.

4 Discussion

The purpose of the current thesis was to synthesize qualitative findings from primary studies on clients' experiences of the therapeutic relationship in individual adult psychotherapy, based on an understanding of the client as an *active*, *meaning-making* and *self-reflexive* participant (Rennie, 2001; see also Bohart & Wade, 2013; Levitt et al., 2016). More specifically, we were interested in clients' experiences in the dyadic context, with a focus on their active participation in the therapy process and relationship, and their perception of struggles and resolutions.

Clients' experiences can shed light on the complex processes of psychotherapy, and qualitative research is well suited to investigate this (Marecek, 2003; McLeod, 2013). The importance of the therapeutic relationship, the working alliance and resolution of ruptures is well established (Flückiger et al., 2018; Horvath et al., 2011; Norcross & Lambert, 2018). However, not many studies have been conducted that provide an in-depth understanding of such struggles from the client's perspective. We reviewed qualitative studies on clients' experiences of the therapeutic relationship, including struggles, so as to grasp the status of and summarize the current knowledge base.

A meta-synthesis seemed suitable to gain a more comprehensive understanding and provide nuances to current conceptualisations of the therapeutic relationship. We searched clinical databases for qualitative studies involving the client's own experiences of the therapeutic relationship and identified a large number of studies (i.e., 2613) of which 23 met our inclusion criteria. Using the methodological approach meta-ethnography (Noblit & Hare, 1988), we analysed and synthesized themes from the studies and developed higher-order constructs. Three meta-themes, seven themes and 20 sub-themes were developed.

In the following, the main findings of the meta-synthesis will be discussed, in the context of prior empirical research and theoretical perspectives. Clinical implications, methodological issues including strengths and limitations with the study, and future directions for research will also be suggested. We will conclude on a reflexive note on how conducting this meta-synthesis has influenced us professionally and personally.

4.1. Major findings: Meetings and mismeetings

The three meta-themes (1) *If clients sense support, they overcome initial fears and commit to the therapeutic process,* (2) *The inner drama and vulnerability of being involved in an asymmetrical relationship* and (3) *Doing the hard work together* can be seen in light of the title of this thesis: *Meetings and mismeetings.* Here, *meetings* denote the various ways client and therapist connect and work together within a safe relationship. *Mismeetings* point to the

various struggles in the relationship, i.e., how dramatic it may feel when the therapist is perceived to misunderstand, and clients' feelings of inferiority. The possibility of resolving relational struggles – mismeetings – could lead to deeper connection; meetings.

One of the most striking aspects of the results of this meta-synthesis is clients' hypervigilance towards their therapist, involving a special attention and interpretation of the therapist's nonverbal signs such as breath and tone of voice (i.e., as reflected in sub-theme 1.1.(2)). Moreover, clients' awareness of both internal and external struggles with assigned roles and power, seemed salient. The negative implications of such role differences or asymmetry, in terms of how clients could struggle with a position involving inferiority and vulnerability, was nuanced by some clients' descriptions of the helpfulness of seeing the therapist as an authority figure.

Relatedly, the internal drama following therapeutic breaches seemed more existential than we expected, as expressed by one client who said "I was so depressed and hopeless that absolutely nothing the therapist might have said would matter. I didn't even want to have been born'' (Coutinho et al., 2011, p. 534). In the context of such hopelessness and shame, it seems more understandable that ruptures may lead to premature termination, and underscores the urgency of solving the relational struggles that have been exposed but also underlines the challenges involved.

Another significant finding involved clients' diverse efforts to tolerate relational misunderstandings and strains – seemingly as a way of continuing the therapy or preserving the relationship with their therapist. Although not explicitly addressed by all of the involved clients, this may be inferred as a form of client agency in therapy.

In the following, we will discuss important aspects of the findings in light of relevant theoretical perspectives and research, pointing to similarities, differences and nuances provided by the findings of this meta-synthesis.

4.2 The client as a meaning-making participant

Concepts such as self-reflexivity or agency highlight clients as meaning-making and active participants in the therapeutic relationship (Rennie, 2001). Overall, the themes developed here shows how clients are meaning-making participants in the relationship. They judge whether and how to open up and how to deal with struggles. They try to make sense of struggles and positive events, appreciate collaboration and make use of the therapist's interventions. In line with Rennie's discoveries (2001), clients engage in many covert activities that are not apparent to their therapist.

The first and third meta-theme show how clients engage in the hard work of therapy – but may not always disclose how difficult this may be. Their need to unburden themselves to a helper was prominent, but in order to do this, they had to perceive the therapist as a supportive and genuine listener. This is in line with findings on how clients often choose to not disclose some types of important information, that disclosure may take time, and is related to a strong therapeutic alliance (Farber, 2003). Indeed, it seems that clients wish to and choose to open up, but at the same time may be overwhelmed by fear, guilt and shame hindering them in this pursuit (Farber, 2003; 2020; see also McWilliams, 1999; Steiner, 2011). The shame and fear is underlined in sub-theme 1.1(2).

The need clients could have for genuine contact with the therapist, desire for respect and to be treated as a "real human being", resonate with the concept of the real relationship (Gelso, 2014), i.e., the more personal and genuine dimension of the relationship that often unfolds in silence. This converges with findings in an early qualitative meta-analysis (Timulak, 2007), where clients emphasized the importance of personal contact with their therapist. The concept of the alliance as agreement on tasks and goals and experience of a bond between therapist and clients (Bordin, 1979), do not quite capture the more fundamental feature of clients' need to establish trust within a genuine relationship as a prerequisite for engaging in the often difficult and vulnerable therapeutic work.

Safran (1993) highlights the importance – for all human beings – to reconcile the need for authentic relatedness and the need for agency, which seems to provide a useful framework for the findings in this meta-synthesis. Understanding therapy as having a more existential dimension may be useful, and highlights all human beings' ultimate isolation from others (Yalom, 1980), and thus a need for relatedness, but also a need for individuation and autonomy (Safran, 1993). A concept of the alliance and the therapy relationship should capture both these aspects.

However, clients could have confusion about what to expect from therapy, a need for structure, and appreciated individually tailored use of expertise involving specific techniques. This points to clients' needs for something above and beyond the real relationship.

4.2.1 The beginning phase of therapy and assessment of the therapist

The pressing need for help on the one hand and fear on the other hand seemed to make the beginning of therapy an especially vulnerable time. This converges with the findings of Kleiven and colleagues (2020) who explored the initial phase of therapy using IPR. Their main theme "Holding back and struggling to open up" underlines the vulnerability

and struggles clients may experience in the beginning phase of therapy. The vulnerability of opening up also seems to be an overarching theme in this meta-synthesis.

Clients in the included studies expressed fear of being judged, not being understood or not getting the help they needed. Safran (1993) conceptualizes psychotherapy as a new beginning, where clients can learn new ways of relating to others. He emphasizes the importance of experiencing and exploring the potential difficulties clients have in establishing an alliance, as well as ruptures that occur later. In this understanding, the importance of addressing and overcoming initial difficulties is underscored.

From our findings, it seems that clients in the beginning of therapy, but also throughout the therapeutic process, assess their therapist in a number of ways to search for answers to questions that they have, consciously or unconsciously. Studies on micro-processes in the dyad highlight the more "unconscious" aspects (Atzil-Slomin & Tschacher, 2020) of the dynamic.

According to our findings, clients act in accordance with their initial assessment. If they find that they can trust their therapist, they open up. If they feel judged, they may withdraw. These findings fit well with those of Levitt and colleagues (2016) where clients come to therapy with an understanding of their problems, a wish to engage in the process and actively make use of therapists' interventions within a safe relationship. This way of construing the therapy situation, both in the beginning and later, again highlights clients' inner activity in the encounter, rather than just passively "receiving" interventions (Bohart & Tallman, 2010; Levitt et al., 2016; Rennie, 2001).

The assessment of the therapist, as reflected in Theme 1.1 "Initial apprehension and undisclosed needs", resonates with a theme from the meta-synthesis of Noyce and Simpson (2018) on the formation of the therapeutic relationship: "Assessing client-therapist match". Interestingly, their meta-synthesis included one study which was also included in the present meta-synthesis (Fitzpatrick et al., 2006).

However, in their findings, the "assessment" concerned matching of personal and professional characteristics to client preferences. In contrast, the "assessment" component in this meta-synthesis was connected to more fundamental needs for help and relatedness. A qualitative meta-analysis on alliance formation (Lavik et al., 2018) developed a similar theme: "Overcoming initial fears and apprehension about psychotherapy". Two studies in their study were included in this meta-synthesis (Fitzpatrick et al., 2006; MacFarlane et al., 2015). It should be noted that we were unfamiliar with their results when conducting the analysis. They saw this theme as a preliminary one, as it was based on only one study

(MacFarlane et al., 2015). As our theme was based on thirteen studies, it seems safe to say that the phenomenon of approaching therapy with apprehension, expressed in some way or another, can be salient for some clients.

Further, their (Lavik et al., 2018) theme concerned how the fears clients have in the beginning may be overcome when meeting an empathic and supportive therapist, which converges with our meta-theme "If clients sense support, they overcome initial fears and commit to the therapeutic process".

Still, the explicit emphasis in our understanding of the client as actively assessing the therapist and acting in accordance with their initial assessment on whether or not the therapist could provide help in line with their hope and expectations, was not explicitly presented in this way in other meta-syntheses (Lavik et al., 2018; Noyce and Simpson, 2018). This meta-synthesis can thus provide nuances and inform concepts previously developed. Despite this, these nuances still represent clinical wisdom that many clinicians, including ourselves, may have gathered from their own clinical experience.

The findings that clients could feel inferior and struggle with an unwished-for position of being in the client role, shed further light on why it was important for clients to scrutinize the therapist. Perhaps this is another reason that it felt important for some clients that the therapist was "real", and "not just a therapist", as this would make the relationship more symmetrical and safe. This again highlights why the real relationship is important to clients, even when therapists do not put much emphasis on it, e.g., when they give more priority to transferential phenomena (Gelso, 2014). Relatedly, Altimir and colleagues' (2017) found that clients appreciated the therapist's professional and committed role ("technical asymmetry"), but also found that genuine interest and caring ("affective symmetry") was most important to the clients. In the following, the dynamics of ruptures and issues of power and asymmetry will be discussed.

4.3. Internal and external dynamics of ruptures and issues of power and asymmetry

There are numerous theoretical concepts that all denote "struggles" in the therapeutic relationship. When conceiving this synthesis, sixty-five different words of related phenomena were identified, by searching through thirteen different articles that in some way or another addressed therapeutic struggles (e.g., Eubanks et al., 2011; Hill & Knox, 2009; Muran, 2019; O'Keefe et al., 2020; Urmanche et al, 2019). The identified words differed in relation to time span, e.g., "negative event" vs. "negative processes", or in terms of perceived intensity, e.g., "tension" vs. "breakdown" in the relationship or in the collaboration. See Table A6 in

Appendix for an overview of these concepts (and concepts concerning resolution), which may be useful for future research.

In some of the analyzed primary studies, concepts and experiences such as "difference with therapist", "major misunderstanding event", "resistance", "alliance rupture", "confrontation and withdrawal ruptures", "disengaged moments" were employed. In other studies, no such concepts were used, but their themes and findings reflected qualities with the relationship or therapist that were unhelpful or damaging ("cold, "distant" etc.).

The embodied descriptions of struggles that clients may have, revealed commonalities and differences. It seemed central that clients had the feeling of being *rejected,* which could lead to many different reactions. Some described intense and hurtful feelings in response to these events, including anger, sadness and helplessness, which seemed to be most apparent in the cases where the relational problems went unresolved. These reactions seem to involve *more* than i.e., disagreement over goals or strains in the working bond, and may be cast light upon with the concept of *ruptures in the real relationship*, a distinction presented by Gelso and Kline (2019) to denote the more detrimental and dramatic kinds of ruptures.

Although empirical evidence is sparse (Gelso & Kline, 2019), ruptures in the real relationship, that is, in the personal dimension of the relationship, are hypothesized to be more harmful as these pertain to the person of the client, and as such, may damage the personal bond between therapist and client, while also affecting the alliance. Further, they are imagined to be even more difficult to repair, and may, from the perspective of the client, be perceived as a deepfelt breach that affects their trust in the therapist – it is thus the fundamentally *personal* part of the relationship that is affected, which thus seems more than the natural *tear and repair* of the alliance (Bordin, 1994; Gelso & Kline, 2019; Safran et al., 2002).

We became aware of this conceptualisation and potential distinction between alliance ruptures and real relationship ruptures late in the process of writing this thesis. This seems to us a highly useful distinction, and we might have interpreted the material in a different way had we known about it, and used this distinction as a conceptual framework for the data (Timulak, 2009). The fact that our findings point in that direction, albeit not in a distinct manner, without us "imposing" this understanding seems to support the usefulness of this conceptualisation.

Sometimes therapists did not sense that clients were struggling in the relationship, the latter being consistent with literature of clients' nondisclosure (Farber, 2003), where clients typically hold back their negative emotions. Interestingly, "disengagement" in our results,

which may seem as a rupture (akin to a 'withdrawal rupture'; Safran & Muran, 2000) from an observer's perspective could sometimes be a way to preserve functioning and maybe protect the relationship. Thus, it seemed that variants of withdrawal, for some clients, could involve more agency than what can be interpreted from the outside.

It seemed that clients could have misgivings about asserting their view with their therapist. Some expressed the risks involved in doing so, and stated that their dependency on the therapist made them refrain from disagreeing or expressing what went against their needs. The challenges involved in asserting negative emotions may be elaborated with some of the psychoanalytic theories explored in the paper of Safran (1993) on alliance breeches. Seeing the therapeutic relationship in relation to the existential dimension of humanness; the negotiation between *separateness* and *relatedness*, he suggests that the very idea of interpersonal assertiveness involves separation from the other, which thus makes this process potentially threatening for the individual. Additionally, taking a developmental perspective on assertiveness he also emphasizes how this ability is shaped through the individual's early interpersonal experiences, e.g., by how parental figures meet the child's "no", which furthermore may affect their autonomy and agency development (Gullestad, 1990; Safran, 1993).

However, it should be noted that some of the clients in this study did assert their views, as expressed in sub-theme 2.1.(3) "Efforts to regain control". This sub-theme could reflect clients' qualified opposition against perceived unhelpful therapist interventions (Hartmann, 2013; Rennie, 2001), but could also be interpreted as more of a power play over dominance, as demonstrated by Steiner (2011).

4.3.1 Attempts at repairing

Some of the clients in this meta-synthesis expressed loss of hope in their therapist or in therapy itself as a consequence of ruptures. The negative emotions of feeling misunderstood and perhaps "left alone", thus, seemed strong enough to affect expectations, a factor that has been suggested as important for successful psychotherapy processes (Swift & Greenberg, 2015). If we follow theories (Bordin, 1994; Safran, 1993) suggesting that resolution processes may lead to new interpersonal, or perhaps corrective experiences, we can perhaps assume that experiences of *not* repairing may have the opposite effect on clients: interpersonal struggles are unresolvable, and the hope for change disappears (i.e., major ruptures in the real relationship; see Gelso & Kline, 2019).

On the other hand, it seems that, from the client's perspective, hope can be retained if difficulties are worked through, as expressed in sub-theme 3.1.(1). Importantly, clients

emphasized the therapist's humility and openness towards negative feedback, not unlike the two dyads analyzed through conversation analysis in the study of Muntigl and Horvath (2014). In this, clients highlighted the significance of the therapist's ability to let go of their predetermined agenda, if this led to "disaffiliation", while remaining sensitive towards the client's own notions, and thus also preserving the client's autonomy.

Some of the client experiences expressed in the meta-themes, themes and sub-themes presented in this meta-synthesis seem to converge with, and denote similar meanings as those put forth by Eubanks and colleagues (2018) in their practice recommendations based upon their meta-analysis. For instance, therapists are recommended to non-defensively address breaches, to assume responsibility *together* with the client, validate the client's experience of negative feelings, and stay attuned to the client's in-session needs, that may diverge from the agenda of the therapist. Further, they recommend exploring ways in which the rupture could relate to the client's relational history, while not overshadowing the fact that the client indeed may have reason to feel let-down by the therapist. These seem to converge with sub-theme 2.3(1), where clients experienced similar explorative processes as both helpful and unhelpful.

Recent quantitative research has related successful rupture repairs and the therapist's ability to identify occurring strains to positive client outcome (Chen et al, 2018; Zilcha-Mano et al., 2020). Interestingly, their findings suggest that therapists, through training, can become attuned to ruptures (Zilcha-Mano et al., 2020), and that the false identification of a rupture (that is, the detection of a rupture that was not experienced as such by the client) may be associated with higher alliance ratings from clients (Chen et al., 2018). Thus, by remaining vigilant towards the relationship, and perhaps being sensitized to "seeing" ruptures, therapists may be better suited to identify and thematize these and come across as humble and willing to understand and go the extra mile (Nissen-Lie et al., 2017).

4.3.2 Mutuality and asymmetry

Some of the clients in this meta-synthesis expressed difficulties concerning their assigned roles. Some described the discomfort of feeling like a student, inferior to a teacher or authority figure. Others struggled with the position of "being a client", which could entail confusion, dependency and inferiority. Clearly, there are many reasons for this, and a therapist-client relationship will in most cases involve asymmetry; the client is help-seeking, while the therapist is the helper, being paid to do a job, and being in power in terms of expert knowledge (Fors, 2021). Although there are more manifest forms of power involved in a therapeutic relationship (e.g., the therapist's diagnostic power, the power and duty of

potentially reporting parents to child protection services and so on), there are also more subtle or underlying dynamics at play (Fors, 2021; see also Steiner, 2011).

The theoretical construct derived from Aron (1996) may shed light on some of this felt difference: *a mutual but asymmetrical relationship*. Our reading of this construct in relation to the clients in this meta-synthesis, involves the oscillation between feelings of "relatedness" (Safran, 1993) and the (often necessary) asymmetry stemming from the roles and therapeutic situation.

The clients valued moments where they felt deeply connected to their therapist, and many described the importance of feeling that they were "in this together". These experiences of "togetherness" in crucial moments may thus be viewed as a form of mutual recognition, as explicated in the intersubjective thinking of Benjamin (1990): the client feel recognised and experiences both her/himself and the therapist as subjects in their own right, and can thus tolerate the other's "otherness" (see also Aron, 1996). Some clients in this meta-synthesis also expressed that differences could be tolerated or rendered harmless, perhaps as a result of a safe relationship.

Within this intersubjective view there is also the potential of reducing power dynamics, i.e. by the therapist's acknowledgement of being deeply involved in the co-created therapeutic relationship (while also recognizing transference phenomena), and thus assuming responsibility when ruptures or impasses occur, as opposed to the perhaps more distantly observing therapist who exercises the power of interpretation (see e.g., Benjamin, 2004; Slochower, 2017). This therapist position can perhaps entail some of the aspects that the clients in this meta-synthesis expressed as helpful when working through struggles: the therapist's effort to assume responsibility, her or his humility, and the possibility of apologizing.

The asymmetrical relationship was, for some clients, experienced as problematic. Some could feel belittled, while others felt the need to strike back at the therapist, perhaps as a means of getting away from a helpless role or feeling like someone "in need" (see Steiner, 2011). However, the asymmetry could also be perceived as a prerequisite for therapy to work, as some expressed the therapist's expertise and also neutrality, in the sense of being objective, as helpful.

A similar finding is also expressed by Altimir and colleagues (2017), where their three clients (and therapists) viewed the asymmetrical relationship advantageously, i.e. in the way that it liberated them from a social contract where they potentially could feel responsible for the therapist. Moreover, although asymmetry was perceived to be helpful, a form of

emotional symmetry was deemed important, especially as therapy progressed. This symmetry involved genuine and caring emotions. Again, this seems similar to the real relationship (Altimir, 2017; Gelso, 2009; 2014) – not unlike what the clients in this meta-synthesis expressed.

Levitt and colleagues (2017b) found two separate lines of qualitative psychotherapy research on power dynamics in therapy: The power associated with the therapist's role as a professional, or power issues related to cultural differences (i.e. if the client belonged to a minority group). This separation prohibited investigation of how these different forms of power interacted in the relationship (Levitt et al., 2017b). We were also unable to infer problematic experiences distinctly related to cultural differences, as will be discussed more in-depth in the section of methodological issues. However, as emphasized in the qualitative meta-synthesis of Noyce and Simpson (2018), therapeutic experiences such as feeling equal and respected, were deemed especially important by those belonging to a minority group.

Eubanks and colleagues (2018) also note how ruptures may be more prevalent in dyads where markers of difference, such as class, ethnicity or religion are present, while acknowledging that this seems to be an under-investigated area of the psychotherapy research field. Although only present in one of our included studies (Banerjee & Basu, 2016), it is worth noting that therapists' and clients' views on problematic power dynamics may diverge, perhaps due to cultural differences and the therapist's theoretical affiliation (see also Hayes et al., 2017).

4.4 Clinical implications

The phenomena in the findings and the ideas discussed in this thesis have historically been more prominent in humanistic and psychodynamic traditions, such as the centrality of the relationship and the emphasis on relational work (Hill & Knox, 2009). Though these therapies were overrepresented in the included studies, the majority described a variety of orientations, pointing to the relevance of the findings across orientations. This is also supported by findings on the importance of common factors such as empathy (Elliott et al., 2018) and the alliance (Flückiger et al., 2018).

Taken together, the findings from this meta-synthesis may sensitize clinicians towards the many ways in which clients may struggle in-session and also through the different phases of the therapeutic process. Knowing what clients might experience during the first sessions, and how they may have doubts and questions concerning their roles and the therapy in itself, can prove helpful for therapists. Being familiar with the existence of these phenomena, may

guide clinicians towards what to be aware of, and perhaps provide a repertoire of possible therapeutic actions to meet clients' needs.

Broadening practitioners' knowledge base of these inter-relational aspects, may further their clinical horizon as to what *might occur*, and thus, perhaps, facilitate *appropriate responsiveness* (Stiles, 2013; 2021): the therapist's capacity of knowing what to do when. This relational skill seems fundamental for clinical techniques to "work" as intended, and although questions concerning the trainability of it remains inconclusive (Hatcher, 2015), gaining insight into the clients' covert struggles may nevertheless function as one sort of marker of what be extra vigilant towards. A similar alertness towards the "state of the relationship" has also been recommended by Atzil-Slonim and colleagues (2015).

Acknowledging that many of these processes are hidden to therapists, we would also highlight the concept of professional self-doubt, denoted by Nissen-Lie and colleagues (2017). Perhaps further knowledge about the client experience, and particularly what they find difficult, can point out certain targets of what therapists can be extra sensitive and reflexive about, possibly enhancing their therapeutic skills.

Duncan (2012) argues that therapists systematically should seek feedback from their clients, a standpoint which is also supported by a recent meta-analysis by Lambert and colleagues (2018). Client feedback may notify therapists of arising issues (Duncan, 2012), and when introduced from the beginning, help create a therapeutic climate where disagreements can be addressed and resolved, and thus perhaps be tolerated and seen as something naturally occurring over the course of therapy, as some of the clients in the studies in our meta-synthesis underline. This seems especially important, knowing how clients may be unwilling to, or have concerns about addressing negative aspects of their therapist or therapy, as shown in this meta-synthesis and elsewhere (Farber, 2003).

Also, being aware of the potential occurrence of ruptures and how these may look or feel from the client's perspective, may perhaps help clinicians prepare, or reflect about their own possible reactions. The management of the therapist's own vulnerabilities or countertransference reactions has been suggested as an important therapeutic skill (e.g., Hayes et al., 2018; Kline et al., 2019), and when not handled appropriately, related to negative therapeutic cycles (Safran, 1993)

Lastly, shedding light on how clients see themselves as active participants in the relationship and the therapeutic process in general, may serve as a reminder of how important client engagement is, and may further provide hints to practitioners as to how this process can be facilitated, as Levitt and colleagues (2016) also suggested.

4.5 Methodological issues

In the following, important aspects of methodological integrity and limitations will be elaborated and assessed. *Fidelity to the subject matter* and *utility in achieving goals* (Levitt, 2018; Levitt et al. 2017a) are two integral parts of this process and will thus be evaluated here. The former involves the assessment of the study's ability to demonstrate trustworthiness in relation to the phenomenon under investigation. The latter includes an examination of whether the procedure was appropriate to answer the research questions, and whether the answers can be deemed valuable (Levitt et al., 2017a). The evaluation of methodological integrity will be guided by three main questions and concluded with a critical reading of the findings.

4.5.1 Did the included studies manage to capture some of the essence of the phenomena and thus provide trustworthy answers to the research question?

The included studies varied in terms of focus and findings. In some studies, the researchers aimed to study a specific concept, and participants were given the definition of the concept being studied, which may have limited participants' responses and overlook other important aspects. However, contradictions and differences within the data also enhance *data adequacy* (i.e., sufficient variation in the data; Levitt, 2018), one aspect of fidelity. Further, we have strived to be transparent about data collection and analysis, and in how we tried to ground the findings in the data, another aspect that increases fidelity (Levitt, 2018).

Readers should keep in mind that the goal of this meta-synthesis was to shed light on the *existence* of phenomena (Giorgi, 1994). The utility of this meta-synthesis is thus demonstrated in that it may further the understanding of struggles and provide more in-depth information of clients' experiences in relation to the therapeutic relationship and its array of concepts and quantitative findings.

The quality of the primary studies is another aspect to consider when judging the trustworthiness of the findings in this meta-synthesis (Levitt et al., 2018). There is, however, not a unified conception of what high quality entails (Sandelowski & Barroso, 2007; Timulak, 2009), and the quality assessment of the studies included in this thesis is thus not without limitations. See Figure A3 for an example of a filled-out quality assessment form.

Some have proposed systematically assessing and reporting quality with the aid of criteria, (e.g. Walsh & Downe, 2005), while others have argued that this contradicts the inherent methodological and epistemological diversity of qualitative methodologies in general, potentially leading to erroneous disfavouring of certain methodologies, and overlooking the fact that also peer reviewers and journals set criteria for publications

(Sandelowski & Barroso, 2007). Furthermore, as pointed out by Paterson and colleagues (2011), the evaluators are also subject to their own biases and influenced by their methodological training which makes the assessment process subjective in itself.

This is also some of the critique against the use of checklists, especially if they are employed to exclude articles (Sandelowski & Barroso, 2007), where one instead can regard quality as one of many characteristics of the studies, as suggested by Cooper (1998, cited in Sandelowski & Barroso, 2007). As described in the method section, we decided not to exclude studies on the basis of quality, and instead regarded this process as an opportunity to examine the included studies systematically, see Critical reading of the findings below.

In the quality assessment, we found that seven of our included studies seemed to not provide sufficient ethical information, i.e., no mention of ethical approval, informed consent, or more general considerations, such as how the research interview might have affected the client or the therapy process. However, the absence of information does not necessarily mean that such considerations were in fact missing. The fact that some information went unreported might as well be due to journal criteria, e.g., for reasons of space.

4.5.2 How has the composition of participants influenced what can and cannot be answered?

In qualitative studies, generalizability is not thought about in the same way as in quantitative research (Levitt, 2021). The relevance of findings in qualitative research concerns their transferability. That is, what to consider when judging whether and how to apply findings in other contexts (Levitt et al., 2018; Levitt, 2021). One aspect of this is the composition of the participants. Also, reflecting on who is *not* represented is an ethical question that is at the core of socially just psychotherapy research (Paquin et al., 2019).

There was a majority of women in the studies, which seems typical in psychotherapy research studies (e.g., Levitt et al., 2016), nonetheless, the findings may be more relevant for women than for men. No participants had a diagnosis of the most severe mental disorders like schizophrenia and bipolar disorder, and it is possible that clients who struggle with such difficulties may have experiences that are not represented in this study. Nevertheless, the importance of the therapeutic alliance in treatment of schizophrenia, and especially the value these clients seem to put on attunement to their needs, is in line with our findings (Altimir et al., 2017). Some studies included participants with moderate to severe complaints, such as complex PTSD and personality disorders and there was a relatively equal balance between studies conducted in a university setting compared to settings like outpatient clinics. Thus, the phenomena we have pointed to may be relevant in many settings.

Also, there was some diversity among participants, including studies with African-American and Hispanic. However, a majority of participants were white (Caucasian), which is typical in most psychology research (Henrich et al., 2010), and only one study (Banerjee & Basu, 2016) was conducted in a non-Western country (India). The study from India provided some important nuances to the phenomenon of an asymmetrical relationship, in that identifying the therapist with a "guru" seemed helpful. The importance of considering the culture-specific context of psychotherapy (Flückiger et al., 2018), suggests that our findings may not hold relevance for psychotherapy in non-western countries.

We excluded studies which focused on how one predetermined characteristic such as race or gender influenced the relationship. One might argue that experiences highly relevant to the therapeutic relationship were neglected as a consequence. Consciousness and knowledge on how minority status, religion, class and other cultural differences shape experiences, preferences and difficulties in a therapeutic relationship is important for both clinicians and researchers (Berg, 2020; Smith et al., 2021). For instance, racial or ethnic microaggressions have been found to negatively impact the alliance, especially when such microaggressions were not addressed (Owens et al., 2014).

Interestingly, one of the included studies intended to investigate multicultural differences, using IPR (Williams & Levitt, 2008). Clients were asked to stop the recording of the session "when they noticed differences with their therapist" (p. 529). In this study, multicultural differences were not the most salient differences. This suggests, perhaps, the importance of open inquiry, allowing clients themselves to define which "characteristics" or "differences" they think are most important or problematic in the therapeutic relationship.

4.5.3 How has our (the authors') position restrained or enriched the analysis?

Interpretation is necessarily influenced by each researchers' subjectivity, and one researcher may not interpret the data in the same way as another researcher would (Noblit & Hare, 1988). Our position as white, middle-class and educated may have led us to overlook certain challenges that are experienced by participants (Henwood, 2008; Marecek, 2003). We may have been restricted by our familiarity with concepts like "alliance", "ruptures" and the like, and it is an interesting thought experiment to consider how the clients themselves would have interpreted and represented the findings.

Being novice researchers, interpreting and abstracting was a challenge, as was trusting our capacity to arrive at sound meta-themes, themes and sub-themes, and ensure representativeness to the sample. We made efforts to ground all interpretations in the data, but how to categorize findings and on what levels of abstraction is a result of our subjective

judgments. LIS and HANL audited the process and participated in discussions about interpretations, which we believe enhanced methodological integrity (Levitt, 2018).

Being aspiring clinicians may have helped us in getting a deeper understanding as we could recognise experiences and nuances which we had encountered ourselves in the therapy room. In addition, having been clients ourselves may have helped us in understanding phenomena from a client perspective and sensitize us to variation in the data.

4.5.4 Critical reading of the findings

As qualitative studies are situated in a particular context, and have differing epistemological positions and methodologies, some have argued against synthesizing findings (Sandelowski & Barroso, 2017). One researcher cautions that the increasing amount of published meta-syntheses may represent mere technical approaches to literature review that are labeled meta-synthesis – a trend she calls "metasynthetic madness" (Thorne, 2017). She argues that it must remain a deeply interpretive effort, and relatedly it has been argued that a meta-synthesis should always entail a systematic and critical comparison of studies, including their methods and historical and social context, in order to deconstruct how knowledge develops and is represented (Thorne et al., 2004). An example is Levitt and colleagues' (2017b) meta-method study that examined how the methods used influenced the findings in the primary studies.

Such an effort is beyond the scope of this meta-synthesis. However, the systematic assessment of the studies' quality indicated that in most studies, there was often insufficient information around epistemological foundation/framework, that is *how* information from the interviews are regarded. This was also the conclusion of Levitt and colleagues (2017b). One of the exceptions is Rennie (1994, method description in Rennie, 1992), who explicitly addressed this issue, stating that he views the material from the interviews as *co-constructed* by researcher and participant, and elaborates on his own influence during this process.

In this meta-synthesis we regard the findings in the included studies as representing co-constructed meanings in an interaction between participant and investigator, which has then been abstracted and interpreted by the primary researchers by way of differing methods and from different epistemological perspectives (Sandelowski & Barroso, 2007; see also Levitt, 2016; Ponterotto, 2005). The context also includes the researchers' goals, and researchers in some studies had allegiance to the specific treatment investigated, though most described how they took caution to not let their prior understanding influence their interpretations in a major way.

Thus, our findings should not be seen as directly representing "lived experience", but rather experience as expressed by specific participants in a specific context, to specific researchers with specific goals, which has then been interpreted further (Sandelowski & Barroso, 2007). However, as practitioners we have to make use of the available knowledge "as if truth holds still" (Thorne et al, 2004, p. 1354), though being aware of the limitations of what a meta-synthesis can achieve.

4.5.5 Strengths

Having described these methodological issues, many limitations of meta-syntheses in general and in this meta-synthesis in particular have been established. Strengths to the study include rigorousness, transparency, reflexivity and a thorough analysis and synthesis. To our knowledge, no meta-synthesis has been conducted on clients' experiences of struggles in the relationship, thus this meta-synthesis has the potential to add new knowledge.

4.6 Implications for research

The findings from this meta-synthesis and the general overview gained through the literature search may point out important areas for further research. First, there seems to be a lack of studies investigating clients' experiences of potential contribution to resolution processes, which was the initial focus of this meta-synthesis.

While recognizing the therapist's pivotal role in working through struggles, it could nevertheless be stated that the client's role should be examined further – knowing that the relationship throughout its phases is co-constructed, bidirectional and dyadic. Knowledge about *how* clients, in their own perspective, contribute, and perhaps how they wished differences had been addressed and resolved, may potentially prove valuable for both practitioners and for researchers. We further believe that the conceptual distinction between alliance ruptures and ruptures in the real relationship (Gelso & Kline, 2019) is an important one, and also supported by the findings in this meta-synthesis. Thus, we suggest that future research on ruptures adopts this conceptualization, as it seems to capture important phenomena not captured by existing conceptualizations.

In-depth knowledge about this could further the insight into the inner workings of psychotherapy, and perhaps also shed light on why some clients drop out. We would recommend studying *both* client and therapist perspectives in the same study, and perhaps make use of both IPR and observer ratings in the data collection (see Atzil-Slonim & Tschacher, 2020). Levitt and colleagues (2017b) also highlight methods associated with IPR as promising for capturing important micro-processes, while concluding that these, based on their meta-method study, were surprisingly small in number.

We also suggest that future meta-syntheses include client and therapist perspectives when exploring struggles, as this could enrich descriptions of this phenomenon, and perhaps provide more in-depth inter-personal understanding of these processes. We also believe that this could prove useful for practitioners, e.g., as powerful examples.

In general, we are eager to see more qualitative psychotherapy research involving the service users in the different phases of the research process, *beyond* participant checks, as suggested by Veseth and colleagues (2017). We agree with the authors when they conclude that the inclusion of those directly affected by the research have the potential to explore new and important phenomena and improve reflexivity, and would also like to add that it could be an important step towards ensuring ethical practice (Paquin et al., 2019; Smith et al., 2021). This could prove particularly important when conducting research with marginalized groups.

4.7 Concluding reflections

Despite the limitations of this meta-synthesis, it has provided important nuances to current theory and practice. In particular, it has shed light on the active role of clients, their covert activities and contributed with a deeper understanding of struggles in the therapeutic relationship. As "developing practitioners" (Rønnestad & Skovholt, 2013), this work has in many ways extended our clinical knowledge and we would thus like to conclude on a reflexive note, as we believe that this may be relevant for other clinicians as well.

The process of conducting this meta-synthesis has influenced us personally and professionally. As we were therapists-in-training, with practicum in psychodynamic psychotherapy while conducting the research, we found it very helpful to understand more about the therapeutic process from the client's perspective.

This process has been bidirectional in the sense that our clinical work has influenced our "analytic gaze", and that our emerging knowledge of client experiences has affected what we became aware of in the clinical setting. It sensitized us to the concerns and questions clients may have during therapy, which they do not necessarily address. Perhaps also others can see the manifold ways that clients may covertly struggle, and appreciate how dramatic misunderstandings can be felt by the client, and thus initiate repairing attempts.

For us, this project has proved important to our professional development, and can perhaps be seen as compliance with one of the suggestions from Skovholt & Starkey (2012): bringing about your own research may enhance your clinical knowledge. Clients' experiences of therapeutic struggles and their active engagement in the process are now part of our knowledge base, and will thus continue to influence our own ways of practising throughout our therapeutic development.

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Appendix

Tables and figures

Table A1

Phases for meta-ethnography and procedure in this thesis

Noblit and Hare	Procedure in thesis
1) Getting started	Determining initial focus of interest, development of search strategy and search string, conducting literature search
2) Deciding what is relevant to the initial interest	Development of inclusion and exclusion criteria, systematic screening of studies, revision of research questions. Re-examination of excluded studies, in line with revised research questions and new and final inclusion and exclusion criteria. Assessment of relevance and quality.
3) Reading the studies	Rigorous reading of included studies. Identifying themes and metaphors in included studies. Data extraction by development of meaning units, which represent the data for the synthesis.
4) Determining how the studies are related	Organizing meaning units into predetermined framework, by starting with two index studies. Emergence of broad clusters consisting of related phenomena.
5) Translating the studies into one another	Systematic comparison of meaning units, conducted digitally and analogically. Development of analytic units to facilitate translation between studies.
6) Synthesizing translations	Categorization of analytic units, meaning units and translations. Grouping and regrouping of sub-categories, before interpretation and abstraction, resulting in meta-themes, sub-themes and sub-categories.
7) Expressing the synthesis	Writing of thesis

Note. In the left column, the seven phases for meta-ethnography, outlined by Noblit & Hare (1988), are listed. See also Malterud (2017, p. 79). In the right column, a condensed process description for this thesis, corresponding with the seven steps, is given. Readers should be reminded that this process was dynamic, with oscillation between the seven phases.

Figure A1

Flow diagram

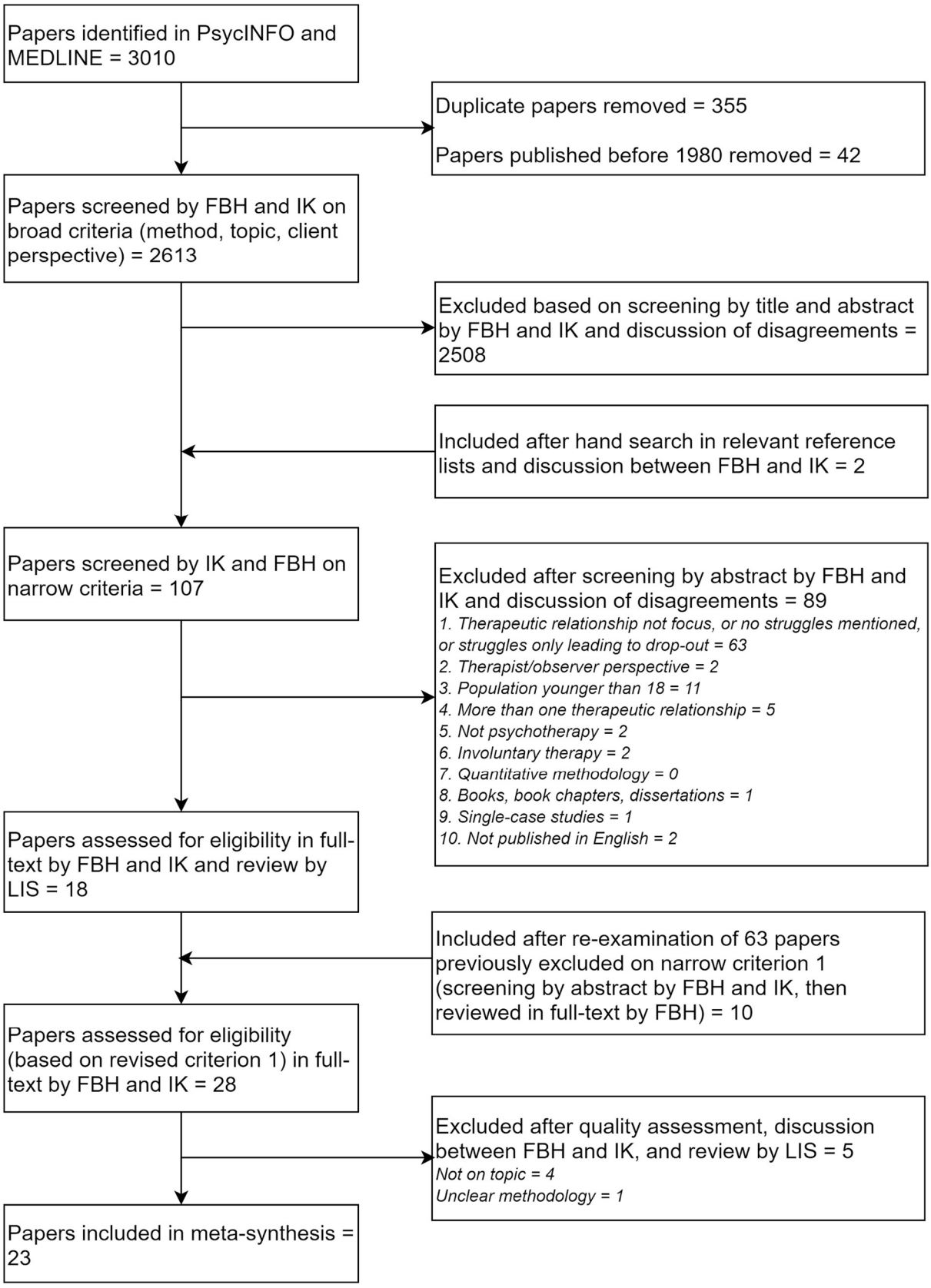


Table A2

Search string

Topics of interest	Population	Methodology
(counsel* or psychotherap*).mp. or (exp Psychotherapy/ or exp Counseling/))	(client* or patient*).mp. or (exp Clients/ or exp Patients/)	(qualitative* or "grounded theor*" or (interview* adj3 psychol*) or "focus group*" or anecdote* or "verbal communication*" or narrative* or ethnograph* or phenomenol* or "discourse analysis*" or "thematic analysis*" or (case adj3 stud*)).mp. or (exp Qualitative Research/ or exp Grounded Theory/ or exp Phenomenology/ or exp Discourse Analysis/ or exp Thematic Analysis/ or exp Verbal Communication/ or exp Narratives/)
((alliance* or dyad* or "client therapist relationship*" or "therapeutic relationship*").mp. or (exp Therapeutic Alliance/ or exp Dyads/)		

Table A3

Quality assessment

Author and year	Research design	Sampling	Data collection	Relationship between researchers and participants	Ethical issues	Data analysis	Findings	Value of research
Bachelor (1995)	✓	✓	✓	–	✓	✓	✓	✓
Banerjee & Basu (2016)	✓	✓	✓	–	✓	Partially	✓	✓
Bartholomew et at. (2017)	✓	✓	✓	✓	✓	✓	✓	✓
Brooks et al. (2020)	✓	✓	✓	–	✓	✓	✓	✓
Chui et al. (2020)	✓	✓	✓	✓	✓	✓	✓	✓
Coutinho et al. (2020)	✓	✓	✓	✓	Partially	✓	✓	✓
Fitzpatrick et al. (2006)	✓	✓	✓	✓	✓	✓	✓	✓
Frankel & Levitt (2009)	✓	✓	✓	✓	Partially	✓	✓	✓
Grafanaki & McLeod (2002)	✓	✓	✓	✓	✓	✓	✓	✓
Haskayne et al. (2014)	✓	✓	✓	✓	✓	✓	Partially	✓
Huang et al. (2016)	✓	✓	✓	✓	✓	✓	✓	✓
Knox (2008)[a]	✓	✓	✓	✓	✓	Partially	✓	✓
Knox & Cooper (2010)[a]	✓	✓	✓	✓	✓	Partially	✓	✓

Author and year	Research design	Sampling	Data collection	Relationship between researchers and participants	Ethical issues	Data analysis	Findings	Value of research
Levitt & Piazza-Bonin (2011)	✓	✓	✓	✓	Partially	✓	✓	✓
MacFarlane et al. (2015)	✓	✓	✓	Partially	Partially	✓	✓	✓
Moerman & McLeod (2006)	✓	✓	✓	✓	✓	✓	✓	✓
Nødtvedt et al. (2019)	✓	✓	✓	Partially	✓	✓	✓	✓
Palmstierna & Werbart (2013)	✓	✓	✓	Partially	✓	✓	✓	✓
Rennie (1994)[b]	✓	✓	✓	✓	–	✓	✓	✓
Rhodes et al. (1994)	✓	✓	✓	✓	–	✓	✓	✓
Råbu & Moltu (2020)	✓	✓	✓	✓	✓	✓	✓	✓
Timulak & Lietaer (2001)	✓	✓	✓	Partially	–	✓	✓	✓
Williams & Leivtt, 2008	✓	✓	✓	✓	✓	✓	✓	✓

Note. The quality assessment has been done with selected items from a checklist from the Critical Appraisal Skills Program (CASP). The table headings are based on Noyce and Simpson's (2018) quality assessment table. The symbol "–" refers to either "can't tell", or "no information". Only the qualitative sections were assessed in studies which employed mixed methodology.

[a] The two studies by Knox (2008) and Knox and Cooper (2010) come from the same client sample.

[b] Methodological information about Rennie (1994) is retrieved from Rennie (1992).

Table A4

Study characteristics

Author and year	Focus /central research question	Country	Study setting	Number of participants, gender and ethnicity	Reason for consultation	Psychotherapy orientation	Data collection method	Data analytic method
Bachelor (1995)	Elucidate the alliance from the perspective of the involved client. To address the concordance of clients' perceptions with theoretician-derived views of the alliance	Canada	University consultation service	Thirty-four (seven male clients)	Anxiety, interpersonal problems, grief reactions, lack of self-confidence or self-esteem, career concerns, depression, and unspecified complaints	Cognitive-behavioral, humanistic-existential, analytic, and gestalt	Open-ended self-report inquiry format	Phenomenological analysis
Banerjee & Basu (2016)	Explored the clients' and their psychotherapists' perspectives on the mutative role of therapeutic relationship in an Indian context.	India	N/A	Sixteen (eight male clients)	Twelve participants with psychiatric diagnosis and four belonged to the subclinical category	Psychodynamic, cognitive-behavioural, one trained therapist without therapy allegiance	Open-ended interview format	Interpretative phenomenological analysis
Bartholomew, et al. (2017)	To understand what alliance ruptures mean as a therapeutic process for clients' hope for change through counseling.	USA	Under-graduate psychology students, who self-selected to participate and reflected on past psychotherapy experiences, in exchange for course credits	Five (one male client)	N/A	N/A	Semi-structured interview format	Phenomenological analysis

Author and year	Focus /central research question	Country	Study setting	Number of participants, gender and ethnicity	Reason for consultation	Psychotherapy orientation	Data collection method	Data analytic method
Brooks et al. (2020)	Explore with participants both their expectations and experiences of therapy and to understand how these compared	UK	Clients discharged from NHS adult psychological therapies service	Ten (two male clients). All white British ethnicity.	PTSD, eating disorder, low mood, anxiety, chronic pain, mixed depression and anxiety Dysthymia, interpersonal difficulties, emotion regulation challenges, complex PTSD	Trauma-focused Cognitive Behavioural Therapy, Cognitive Behavioural Therapy, Mindfulness-based CBT, Cognitive	Semi-structured interview format	Template analysis
Chui et al. (2020)	Examine what therapists and clients thought was helpful and what they wished to have happened in their therapy	USA	Low-fee psychology department- based community clinic, with doctoral student therapists	Eighteen (nine male clients). Twelve European American, three African American, two Asian American, one biracial	Depression, anxiety, rela- tionship problems, meaning in life, grief and loss, and career concerns	Open-ended psychodynamic psychotherapy	Interview format	Consensual qualitative research
Coutinho et al. (2011)	To investigate the experiences of therapists and clients in WD and CF ruptures.	Portugal	University counseling center, with master level and doctoral student therapists	Eight (one male client). All clients were portugese	Personality disorders: Histrionic PD, Borderline PD, Avoidant PD, Paranoid PD, Obsessive PD	Cognitive behavioural therapy	Semi-structured video-assisted interview	Consensual qualitative research

Author and year	Focus /central research question	Country	Study setting	Number of participants, gender and ethnicity	Reason for consultation	Psychotherapy orientation	Data collection method	Data analytic method
Fitzpatrick et al. (2006)	How do clients understand events that influence the development of their relationships with their therapists?	Canada	University counseling center, therapy with master's-degree students in counseling psychology	Twenty (four male clients) who identified as Canadian, European, biracial, Asian and Carribbean	Relationship difficulties, self-esteem, existencial concern, academic concerns, substance abuse, eating disorder	Common factors and the building of a strong therapeutic relationship	Semi-structured interview format	Consensual qualitative research
Frankel & Levitt (2009)	To develop a theory of the inner workings of disengaged moments to guide the development of testable hypotheses and intervention strategies	USA	Three different settings: community psychologists and psychiatrists, a university psychological services center, and a university counseling center	Nine (two male clients). All clients were Caucasian	Depression, anxiety, interpersonal difficulties, fibromyalgia, Borderline Personality disorder	Cognitive Behavioral Therapy, Constructivist Therapy, Feminist Therapy, Process-Experiential Therapy, and Unified Therapy	Interpersonal process recall (IPR) interviews	Grounded theory
Grafanaki & McLeod (2002)	To explore and describe the processes taking place in moments of congruence/incongruence	Canada	Counseling research clinic	Six (three men), identified themselves as white European	Loss, sexual abuse, dealing with redundancy, stress, and difficulties with interpersonal relationships	Person-centered,experiential model	Brief Structured Recall interviews (tape-assisted recall), and open-ended questionnaire	Structured Narrative Analysis of Psychotherapy Segments

Author and year	Focus /central research question	Country	Study setting	Number of participants, gender and ethnicity	Reason for consultation	Psychotherapy orientation	Data collection method	Data analytic method
Haskayne et al. (2014)	To undertake a detailed examination of therapeutic rupture and repair experienced by client–therapist dyads during long-term psychodynamic therapy	UK	All participants were discharged clients or therapists at a Psychotherapy Service within the National Health Service (a tertiary, outpatient service)	Four	Complex, severe and enduring mental health difficulties (intermittent depression, depression, self-harm and low self-esteem, social anxiety)	Psychodynamic psychotherapy	Semi-structured interview format	Interpretive Phenomenological Analysis
Huang et al. (2016)	To qualitatively investigate the antecedents, characteristics, and consequences of CREs, and to explore wished-for aspects in therapy	USA	Mental health clinic providing low-fee psychotherapy. Therapists were counseling psychology doctoral students	Thirty-one (fifteen male clients). White American, African American, Hispanic American	Eligibility criteria included at least one interpersonal issue	Psychodynamic-interpersonal approach	Semi-structured interview format	Consensual qualitative research
Knox (2008)[a]	Specific moments of relational depth with the aim of discovering whether or not clients also experience such moments, and if so to explore the nature of those experiences and investigate any correspondence to therapists' experience	UK	All participants were therapists or trainee therapists who had themselves been clients of person-centred counselling	Fourteen (five male clients). Ethnicities were described as: Asian, African-Asian, Afro-Caribbean Swiss-Italian, Australian, and white British	N/A	Person-centered counselling	Semi-structured interview format	Grounded theory

Author and year	Focus /central research question	Country	Study setting	Number of participants, gender and ethnicity	Reason for consultation	Psychotherapy orientation	Data collection method	Data analytic method
Knox & Cooper (2010)[a]	From the client's perspective, what are the characteristics of a therapeutic relationship in which specific moments of relational depth are more or less likely to occur?	UK	All participants were therapists or trainee therapists who had themselves been clients of individual counseling	Fourteen (five male clients). Ethnicities were described as: Asian, African-Asian, Afro-Caribbean, Swiss-Italian, Australian, and white British	N/A	Person-centered counselling	Semi-structured interview format	Phenomenological/Grounded theory
Levitt & Piazza-Bonin (2011)	Examines the internal experiences of the same session for therapist and client, to shed light on relational and change processes at play within narrative processes	USA	University counselling center	Four (two male clients). They identified themselves ethnically as either White or Hispanic	Interpersonal issues, academic issues, anxiety, and depres-sion	Humanistic-eclectic, psychodynamic, feminist- integrative, and cognitive-behavioral/psychodynamic	Interpersonal process recall (IPR) interviews	Content analysis
MacFarlane et al. (2015)	Aimed to bring theory to bear on clients' early experiences of the alliance, including level of client contribution to the therapeutic relationship	USA	University counselling center, therapists were both in-training and licensed psychologists	Fifty-four clients (seven male clients) and forty-eight Caucasian	Adjustment disorders, mood disorders, anxiety disorders, eating disorders, and interper- sonal problems	Cognitive– behavioral, psychodynamic, interpersonal, feminist, and eclectic approaches	The alliance workbook (written responses)	Content analysis/ Grounded theory
Moerman & McLeod (2006)	Investigation of the process of person-centered counseling in relation to the needs and experiences of clients	UK	Clients were receiving counseling at time of study (agencies in two different cities)	Six (one male client)	Alcohol-related problems	Person-centered	Interpersonal process recall (IPR) interviews	Grounded theory

Author and year	Focus /central research question	Country	Study setting	Number of participants, gender and ethnicity	Reason for consultation	Psychotherapy orientation	Data collection method	Data analytic method
Nødtvedt et al. (2019)	Investigated the role of the therapeutic relationship during the different phases of the therapeutic process	Norway	Participants were recruited from a public program designed to treat mental health conditions that resulted in sick leave	Eighteen (five male clients). All clients were native Norwegians	Anxiety, depression, self-criticism	Time-limited Emotion-focused therapy (EFT)	Semi-structured interview format	Hermeneutic - phenomenological thematic analysis
Palmstierna & Werbart (2013	To explore both patients' and therapists' experiences of therapeutic process and outcome in the most successful individual psychoanalytic psychotherapies with young adults	Sweden	Institute of Psychotherapy (some self-referred, others were referred from out-patient clinics)	Eleven (two male clients)	Depressive mood, anxiety, problems in the relationship with parents and low self-esteem	Psychoanalytic psychotherapy	Semi-structured interview (The Private Theories interview) format	Grounded theory
Rennie (1994)[b]	Clients' reports of their moment-to-moment experience of an hour of psychotherapy, with a focus on their accounts of resistance	UK	Clients from different contexts: private practice and two University counseling centers	Fourteen (six male clients)	N/A	Person-centred, gestalt, transactional analytic, radical- behaviouristic, rational-emotive and eclectic	Audio/video-assisted interviews	Grounded theory

Author and year	Focus /central research question	Country	Study setting	Number of participants, gender and ethnicity	Reason for consultation	Psychotherapy orientation	Data collection method	Data analytic method
Rhodes, Hill, Thompson & Elliott (1994)	Examine retrospective client accounts of misunderstanding events within therapy. Examine major misunderstanding events as defined by clients.	USA	Former clients (five still in therapy). All were therapists or therapists-in-training	Nineteen (three male clients). All were identified as European-American	N/A	Dynamic, humanistic, humanistic-dynamic, eclectic	Retrospective Misunderstanding Event Ques-tionnaire (written responses)	Grounded theory/ Comprehensive process analysis (Consensus coding)
Råbu & Moltu (2020)	How do clients and therapists experience and reflect on the process of developing a helpful relationship?	Norway	Clients from nine different public out-patient clinics	Eleven (four male clients)	Depression, anxiety, eating disorders, addiction, and problems with anger management	"Therapy as usual", adjusted by the therapists to each client´s individual needs, within the context of the clinics	Semi-structured (serial) interviews	Phenomenological and Hermeneutical
Timulak & Lietaer (2001)	To explore moments identified by clients as particularly positive within their experience of person-centred counselling	Slovakia	Clients were recruited through counsellors, the researcher, or through a colleague at university.	Six (three male clients)	Interpersonal problems in general, work problems, life meaning issues (God), and doubts about the future.	Person-centered	Interpersonal process recall (IPR) interviews	Grounded theory
Williams & Levitt (2008)	To provide a deeper understanding of client-therapist differences and more concrete direction on managing differences in psychotherapy.	USA	Three contexts: College counseling center, a university out- patient mental health clinic, and private practices	Twelve (six male clients). Clients were identified as white, white/black, black, Jewish or Jewish/Israeli	N/A (?)	Humanistic, psychodynamic, behavioral, constructivist, interpersonal	Interpersonal process recall (IPR) interviews	Grounded theory

[a] The two studies by Knox (2008) and Knox and Cooper (2010) come from the same client sample. [b] Methodological information about Rennie (1994) is retrieved from Rennie (1992).

Table A5

Phenomena investigated in the included studies

Author, year	Construct/phenomenon	Were the participants given the definition beforehand or did they "speak freely"?	Definition(s)	Time of inquiry and our comments
Rhodes (1994)	Major misunderstanding event Resolution	Yes. They were asked (in the questionnaire) to "select a major misunderstanding event that occured during therapy" (p. 475) before they were given the definition. No. The event was rated as resolved by coders.	"A time in which they felt misunderstood by their therapists, regardless of whether the event was resolved satisfactorily or not" (p. 475). "Client perception of a satisfactory outcome such that the client felt able to continue the work of therapy. The event did not need to be fully understood or discussed in therapy, nor did the therapy need to have a positive outcome" (p. 475).	In hindsight.
Chui (2020)	Helpful events Wished-for events	No. They were asked open-ended questions: "How did you feel about your therapy experience?" and "What do you wish the therapist would have done differently in your therapy?" (p. 351).	"In this study, our first purpose was to examine what therapists and clients thought was helpful and what they wished to have happened in their therapy" (p. 351). No strict definition, explorative.	In hindsight.
Råbu (2021)	Helpful relationship (in useful therapy)	No. "The clients were interviewed twice, first about their own personal life and development, and later about their experiences in the specific therapy process with the present therapist. Had specific open questions regarding the therapy process and therapy relationship" (p. 69).	No strict definition, explorative.	In hindsight.
Frankel 2009	Disengaged moments	Yes. Clients stopped recorded therapy session when identifying such moments and were asked open-ended and non-leading questions.	"Lessening involvement in therapy discussion or withholding from the therapist" (p. 157).	In-session experience. Places the concept of disengagement within four research areas: client resistance, storytelling, secrecy and silences.

Author, year	Construct/phenomenon	Were the participants given the definition beforehand or did they "speak freely"?	Definition(s)	Time of inquiry and our comments
Rennie 1994	Resistance (in counselling)	No.	"(a) resistance to a particular counsellor intervention in the context of an evidently good working alliance (Bordin, 1979; Greenson, 1967); (b) resistance to the counsellor's strategy in the particular session within the context of an evidently good working alliance; and (c) resistance to aspects of the counsellor's general approach to counselling the client, thus in the context of an evidently conflicted working alliance" (p. 46). Rennie concludes that participants' account are primarily about *realistic resistance,* which he contrasts with transferential resistance (p. 54)	In-session experience.
Bachelor 1995	Therapeutic alliance	No. Clients were asked to respond in writing to questions of "a good client-therapist relationship (i.e. the working relationship that exists between client and therapist)" (p. 324-325).	No strict definition, explorative. Describes different definitions,e.g. Greenson, Sterba, Bordin, Luborsky, Frieswyk. Concludes that "the relation of current views of the alliance, including the dimensions or components held to be determinant, to the clients' actual experience of the phenomenon remains unclarified".	Before, during and after therapy. Findings delineated three relatively distinct alliance typologies; nurturant, insight-oriented and collaborative alliance.
Banerjee 2016	Therapeutic relationship	No. "We asked general questions about therapy experience to provide scope for the relationship issue to emerge spontaneously. However, toward the end, few specific probing questions were included to sensitize the participants to the relationship theme" (p. 174-175).	No strict definition, explorative. "Clients' and therapists' perspectives on the mutative role of therapeutic relationships" (p. 171).	In hindsight.

Author, year	Construct/phenomenon	Were the participants given the definition beforehand or did they "speak freely"?	Definition(s)	Time of inquiry and our comments
Bartholomew 2017	Alliance ruptures	No. Clients answered items about ruptures based on Muran et al (2009) and participants who had experienced moderate to severe ruptures were selected for the qualitative part of the study.	Safran & Muran's definition: "Deteriorations in the relationship between therapist and patient" was used (p. 1). Acknowledged that "clients have their own experience of ruptures" (p. 2).	In hindsight. Studied alliance ruptures and *hope for change* ("how did [the rupture] affect your belief that therapy could be effective for you?")
Brooks 2020	Expectations and experiences of psychological therapy	No. Interview covered background for referral, expectations of the service, expectations compared to experience of therapy, information/advice that would be useful to other attending service in the future.	No definition.	In hindsight.
Coutinho 2011	Alliance ruptures Withdrawal ruptures Confrontation ruptures	No. Clients were asked about a rupture event that was identified as such by observational judges. Were asked questions similar to Rhodes et al 1994 (background and causes; participant's experience during event; the way the episode evolved; impact or importance of the episode to the process and to the clients change process).	Withdrawal ruptures: "The client either moves away from the therapist (e.g. may avoid T's efforts to understand his/her experience by giving minimal responses, he/she may also tell stories and/or shift the topic in an effort to avoid distressing topics) or move toward T in a way that denies an aspect of the client's experience (e.g. may be overly compliant and submit to T in an excessively deferential manner)" (p.525) Confrontation ruptures: "The client moves against the therapist either by expressing anger/dissatisfaction (e.g. criticizes the therapist's interpersonal style or rejects or dismisses T's efforts to intervene) or by trying to pressure/control T (e.g. tells T what to do or puts pressure on T to fix his/her problems quickly)" (p. 525).	In-session experience. Compare to Frankel and Levitt's definition of disengaged moments (places it in the context of storytelling, client resistance, silences and secrecy)

Author, year	Construct/phenomenon	Were the participants given the definition beforehand or did they "speak freely"?	Definition(s)	Time of inquiry and our comments
Fitzpatrick 2006	Client critical incidents Early alliance development	No. Clients were (among other things) asked to characterize their current counseling relationship - then how they knew it was positive or what got in the way, then describe "a critical incident which was particularly poignant, important or meaningful to them in the initiation of the relationship" (p. 488).	No strict definitions, explorative. Critical incident: Meaningful therapeutic events or incidents (as defined by clients).	Interview after third session. Alliance not strictly defined, explorative study of processes of the development of an alliance leading to productive therapeutic work.
Grafanaki 2002	Congruence (in time-limited person-centred therapy)	No. Clients were asked to "share their experiences during two key events (the most helpful and the most hindering) that happened in these sessions" (p. 20). Clients were interviewed 3 times.	Guided by Barret-Leonard's definiton: "The degree to which one person is functionally integrated in the context of his/her relationship with another, such that there is absence of conflict or inconsistency between his/her total experience, his/her awareness and over communication in the relationship." (p. 22). Seeking to "bracket off" or transcend this definiton to arrive at a fresh understanding of this phenomenon (p. 22).	In-session experience. The authors refer to "particular aspects of this phenomenon": transparency, immediacy, genuineness, authenticity (p. 20) They also refer to an absence of recent research on congruence (p. 21). Also refers to Mearns & Thorne, which Knox (2008; 2010) refers to on relational depth.
Haskayne 2014	Therapeutic rupture and repair (in long-term psychodynamic therapy)	Yes. Participants were asked (among other questions) about details about difficulties/ruptures. They were given a "broad definition, drawn from Safran et al. (2009)" prior to the interviews (p. 73).	"Strain or breakdown in the collaborative process between client and therapist, a deterioration in the quality of relatedness between the client and therapist, a deterioration in the communicative situation or a failure to develop a collaborative process from the outset" (p. 73).	In hindsight. The authors notes how ruptures and repairs are understood in the psychodynamic tradition: "The experience of therapeutic rupture and repair is understood in terms of transference and counter-transference enactments within psychodynamic therapy. The process of psychodynamic therapy can be thought about as a series of transference cycles in which each cycle contains necessary rupture and repairs between the therapeutic dyad" (p. 69).

Author, year	Construct/phenomenon	Were the participants given the definition beforehand or did they "speak freely"?	Definition(s)	Time of inquiry and our comments
Huang 2016	Corrective relational experience (in psychodynamic-interpersonal psychotherapy)	Yes. Clients were first asked about their whole therapy experience. Then they were given the definition in the interview and asked if they had had such an experience, and if so they were asked additional questions.	"Times when you felt a distinct shift, such that you came to understand or experience your relationship with your therapist in a way that was ultimately very positive" (p. 185).	In hindsight. (Theoretical definitions in introduction, p. 183). Corrective experience: "A person comes to understand or experience affectively an event or relationship in a different and unexpected way" Corrective *relational* experiences: CEs "that occur within the context of, and because of, the therapeutic relationship".
Knox 2008 Knox 2010	Relational depth (in person-centred counselling)	Yes. "Participants were advised that this definition was intended as a starting point only, and that their own experience might be very different". (Knox & Cooper, 2010, p. 241).	Mearns & Cooper's (2005) definition: "A moment of profound contact and engagement in which each person is fully real with the Other" (Knox & Cooper, 2010, p. 240).	In hindsight.
Levitt 2011	Significant moment (Clients' significant experiences underlying psychotherapy discourse)	Yes. "The participants held the recorder controls and would stop the recording when they identified a significant moment and asked to specify what was significant about each moment". (p. 74)	"Significant moments were defined as moments that could be positive, negative, or neutral in valence but that felt important to the participant" (p. 74).	In-session experience. Relatively a-theoretical investigation of the phenomenon in that participants themselves identify what a significant moment is - compare with Grafanaki.
MacFarlane 2015	Working alliance (early formation)	No. The alliance workbook had four sections which guided responses towards Bordin's definition.	Questions regarding "the goals, tasks, and bond components of the alliance in each session" (p. 365).	Experiences during first sessions of therapy. Structured questions.

Author, year	Construct/phenomenon	Were the participants given the definition beforehand or did they "speak freely"?	Definition(s)	Time of inquiry and our comments
Moerman 2006	Significant moment (Experience of self in the therapeutic relationship in person-centered counseling for alcohol-related problems)	Yes. Clients stopped the replay of their sessions when they felt a significant moment, and related their felt experience of that moment to the researcher.	"For example, a moment of insight, clarity, revelation or recognition" (p. 24)	In-session experience. Compare with Levitt 2011 - same concept, different research question. Relatively a-theoretical investigation of the phenomenon in that participants themselves identify what a significant moment is.
Nødtvedt 2019	Therapeutic relationship (in emotion-focused therapy)	No. Interview guide questions explored "participants' motivations for and experiences in therapy, experiences about the therapeutic relationship, and experiences with chair dialogue interventions" (p. 3).	Explorative study that "investigated the role of the therapeutic relationship during the different phases of the therapeutic process" (p. 2)	In hindsight. Compare with Palmstierna.
Palmstierna 2013	Therapeutic process and outcome (in psychoanalytic psychotherapy)	No. Semi-structured Private Theories Interview. "Narratives on the following themes were collected: problem formulations, ideas of background, ideas of cure and descriptions of changes during and after therapy, as well as retrospective views about what in therapy contributed to change, what had been obstacles and what could have been different." (p. 24-25). Also a question from the Object Relations Inventory: "Please give a brief description of your therapist" (p. 25)	Explorative study using questions from existing interview guides, thus guiding participants towards specific aspects of their therapy experience.	In hindsight. Compare with Nødtvedt.
Timulak 2001	Positively experienced episodes (in brief person-centred counselling)	Yes. Clients were interviewed with general questions and then asked if the could recall somehow positive moments.	"Moments that were experienced to be somehow positive during the session" (p. 65)	In-session experience. Relatively a-theoretical investigation of the phenomenon in that participants themselves identify what a positive moment is.

Author, year	Construct/phenomenon	Were the participants given the definition beforehand or did they "speak freely"?	Definition(s)	Time of inquiry and our comments
Williams 2008	Difference with therapist	Yes. When a difference was noted (in audio-tape), the participant was prompted to describe the experience of difference.	"A difference of thought, emotion, values, experiences, or perspectives. It also could be due to personal differences or culture, such as race, ethnicity, class, sexual orientation, gender, or disability" (p. 259)	In-session experience. Relatively a-theoretical investigation of the phenomenon in that participants themselves identify what a moment of difference is.

Note. Studies are not listed alphabetically.

Figure A2

Picture of analog analysis

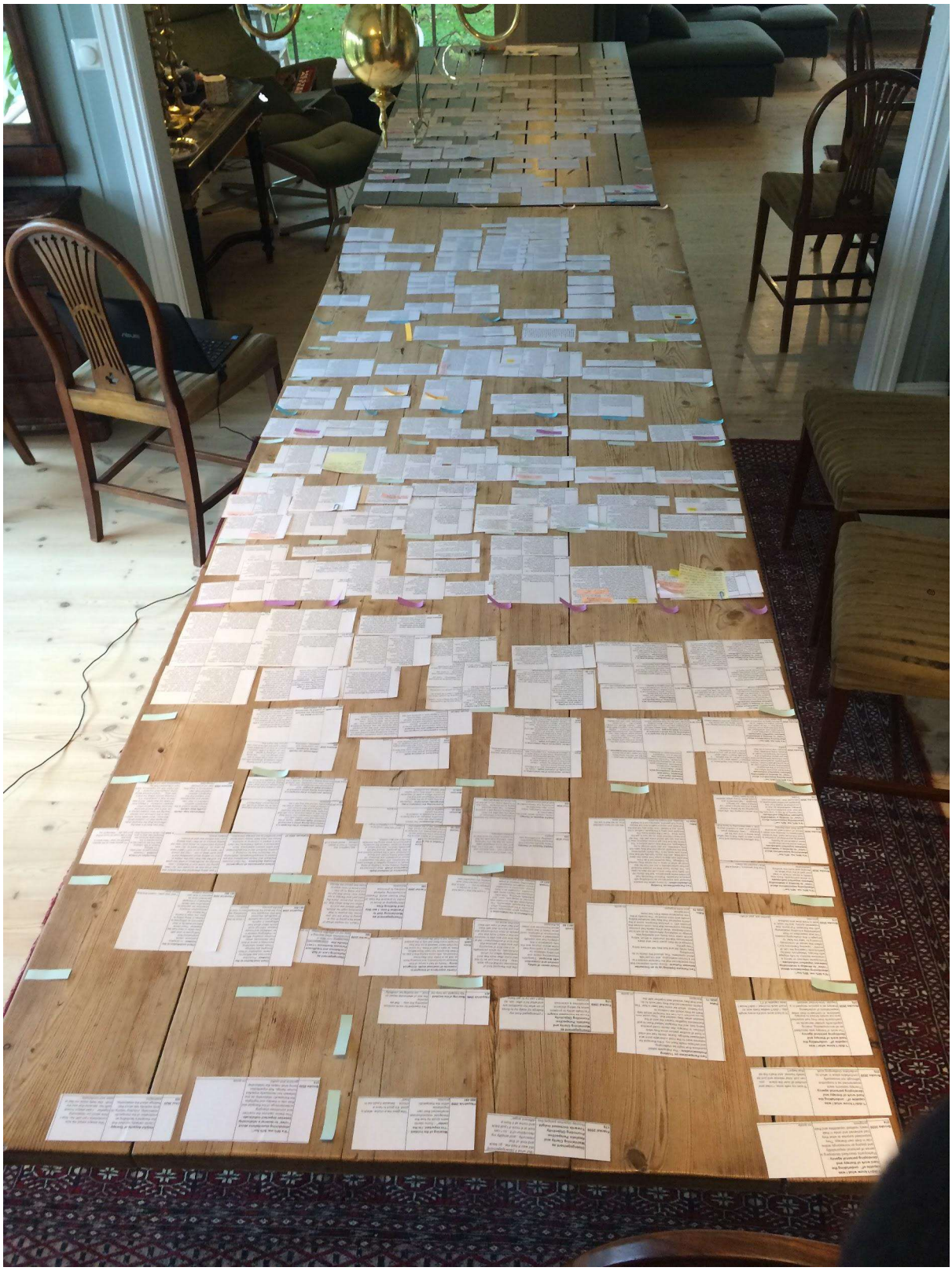


Table A6

Concepts denoting struggles/ruptures and resolution/repair

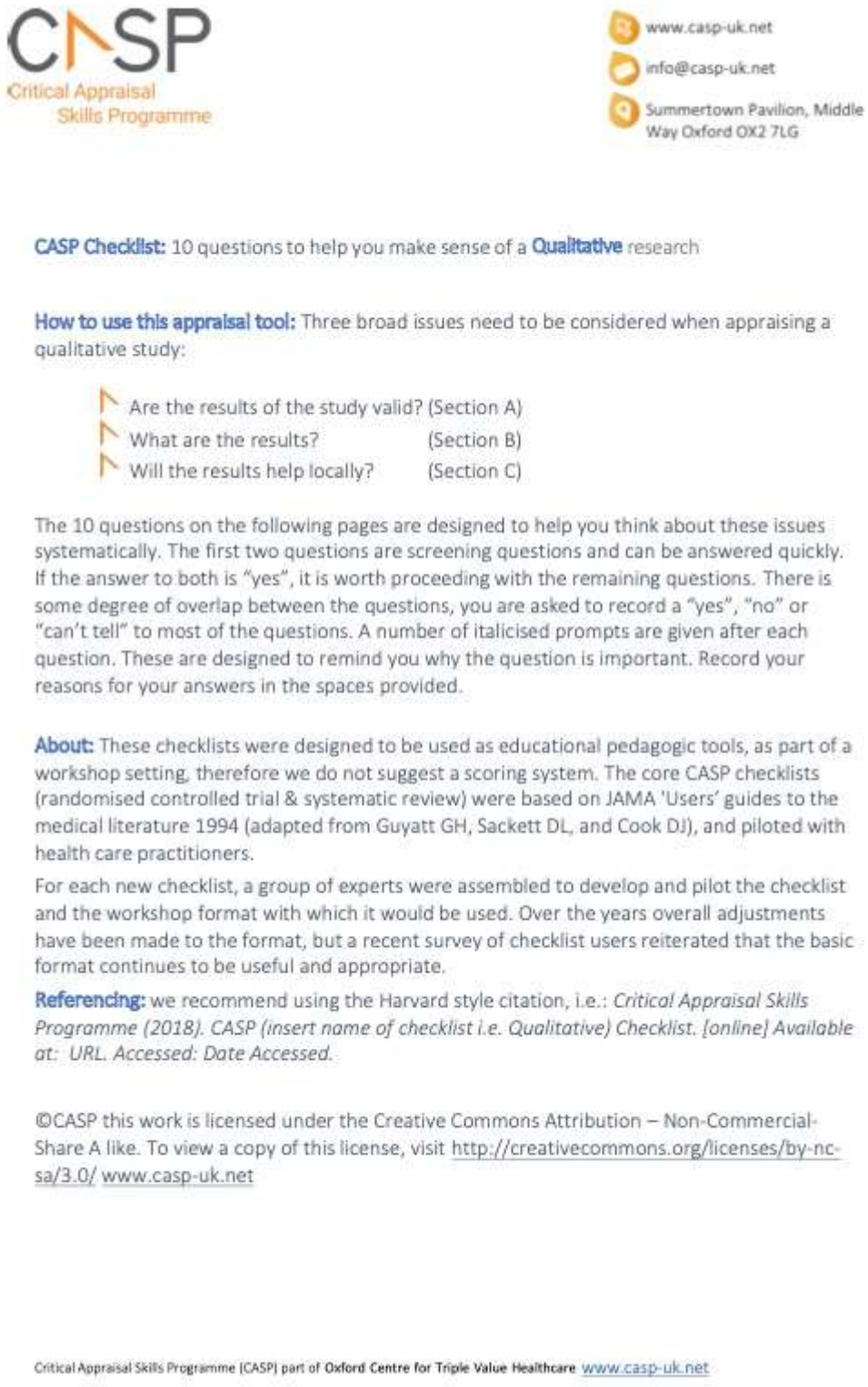
Struggles/ruptures	Resolution/repair
Major misunderstanding events	Mutual repair effort
Resolved / unresolved misunderstanding events	Resolution
Negative reaction*	Repair*
Client's negative feelings	Metacommunication
Unresolved misunderstandings	Collaborative exploration of the rupture experience
Poor relationship	Successful resolution
Disengaged moments	Collaborative negotiation of moments of tension within the treatment
Withdraw*	Working through the rupture event
Distanc*	Negotiat* ruptures
Deadlock	Negotiate the needs of self versus other
Problematic interactional pattern*	Work through
Rupture*	Negotiate ruptures
Strain*	Alliance rupture intervention
Enactment*	Alliance rupture repair processes
Impasse*	Rupture repair episodes
Stalemate*	Repair events
Weakened alliance	Rupture repair sequence*
Relation* problems	Processing the therapeutic relationship
Stuckness	Tear and repair of the relationship
Alliance ruptures	Building repairing therapeutic relationship
Phases of stagnation	Relational work
Therapeutic failure*	Restoring collaborative relationship
Transference–countertransference enactment*	Mutual repair process
Moments of interpersonal tension	Immediacy
Empathic failure*	Resolve difficulty problems in the quality of relatedness or deteriorations in the communicative process
Unresolved ruptures	Resolv*
Misunderstanding events	Rupture resolution

Struggles/ruptures	Resolution/repair
Ruptures in the therapeutic alliance	Overcom*
Tension*	Ambivalence resolution
Breakdowns*	Improv*
Negative therapeutic process	Negotiat*
Major rift in collaboration	Helpful*
Withdrawal rupture	Helpful event*
Confrontation rupture	Heal*
Deterioration in alliance	Forgiv*
Rupture event	Cope*
Therapeutic alliance ruptures	Coping*
Rupture repair episode	Manage
Weakenings in therapeutic alliance, as consisting of (1) disagreements about the tasks of therapy, (2) disagreement about the treatment goals, or (3) strains in the patient–therapist bond	Collaborat*
Therapeutic impasse*	
Tension or breakdown in the collaborative relationship between patient and therapist	
Problems in therapeutic relationship	
Client hostility	
Counter-hostility	
Disruptions in therapy alliance	
Negative relational process*	
Relationship struggle*	
Confrontation event*	
Ambivalen*	
Resistan*	
Confrontation challeng*	
Challeng*	
Negative process*	
Negative event*	
Problem*	
Breach*	

Struggles/ruptures	Resolution/repair
Microaggress*	
Hinder*	
Hindering event*	
At odds	
Disagree*	
Mistak*	
Error*	
Frustration/frustrat*	
Conflict*	

Figure A3

Example of a completed CASP form



CASP
Critical Appraisal Skills Programme

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CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference: Coutinho et al. (2011)

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	✔
Can't Tell	
No	

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments: There is a clear aim. The researchers argues for the relevance and importance of the goal (among other things by pointing to empirical evidence showing the lack of comparative perspectives within the rupture-resolution field, impact on outcome etc.)

2. Is a qualitative methodology appropriate?

Yes	✔
Can't Tell	
No	

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments: Qualitative methodology is appropriate (it is a mixed methods design). They argue for this by (among other things) promoting the importance and interest in the internal experiences of the participants. Furthermore they argue for the qualitative methodology by pointing to the explorative nature of the study.

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	✔
Can't Tell	
No	

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments: The research design is justified. The authors argue for the relevance of the chosen design. They have not explicitly discussed how they decided which method to use, but they argue well for the choice they made.

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4. Was the recruitment strategy appropriate to the aims of the research?

Yes	✔
Can't Tell	
No	

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: The recruitment process is well described. Characteristics of the participants (PD) is convincingly justified, and seems the best fit to answer the research questions.

5. Was the data collected in a way that addressed the research issue?

Yes	✔
Can't Tell	
No	

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments: The data collection is thouroughly described. Furthermore, its methods are jusitified (videotaped sessions and audiotaped interviews, verbatim transcriptions of the interviews with the participants). Saturation of data is also described (15 first sessions are videotaped)

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6. Has the relationship between researcher and participants been adequately considered?

Yes	✔
Can't Tell	
No	

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments: Yes. The interests and potential biases and influences of the judges are accounted for. Furthermore it is described how these things might influence the choices made.

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	✔
Can't Tell	✔
No	

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments: It is not stated whether an ethics committee has been involved. There is not an «ethics section». At the same time it is described how informed consent is obtained from all of the participants.

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8. Was the data analysis sufficiently rigorous?

Yes	✔
Can't Tell	
No	

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments: The analysis process is rigourously described. The different steps of this process is explained in details. Furthermore there are several analysts, both within the team, as well as an external auditor.

9. Is there a clear statement of findings?

Yes	✔
Can't Tell	
No	

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments: The findings are explicit. The credibility of the findings are justified. Furthermore, there is an adequate discussion, also pointing to limits of the study. The findings are discussed in relation to the original research question.

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Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider
- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: The authors argue for the value of the findings both when it comes to the field of research, as well as the practical-clinical value of them. They also suggest further areas of research. There is also a discussion of the transference of the findings.