Mick Cooper asks if we are any closer to identifying what happens, and how and why, when therapist meets client at relational depth.
What do you remember about your first-ever session with a client? I remember the shabby, homely furnishings of the youth counselling centre in which it took place. I remember being really anxious about whether or not the client would show: my first two hadn’t turned up, and I was beginning to take it personally. And I absolutely remember the shy, thoughtful young woman who turned up, well ahead of time, and told me about the problems she was having with her schoolmates and her over-intrusive father. Most of all, though, I remember coming out of the session feeling that I had experienced some really powerful, deep, profound connection with this young woman. More than that, I sensed that there was something about this in-depth connection that was right at the heart of what was healing in the therapeutic work.

From 2003 to 2005, I had the privilege to be able to explore these experiences and ideas in more depth with Dave Mearns, co-author of the much-loved classic, Person-Centred Counselling in Action. Dave had been writing about ‘relational depth’ since the mid-1990s. When his publishers, Sage, asked counselling trainers what books they would like to see, several had suggested a more detailed exploration of this topic. For Dave, ‘relational depth’ was a way of pulling the Rogerian ‘core conditions’ (empathy, congruence and unconditional positive regard) back together again. As a counselling trainer himself, Dave had seen how trainees and trainers could end up seeing each of these conditions as separate techniques that got ‘implemented’ at separate times (‘Now I’m doing empathy’; ‘Here’s a bit of congruence’; ‘This one’s unconditional positive regard’). Dave wanted to say that it is really all one thing: when you are there for a client, you are relating in a way that is ‘empathically-congruently-accepting’, and you cannot pull these core conditions apart like strips of string cheese. What, I think, Dave also really wanted to say is that, in the counselling world, we have become so concerned about getting ‘over-involved’ with our clients that we have forgotten about the dangers of being under-involved: of providing them with a relationship that is so cold, impersonal and detached that it can end up doing more harm than good.

The result was Working at Relational Depth in Counselling and Psychotherapy, which we first published in 2005. I was, I confess, surprised by how warmly it was received. It became one of the highest-ranked texts on the Amazon.co.uk counselling bestsellers list a few months before publication, and has pretty much stayed there ever since. The book, of course, has its critics. For instance, some members of the person-centred community felt that our perspective was too directive and confrontational. But we held conferences on relational depth; it was the focus of a special issue of the journal, Person-Centered and Experiential Psychotherapies, and the book served as a key text in the emergence of a ‘relational’, ‘dialogical’ approach to person-centred therapy.

For me, one of the most gratifying outcomes of the book was the number of research studies that followed, mostly conducted by doctoral or master’s level students. Of course, in trying to research relational depth, there is always the danger of destroying it: like catching a butterfly and inadvertently crushing it in the process. But I also think that research has a very important function here, because, like relational depth, it is about learning and growing and being open to change. So, as the second edition reaches the bookshelves (it’s published by Sage this month), this seems a good time to review what we’ve learned since its first publication in 2005.

The experience of relational depth
One of the first things that a lot of the research looked at is what it is like to relate deeply to another person, either in therapy or outside it. Most of this research found that the experience of relational depth could be described in terms of four main areas: what people felt inside, how they experienced the other, what the relationship was like, and how the atmosphere around them was.

In terms of internal feelings, people described feeling energised and focused at these times of relational depth, yet also safe and calm. They often talked about relational depth being a very physical experience (for instance, electrifying or tingly feelings), and also a level of emotional intensity. They also said that, at these times, the ‘other’ was experienced as very genuine: real, human and present - coming from the ‘core’ of their being.

In terms of the relationship between them, people described powerful feelings of connection, closeness and intimacy at these moments of relational depth, and talked about this in very evocative terms; for instance, a ‘heart to heart’ meeting, or ‘like electricity flowing one from the other’. Feelings of mutuality and equality in the relationship were also very common, and people often said that relational depth happened without words. In terms of the atmosphere, they often described feeling in some kind of altered state, or that there were changes in their perception of time:

‘... people described feeling energised and focused... yet also safe and calm. They often talked about relational depth being a very physical experience... and also a level of emotional intensity. They also said that, at these times, the “other” was experienced as very genuine: real, human and present’
for instance, long periods of time seemed to go by in a flash. Some people also described these experiences as spiritual.

The striking commonalities in how these experiences of relational depth were described - both across participants within the same study and across studies - suggest that the phenomenon of relational depth is a real and distinctive occurrence. Initial research suggests it also extends beyond western cultures, but more cross-cultural studies are needed. However, we have also found some differences in the experiences of relational depth, particularly between therapists and clients. For instance, consistent with their roles, therapists are more likely to experience feelings of respect and empathy for the other at these times, while clients are more likely to describe feelings of being known, understood, cared for and accepted.

For therapists
All the studies conducted so far suggest that the vast majority of therapists experience moments of in-depth connection with their clients. For instance, one survey found that around 98% of therapists could identify at least one experience of relational depth.4 Interview studies with therapists have found similar prevalence across orientations and client groups. In terms of frequency, one survey found that therapists experience relational depth somewhere between ‘sometimes’ and ‘often’ in their therapeutic work.5

Surprisingly, perhaps, there is no difference in the degree to which therapists of different orientations report experiences of relational depth. There are also no differences across age, ethnicity or gender. However, more experienced therapists seem to report more experiences of relational depth. Also, perhaps not surprisingly, while therapists have reported experience of relational depth in short-term therapies, long-term therapy relationships appear more conducive to a greater depth of connection.

For clients
But is relational depth something that therapists just imagine happening; does it have any bearing on what clients really experience in the therapeutic work? The research suggests that clients do, also, have this experience. In one study, around 80% of clients reported experiences of relating in depth with their therapists, and clients in most qualitative interview studies have reported something similar.6 Nevertheless, in some studies clients have not reported experiences of relational depth, and, overall, they seem significantly less likely than therapists to report it. In addition, one study found that young people really struggled to describe any such moments of connection with their therapists.7 They could identify important moments in therapy, and were certainly able to talk about therapists’ relational characteristics, such as their warmth or supportiveness. But the notion of experiencing moments of closeness or relational intimacy with their therapist appeared alien to the way these young people thought about the counselling process.

Across studies, there are some indications that clients may experience less relational depth with psychodynamic therapists than with humanistic therapists. Clients also report more depth of connection with female therapists. Interestingly, this seems to be particularly true for male clients: the deepest levels of connection are between a female therapist and a male client; the shallowest between a male therapist and a male client.

Shared relational depth
One question that has always fascinated me is whether the client and therapist experience relational depth at the same time. I tested this myself, in a study in which pairs of practising and trainee counsellors were asked to conduct 20-minute ‘counselling’ sessions with each other, and, at every minute, to rate their own sense of depth of connection in their respective roles.8

I didn’t expect to find much match, given the body of research showing that therapists’ and clients’ perspectives are typically very different. However, there was an overlap of around 45%. This varied a lot across the pairs: in some cases, the therapists and clients were really closely matched in their assessments of the degree of connection; in others, the therapists and clients seemed to be experiencing quite different ‘journeys’. Although the design of this study was somewhat artificial, other studies in which participants have rated their depth of relating after the session have found something similar.

Interestingly, the more experienced therapists did not seem to be any better at matching their clients than the trainee therapists. However, female therapists did achieve a better match than male therapists.

The impact of relational depth
Does achieving this connection have any actual impact on the therapeutic work and the client’s outcomes? The best evidence here comes from a study using the Relational Depth Inventory. This asks clients to identify a particular helpful moment or event in therapy, and to rate how accurately 24 items associated with relational depth fit with this experience (for instance, ‘I felt a profound connection between my therapist and me’).9 This demonstrated that experiencing a depth of connection was associated with a striking 10-30% of the overall positive outcomes: that is, the more that clients experienced relational depth in a particular moment of therapy, the more they improved.

In support of these findings, interview studies also indicate that a majority of clients feel that moments of relational depth have a significant positive impact: both immediately and in the longer term.2 In terms of immediate effects, clients describe these moments of meeting as facilitative, healing and changing, and also describe a positive impact on the therapeutic process itself. In the longer term, the most commonly reported impact is an increased connection with their own selves. Clients also report feeling more powerful, feeling better, and developing improved relationships with others.

‘In terms of immediate effects, clients describe these moments of meeting as facilitative, healing and changing, and also describe a positive impact on the therapeutic process itself. In the longer term, the most commonly reported impact is an increased connection with their own selves’
What blocks it
Clearly, a meeting at relational depth is not something that can be made to happen. By definition, it’s a spontaneous encounter, and it’s also a deeply human and respectful meeting – so not something that a client can be manipulated into. Nevertheless, there may still be things that therapists can do to make its occurrence more likely.

When therapists are asked how this connection occurred, they most often mention ‘taking risks’: in particular, taking the risk of saying to a client how they are experiencing the therapeutic work. They might say, for instance: ‘I sense that you are feeling a bit disconnected today’, and then follow that through to a more honest and authentic dialogue.

However, clients say that moments of relational depth are most likely to happen when their therapists are offering something ‘over and above’ what they would expect from a professional relationship: a genuine, very real commitment and care.6 Closely related to that, they talk about their therapists being really real and human: genuine, themselves, and not faking things or putting themselves on a professional pedestal. So, for instance, one client said: ‘I think I had only expected to receive from her professional self…’

One client said: ‘I think I had only expected to receive from her professional self…’

Interestingly, too, the clients emphasise how that is trustworthy, reliable and professional.

When therapists are asked how this connection occurred, they most often mention ‘taking risks’: in particular, taking the risk of saying to a client how they are experiencing the therapeutic work. They might say, for instance: ‘I sense that you are feeling a bit disconnected today’, and then follow that through to a more honest and authentic dialogue.

SOMETHING WONDROUS HAD JUST TAKEN PLACE

‘Grace’ was a 39-year-old woman who worked with counsellor Anne Deacon for over two years. Throughout her childhood, Grace was regularly beaten by her parents and mentally tormented in the most sadistic of ways.

Anne writes: ‘Grace learned early in her life to keep her feelings under control and never show any emotion. Every waking moment was fearful for her as she never knew what might provoke another attack.’ Grace did not know what her feelings felt like because she had not been allowed to experience them. ‘Even fear had been replaced by a void of nothingness.’

For the first few months of counselling, Grace and Anne worked together to help Grace recognise what her feelings were and put labels to them. ‘Then came the day when she was telling me of yet another beating and, as my eyes filled with tears as I listened, she suddenly stopped mid-sentence and said to me “Those tears should be mine, shouldn’t they.” I nodded. Grace continued to look at me and then I saw her eyes beginning to fill with tears as well. (This was the first time in 18 months that she had shown emotion). She continued to look at me as if she needed to be connected to my tears to allow hers to flow. Time seemed to stand still, quietness seemed to descend on the room, there was nothing happening, yet there was so much happening.

Grace continued to look at me and the enormity of her pain was tangible. Then her tears came, at first slowly, as she blinked hard as if to force them out of her eyes. Then she was sobbing, her body shaking with the force. She looked at me now with panic in her eyes as she experienced for the first time what it felt like to cry for her self. I leaned closer, her tears now were falling on to her arms and clothes, and the noises she made came from deep within her very soul.

I asked softly if she wanted me to sit next to her. She nodded. I moved slowly across to the settee and sat down, half-facing her (touch was something she was afraid of, so I needed to be extremely sensitive), and then made my hand available to her. It seemed a while before she very slowly moved her hand towards mine. I made no movement and gradually she touched my finger with hers. All the while her sobbing continued. Suddenly I was aware she was carefully and gently starting to hold my finger.

‘When I felt her finger touching mine I was careful not to make much movement. I was aware of the courage it was taking for her to touch me. The way she was touching me was so tentative and uncertain and instinctively I didn’t respond straight away; I waited until she was holding my finger more securely. I then very slowly held her back and we sat like that for what seemed an eternity. The contrast between her fragile touch and her racking sobs seemed a chasm apart.’

I didn’t feel any sense of a need to comfort her in any way. I felt a deep empathy for her, and, in that moment, I was willing to just sit alongside her in that dreadfully painful and terrifying place she now found herself in. (In the past to cry would have resulted in a beating.) She was not only crying for the first time, but she was touching another human being. To me, in that moment, she was saying, “I trust you with my tears and with my touch.”

‘My chest cavity was full to the brim with emotion and it felt difficult to breathe. I no longer felt any desire to cry for her pain. But the effort of just staying close was intense.

Eventually her crying subsided. Just as gently and slowly as she had first held my finger, she now began to release it, and, as if in slow motion, we took up our original positions facing each other. She looked into my eyes again, and in that moment, we knew that something truly wondrous had just taken place.’

Anne continued to work with Grace for a further eight months. At the end of her counselling, Grace decided that she would pursue her love of art and enrolled on a course at the local university. Her first year was a success and she went on to take the degree course.

(Adapted from: Knox R, Murphy D, Wiggins S, Cooper M (eds). Relational depth: new perspectives and developments. Basingstoke: Palgrave; 2013 (Chapter 1).)
‘If therapists want to deepen their levels of relating with clients, then it would seem important that they allow themselves to express a genuine care and concern for the people they are working with’

If therapists want to deepen their levels of relating with clients, then it would seem important that they allow themselves to express a genuine care and concern for the people they are working with. This is not about pretending that we care; it’s about expressing our natural warmth, compassion and humanness. Of course, boundaries are critically important for therapy. But what the research on relational depth suggests, as Dave Mearns originally argued, is that, if therapists implement boundaries in an impersonal, detached, uncaring way, then it has the potential to act against the helpfulness of the therapeutic work.

So, rather than looking at how we can make relational depth happen, it might be more useful to look at what stops us, as therapists, from relating more deeply with our clients. A concept that may be useful for this is that of chronic strategies of disconnection, developed by relational-cultural therapist Judith Jordan. This describes strategies we may have developed as children to protect ourselves from interpersonal hurt, but which have now become self-defeating. For instance, as children, we may have gone quiet and passive when we feared others were going to hurt or reject us, and we may still do this in arguments with our partner, even though we know it makes things worse.

So, as therapists, we need to ask ourselves: ‘What are my chronic strategies of disconnection? Are there ways in which these might leak into my therapeutic work? What might I do about this?’ (A recent study found that around 50% of therapists’ chronic strategies of disconnection leaked into their therapeutic work, at least to some degree.)

Beyond the visible

This is just some of the new evidence informing an understanding of the role of relational depth in therapy. There are also new findings in the social neuroscience field, showing how in-depth relating can have a positive effect on the brain, and health studies research showing that the quality and quantity of interpersonal relationships are among the strongest predictors of mortality. But the research reviewed here comes specifically from our own field of counselling and psychotherapy, and tries to put relational depth right into the centre of an understanding of therapy processes and outcomes.

There is an old adage about a policeman who sees a drunk looking for something under a street lamp, and asks him what he has lost. The drunk says he has lost his keys, and so they both look under the street lamp together. After a while, the policeman checks with the drunk whether he has definitely lost them there and the drunk says, ‘No, I lost them in the park, but this is where the light is.’ So it is with research into relational depth: we can look under the street lamp, at easily definable and measurable phenomena like therapists’ techniques, but we may be focusing on only the most visible and surface-level agents of change. We need to take a torch into the park to see more of what’s out there.

Of course, we will never ‘catch’ relational depth, hidden behind a bush like some scurrying mouse, but at least we can learn more about its habitat, its terrain. And maybe, in some fleeting moments, we will catch a glimpse of it, and stand in awe of its power, profundity and beauty. However evasive, however hard to find, those experiences of deep relational connection may be the most meaningful in life, and the most significant in the therapeutic healing process.

REFERENCES

4. Leung J. A quantitative online study exploring the factors associated with the experience and perception of relational depth. Glasgow: University of Strathclyde; 2008.