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Relationship qualities that are associated with moments of relational depth: The client's perspective

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Abstract

This study explores the qualities of the therapeutic relationship that are associated with profound moments of interpersonal connectedness. Using a phenomenological approach, qualitative, semi-structured interviews were conducted with 14 participants all of whom had been clients of predominately person-centered counseling.

Therapists with whom participants did experience moments of relational depth were experienced as being trustworthy, real, genuinely caring and earnest in their desire to understand. In relationships where they felt there was no moments of relational depth, participants described their therapist as distant, powerful, interpreting, misunderstanding or saying the right words but not really meaning it. Findings are discussed in relation to theory and previous studies, and suggestions for further research given.

Keywords: client experience, relational depth, person-centered therapy, qualitative research, therapeutic relationship.

Introduction

Since its conception in 1996 by Dave Mearns, the notion of *relational depth* has received little attention until the more recent explorations and developments by Mearns and Cooper (2005) in their book *Working at Relational Depth in Counselling and Psychotherapy*. Stemming in part from Rogers' (1986) notion of 'presence',

which refers to the therapist's experience of fully meeting the client, the concept of relational depth encompasses the experiencing and parts played by both client and therapist, as well as the role and impact of the relationship itself.

In his initial exploration of relational depth, Mearns (1996) proposed that the importance of relational depth lies in the fact that it is the one aspect of therapy which is rarely experienced in everyday life. He also pointed to the fact that while much attention has been given to the challenges of poor or inhibited psychological contact, the other end of the contact spectrum had been much less thoroughly explored. More recently, Mearns has emphasized the value of working at relational depth with those very hard-to-reach clients whose self-protective processes are inhibiting contact with others (Mearns & Cooper, 2005). Following on from this work, Mearns has gone on to explore with Peter Schmid the nature of a relationally deep encounter (Schmid & Mearns, 2006), highlighting some of the challenges for a therapist in seeking to engage the different 'parts' of a client (Mearns & Schmid, 2006). They also discuss Schmid's notion of the different forms of resonance which a therapist might offer to a client (Schmid & Mearns, 2006).

Conceptualizing relational depth

Mearns and Cooper (2005,) have defined relational depth as:

A feeling of profound contact and engagement with a client, in which one simultaneously experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way. In this

relationship, the client is experienced as acknowledging one's empathy, acceptance and congruence – either explicitly or implicitly – and is experienced as fully congruent in that moment (p. 36).

The emphasis in this description is on the offering by the therapist and the receiving by the client of the primary three of Rogers' (1957) six conditions which he proposed were sufficient and necessary for change, namely empathy, congruence and unconditional positive regard. Mearns and Cooper (2005) highlight the importance of the integrative nature of these conditions, and suggest that when offered together in high degree it might be more accurate to describe them as different facets of a single variable, namely relational depth.

However Mearns and Cooper (2005) are to some extent describing two distinct aspects of relational depth which are explored separately here. Their working definition above describes a specific moment of relational depth, one in which the therapist “feels a profound engagement and connectedness with a client”, and the client is experienced as “fully congruent in that moment” (p. 36). However going on to explore further the nature and experience of working at relational depth, Mearns and Cooper (2005) suggest that the term can also apply to an ongoing ‘deep’ relationship in which the therapist consistently meets the client with a high degree of empathy, congruence and unconditional positive regard. This study focuses on the former aspect: the conditions required to facilitate the emergence of specific *moments* of relational depth. In doing so, however, the paper examines the value of an enduring

deep therapeutic relationship and, in this respect, opens up for exploration the links between the phenomenological aspect of relational depth (in terms of specific moments) and the relational aspect (in terms of a deep therapeutic relationship).

These moments of profound engagement and connectedness have been written about across a wide range of therapeutic approaches. Buber's (1970) notion of the I-thou relationship has been widely influential, and within the psychoanalytical field Stern has written of intersubjective moments, or 'moments of meeting' (Stern, 2004).

Ehrenberg (1992) has developed the concept of the 'intimate Edge'. The humanistic psychotherapist, John Rowan (1998), has also referred to moments of profound connectedness as 'linking', and in recent years the value of relating at depth has been acknowledged by CBT therapists (e.g., Grant, Townend & Mills, 2008).

Research

Rogers and Dymond's research program during the fifties indicated that relationships in which client and therapist held a strong liking and respect for each other are those most associated with progress and positive outcome (Rogers, 1954). Since then the contribution of the relational aspects of therapy have been widely explored, (for example: Bachelor and Horvath, 1999; Asay and Lambert, 1999). A study by Conte, Ratto, Clutz and karasu (1995) found that the aspects of therapy most appreciated by clients include experiencing the warmth and positive regard of a likeable therapist. More recently a meta analysis undertaken by the American psychological Association Division for Psychotherapy Task Force concluded that the therapy

relationship “makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment” (Steering Committee, 2002, p. 441).

In recent years, however increasing numbers of researchers have been turning their attention to specific moments of relational depth within the therapeutic encounter. Cooper’s (2005) research into relational depth focussed on therapists’ experiences of self, client and the relationship during specific moments of connectedness. A previous analysis of the data generated in the present study (Knox, 2008) into clients’ experiences found that specific moments of relational depth were often seen as highly significant moments in the therapy with an enduring positive effect. Benefits attributed to these moments included better relationships with self and others, improved self esteem, being more organized and more able tackle obstacles in their lives. The moments were also seen as facilitating the ongoing progress of therapy, enabling a deeper exploration of self.

Following on from these studies, Wiggins (2008) has undertaken a quantitative study with the aim of developing a measure to assess relational depth from the perspectives of both client and therapist. McMillan and McLeod’s (2006) qualitative study of clients’ experiences of relational depth explored the nature relationships which were felt to be deeply facilitative, and those which were found to be inadequate. A major finding of this study was that in relationships which were experienced as deeply facilitative, clients experienced a willingness to ‘let go’ and enter an enduring

relationship. In these relationships clients also experienced moments described as ‘states of flow’, descriptions of which bore some similarities to the descriptions of specific moments of relational depth found by Knox (2008). Features of relationships described as inadequate included the therapist being controlling, the participant feeling angry towards the therapist, and the relationship not getting beyond a superficial level. In relationships described as ‘working but something is missing’ (McMillan & McLeod, 2006, p. 283), while therapists were felt to be providing the basic relational competencies, they were sometimes seen as distant or in a professional role, resulting in participants monitoring what they were saying.

McMillan and McLeod (2006) emphasize the importance for therapists of understanding how to allow depth to grow in relationships, especially where clients might be actively seeking greater depth, and highlight the possibility that the perceptions of client and therapist about what is going on within the relationship might differ significantly.

Research question

Data was analysed with the aim of addressing the following question:

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?

Method

The study, undertaken by the first author, was phenomenological in nature (McLeod, 2001; Moustakas, 1994), and took the form of a qualitative interview study (Kvale, 1996) drawing from a person-centered approach. Ethical approval was granted by the University of Strathclyde Ethics Committee. Interviews were semi-structured with the aim of covering all areas of a pre-formulated guide while also allowing space for as much additional information as possible. Participants were given the following definition of relational depth, which was adapted from Mearns and Cooper's (2005) definition to shift the focus from the therapist's experience to that of the client, and abbreviated to leave it as broad as possible:

‘A moment of profound contact and engagement in which each person is fully real with the other’.

Participants were advised that this definition was intended as a starting point only, and that their own experience might be very different. The data were then separated into descriptions of experiences moments of relational depth, and descriptions of the qualities of the ongoing relationships, whether or not a moment of relational depth emerged within them. The latter was then analysed separately with the aim of discovering some of the characteristics of a relationship where specific moments of relational depth might be likely to occur, and participants' perceptions of those relationships where a moment of relational depth might be unlikely to occur.

Participants

All participants were therapists or trainee therapists who had themselves been clients of individual counseling. It was hoped that this client group might have the abilities and self awareness to facilitate in depth descriptions of their own experiencing. Their therapeutic language might also help with the process of categorization. In addition it was felt that this client group would be experienced in managing any difficult emotions should they arise as a result of taking part in this study. However it is acknowledged that there are clearly limitations in using this client group (see discussion), and in this context the study should be viewed as an initial exploration providing indicators for further research. It is also worth noting that some participants had not yet entered therapist training at the time of their experiences, although their subsequent learning will undoubtedly have affected their language and perceptions of the events being recalled.

Participants consisted of 5 men and 9 women living in different parts of England, with ages ranging from twenties to sixties. Ethnicities were described as: Asian (n = 2), African-Asian (n = 1), Afro-Caribbean, (n = 1) Swiss-Italian, (n = 1) Australian (n = 1) White British (n = 8). They were recruited by advertising in journals, putting up flyers in counseling settings, giving talks to groups and the researchers' own network.

Participants could only speculate on their therapists' ages and level of experience. Estimates of age given ranged from late twenties to late sixties, and of experience from trainee to over 15 years or more. While most felt that the therapist with whom they had experienced relational depth was person-centered (as would be expected

given the initial request for participants was for clients of person-centered counseling), they were less sure of the approaches of some of those with whom they felt there had been no relational depth.

Analysis

All interviews were tape-recorded and transcribed verbatim by the first researcher, and transcripts were sent to participants for checking. Data analysis included a period of meditative in-dwelling as described by McLeod (2001), which involved an immersion both horizontally across transcripts and at depth within each protocol. Using the researchers' conceptual operation of the grounded theory approach described by Strauss and Corbin (1998), the data was broken down into domains and sub-domains, and was then coded in relation to substantive categories as they emerged within domains. This process of categorization involved several stages of refinement, checking and re-categorization as new categories were added or separate categories were merged, and over a period of time the overall mapping of categories was refined as new levels of categories and sub-categories evolved. The analysis was then audited by the second author, resulting in some final refinements being made.

In order to describe the weighting of categories in terms of the number of participants contributing to each category, Rodgers and Cooper's (2006) scoring scheme for qualitative thematic analysis has been used. Terms used include 'all' (14), 'nearly all' (12-13), 'most' (9-11), 'around half' (7-8), 'some' (3-6) and 'a couple' (2). Categories receiving only one response have been omitted.

Authors

As a person-centered therapist researching relational depth the first author has a long standing personal interest in this work. As a therapist, it has seemed that when such moments have arisen the impact on the client has been noticeable with an apparently positive effect on the therapeutic process. Expectations at the start of the study also reflected the first author's own experience as a client when moments of relational depth were experienced as being highly supportive of the therapeutic process. As the co-author of *Working at Relational Depth in Counselling and Psychotherapy* (2006), the second author has a belief in the importance of moments of relational depth for therapy, and assumed that the key leading to the experiencing of moments of relational depth would be a trusting, caring relationship.

Findings

The data was divided into two domains as follows:

- i. Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged.
 - ii. Clients' perceptions of therapeutic relationships in which no moments of relational depth were experienced.
-
- i. Clients' perceptions of in the therapist in a relationship during which a moment of relational depth emerged.**

In relationships where participants did experience one or more moments of relational depth, most described their therapist as in some way *matching themselves*. Most were felt to possess personalities which were either similar or complementary to their own, or to how they would like to be, while a few displayed similarities such as beliefs, age, life style or counseling approach. Describing his first impressions of his therapist one participant said:

“From the start, here was someone who was, um, looked at the world from a similar pair of eyes, similar pair of glasses. And as time went on that suspicion was confirmed.”

Most also described their therapist in terms of being a *lovely*, kind or special person, and as generally *warm and empathic*. Comparing her therapist to a previous counselor, one said:

“So I feel that she’s more empathic than the initial counselor was, who was doing the job, but not feeling the job.”

Some also described their therapist as respectful and courteous. One said:

“She’s concerned that I’m comfortable, concerned that I’m warm, always asks how I’ve been, and she always meets me out the door”

Half felt that their therapist was just the right person for them, for some reason being attractive to them, being the sort of person they would want as a friend or can connect to in important ways. Two described them as the kind of parent they never had, one a mother, one a father.

Table i

General perceptions of therapist with whom experienced relational depth

Responses		
(No. of participants)		
1.	<i>PERSONAL QUALITIES (HELPFUL)</i>	
1A.	Similar/lovely/right person	
1 A1.	Similar/matching	9
i	Some matching with self experience	
ii.	Similar beliefs/counselling style/lifestyle	4
1 A2.	Warm/lovely	12
i.	Beautiful/nice/special/charming	6
ii.	Gentle/warm/graceful	9
iii.	Empathic	7
iv.	Vivacious/positive	3
1 A3.	Right person/fit	8
i	Right person for client	7
ii.	Like mother/father client didn't have	2
1B.	Psychologically sorted	9*
i	Confident/strong/can take it	5
ii	Ability/willingness to relate at depth	5
iii	Comfortable with self/experienced/wise	5
2.	<i>DOING/WAY OF BEING WITH CLIENT (HELPFUL)</i>	
2A	Creating a safe/welcoming atmosphere	12
2 A1.	Welcoming/Creating the right atmosphere	7
i	Welcoming	3
ii	Creating right atmosphere	6
2 A2.	Acting in a Reliable/professional manner	6*
i	Reliable/trustworthy	5
ii.	Consistent (including appearance/environment)	7
iii	Professional/boundaried	4
iv	Trustworthy/ethical	
2 A3.	Being patient	7*
i	Patient/gave me lots of space/time/slow	7
ii.	Not previously challenging	2

2 A4. Holding/making me feel safe	11*
i. Holding/supporting/giving security	7
ii. Made me feel safe/sensitive to my needs	11
iii. Just Listening	4
2B. Being real/human/offering mutuality	12*
2B 1 Being real/human	12*
i. Genuine/honest/real/not faking it/congruent	9
ii. Human/personal/natural	10
2B 2 2 E2 Offering Mutuality	9*
i. Not using power/empowering me/offering mutuality/not patronising	5
ii. Can have fun with me	2
iii. Showing own vulnerability/not perfect	7
2C. Offering something more than/really committed	
2 C1 Offering something more than:	11*
i. Over and above/more empathic	6
ii. Extra care/really caring/really likes me	7
iii. More than doing job/not just professional/human	8
2 C 2. Showing commitment/really interested	11*
i. Actively interested/part of what's going on	4
2C 3. Inviting	12*
i. inviting in	7
ii. Challenging	3
iii. Trusting me	3
2 D Being present/open/understanding	13*
2 D1 Being present/connected	6
i. There for me/present/with me/focused	4
ii. Close to me/engaged/connected	5
2 D2. Being Understanding/knowing	13*
i. Showed understanding/knowing me in the present	6
ii. Understanding/knowing me in the context of my life generally	6
iii. Attuned/responses spot on	5
iv. Clarified own understanding	5
v. Reflecting	4
2 D3. Being Open	11*
i. Open (receptive) to the client	4
ii. Few personal disclosures	4
iii. Shared felt sense	4
iv. Showed own way of being	4

2E	Accepting/acknowledging	7*
	i. Accepting/not being judged or manipulated	7
	ii. respecting/acknowledging	3
3.	<i>UNHELPFUL/DIFFICULT BUT OK</i>	10*
3A.	Not making client feel comfortable	4*
	i. Not making client feel comfortable enough/bit formal	2
	ii. ‘Man woman thing’	2
3B.	Seemed inexperienced/too lovely/protective	5*
	i. Therapist seemed inexperienced/too lovely/protective	3
	ii. Therapist bringing own stuff	3
3C.	Not able to fully understand	6*
	i. Not hearing/understanding	4
	ii. Different from me	4

Most highlighted the importance of their therapist being *psychologically sorted* themselves, some describing them as strong and comfortable with themselves, others noting their therapist’s integrity or sensing their ability and willingness to relate at depth. As one participant put it:

“I’m confident that he’s well able to provide me with whatever I might need if did want to [cry] or cried.”

Around half also spoke of their therapist as *creating a safe and welcoming atmosphere*, with some highlighting the importance of simple acts such as being greeted at the door with a smile. Six highlighted the *reliability* of their therapist, either in terms of being consistent (including the environment) or of holding

boundaries and maintaining professional standards, and most emphasized the importance of their therapist's trustworthiness:

“I think that trust has built up, and I think that trust has been absolutely, totally proven all the way through. There hasn't been anything where I've thought, Ooh!”

Most were grateful for the fact that the therapist had been patient, was not generally challenging and had given them lots of time and space, as one participant put it:

“I never felt pushed or coaxed or cajoled or manipulated in any way to be anything other than how I felt I wanted to be.”

Reflecting on the early sessions prior to the described moment of relational depth, another said:

“And, thinking about it now, I understand she just allowed me to get on with it, you know, do what you like, that sort of thing, and that was probably the start of the build of the relationship if you like.”

Nearly all felt *supported and held* by the therapist, feeling safe and comfortable in their care. Some liked the fact that they were able to share moments of fun with their therapist. Most also felt that their therapist was making a real effort to know and understand them in the context of their life generally, not just how they felt in the sessions, as one put it:

“It embraces the whole individual. Care for the whole of my life, not just the person sitting there in front of her.”

Nearly all described their therapist as *real and honest*, and felt that they were relating on a human, personal level, not trying to be anything other than who they were.

Describing how their therapist was being with her one participant said:

“She was very, very real, unpretentious, with mistakes and faults, it was quite refreshing, but was, you know, open to learning from the space....and was so much a human being, but also a professional”.

Most described a sense of *mutuality*, some feeling relieved that their therapist was not trying to use power or control them in any way, others drawing courage from the fact that their therapist was able to share their own lack of perfection with them. One participant was particularly struck by the environment:

“Sometimes you would see the plants, and they were wilting. And it was quit was nice that it wasn't perfect. Yeah, and the house wasn't perfect, that I was walking into, and everything about it it was all sort ofslightly flawed . And I suppose that's how I feltflawed. Myself. You know I was on theon my knees basically, and I was also feeling very sort of inadequate.”

Most participants felt that their therapist was *offering them something over and above* what they had expected from a professional relationship, often described in terms of a human element, more than doing their job, or really, genuinely caring:

“Because he.....genuinely, genuinely.....there really is a genuineness, so even if it is just a job, it doesn’t come across as that. There’s beginning to be almost like a human being – human being, sort of situation.”

Another said:

“And also that he’s not faking it, the relationship is genuine.....that he’s not....he’s not just pretending to be there with me, he’s not pretending to like me.”

Most were also aware of their therapist’s ongoing genuine *interest and willingness to understand*, with most also feeling that their therapist was inviting them in, some by challenging them, or by demonstrating their trust for the participant. One said of her therapist:

“I feel that she’s really interested, and really wants to be a part of what’s going on for me. So she’s there for me, and wants.....I know that she has other clients, and she has her own life, but I think that she’s there for me, whereas the other counselor, I felt, was distant.”

Most experienced their therapist as remaining *present, close and connected* with nearly all describing feeling understood, not only in the present moment but in their life generally, as one participant said:

“I was confident that she knew me well enough, not only what I was feeling, but also how much it was hurting, to actually hold those feelings.”

Some spoke of the importance of their therapist making an effort to clarify their understanding, and reflecting their understanding back to the participant. Most felt that their therapist remained open, both to the participant and in sharing their own felt sense, although some also highlighted the fact that their therapist made few disclosures about their own life.

Most also felt that the therapist was *accepting* them, never judging or minimizing feelings or disregarding them in any way.

A few participants described aspects of their therapists which they felt were unhelpful, but which they felt did not prohibit an experience of relational depth. These included the therapist being too lovely, too passive, or being overprotective towards the participant, with a couple saying they were not initially made to feel comfortable and two male participants felt that their female therapist appeared to be inhibited by what was described as the “man-woman thing”. Others felt their therapist was inexperienced or sometimes let their own stuff get in the way. A couple felt that their therapist was not always paying full attention or fully understanding them, and some felt they were just very different from them. However while all of these experiences were described as being unhelpful, none damaged the relationship irrevocably or prevented the subsequent emergence of a moment of relational depth.

ii Clients’ perceptions of therapeutic relationships in which no moments of relational depth were experienced.

This domain was further divided into two sub-domains:

- Clients' experience of therapists
- Clients' experience of self

Clients' experience of therapists

In relationships where no moments of relational depth emerged, most participants described their therapists as *cold* and *distant*, seemingly unempathic or lacking in warmth, with a couple going so far as to describe them as frightening or fierce. Most also considered their therapist to be *too professional or too boundaried*, or lacking a human, personal element which sometimes led participants to doubt their sincerity.

Around half of the participants also reported feeling that their therapist was *not understanding* them, some feeling that they were either not sufficiently interested or trying to understand, others feeling that the therapist was simply not tuned in to them. Some felt that their therapist was not hearing them, or was making their own inaccurate assumptions:

“but that also was a huge learning for me, that, um, I’ve shared all this stuff with somebody.....who, hasn’t really maybe....not care....but really maybe understood.....she wasn’t really listening to me, she had her own.....she did not even try to understand where Iwhat it was all for me. She had her own picture about me.”

Table ii *Experience of therapist in relationships with no relational depth*

	No of responses
A: Not connecting	
A1. Cold/distant	10*
i. Cold/distant/harsh/guarded/fierce	9
ii Not empathic/warm/emotionally present	6
A2. Clinical/uncaring	8*
i. Too professional/clinical	7
ii. Not caring/ personal/human/natural	5
A3. Not understanding/misunderstanding	8*
i. Not understanding me/on a different level/not tuned in/not hearing	7
ii. Not clarifying/not trying to understand	4
iii. Misunderstanding/making assumptions	5
B: Unsuitable counselling style/personality	
B1. Counselling style not suit participant	9*
i Approach not right for participant	7
ii. Interpreting/pathologising	8
B2. Too different from me:	4*
i. Personality not compatible	3
ii. Culture/beliefs/life too different	2
B3. Shallow/not inviting depth	8*
i. Reflecting but not at a deep level/ too gentle/not challenging	8
ii Too person-centred/purist/misuse of person-centred approach	4
iii Not inviting me to go deeper/ relationship not on a deep level	3
iv. Saying the right words but without feeling/meaning it	4
C. Disrespectful control/Misuse of power	
C1. Misusing power/manipulative	6*
i: Misuse of power	
iii. Negating/countering/minimizing	4
iv. Accusing/judging	3
C2. Disrespected/offended me	3*
D. Inadequate/unprofessional	
D1 Inexperienced/lack of ability	9*
i. Scared/defensive/limited	8
ii Therapist's own stuff in the way	6
iii. Unprofessional environment	4
iv. Rescuing	2
D2. Unprofessional	7*
i. Ended suddenly	3
ii strange/unprofessional action	7

**No of participants contributing to category*

Another said:

“I never felt as though that person really got a handle on who I was, or why I was there”.

Most also attributed a lack of connection to their therapist to the *style of counseling* which they felt did not suit them as clients, many feeling that their therapist was not person-centered. This was sometimes connected to a feeling that their therapist was *interpreting or analyzing* them, as one participant put it:

“There was something wrong with me, that she was trying to analyze it, or explain it in some way, you know.”

Another said:

“I felt there was a lot of accusation, because she was analyzing.....my parents. So I felt that she was accusing my parents all the time. That you are.....you are *this* because of *them*.”

A few simply felt that their therapist’s personality or life style was too different from their own.

Most also felt that while their therapist was *reflecting the client’s feelings*, they were doing this *on a surface level*, and did not seem to be inviting them to a deeper level.

A couple went on to say that they experienced their therapist as being ‘too person-centered’ in that they were not challenging or encouraging them to go deeper. Most also felt that while their therapist was saying the right words, they *did not really mean*

it, so that it felt false and their expressed interest was not perceived as genuine. As one participant said:

“Um, I think people can say all the right things, but they’re meaningless, if you don’t get that true sense that they care.”

A couple described what they saw as a misuse of the person-centered approach:

“I did experience how can be used...in, in...in an unprofessional way. Where people believe they’re person-centered, but they’re not really doing it, they’re using it as aa screen for something. Shows you how it can be used as a manipulative tool, I feel, sometimes.”

Around half of the participants reported experiencing an *unhelpful power dynamic* in the therapeutic relationship, feeling that the therapist was misusing their power in the situation. Some felt manipulated while others felt accused, judged or scolded in some way, and some described their therapist as patronizing, minimizing or even mocking their feelings:

“She laughed at me a couple of times, on what I thought were very serious issues. I had expressed them [my goals] like: “I cry very easily” and I was looking to what’s behind that, I wanted to stop doing that. And so instead of seeing that as something potentially huge, she used to talk about it as a silly little goal.”

Most also talked of sensing a *lack of experience or ability* to stay with them in their difficult feelings. Some experienced their therapist as defensive, others felt that the

therapist's own stuff was getting in the way. A few felt that the therapist's personality or beliefs were simply too different from their own.

For around half of the participants, the realization that this was the wrong person for them culminated in the therapist taking what was described as a particularly unhelpful or unprofessional action. Three participants experienced sudden unexpected endings. One, following a particularly heavy session, was suddenly told by her therapist that she felt she should not work with her any more as she (the participant) was a trainee therapist. Having been very clear about her trainee status from the beginning this had a devastating effect on the participant, being perceived as an inauthentic excuse. The participant said:

“There was no after care from the news that she gave me. I remember it was quite clinical and cold, sitting there, and she told me, and we sat there in silence for a while.....I remember I had to take responsibility for it, and said: ‘well what do you want me to do now?’ And she said, ‘that’s up to you, what do you want to do?’ And I said: ‘well, am I supposed to go or.....?’ And she said: ‘if you want’. And I just walked out. And I had only been in the session about half an hour.”

This participant also attributed the therapist's handling of the situation to her person-centered approach:

“I just got up and walked out, because I didn't know what to do. And that was being so person-centered, really, you know, you do what you want to do. What really.....it pissed me off.....when I thought about it I thought well she's passed her responsibility onto me.”

A third participant was involved by her therapist in a domestic argument that was underway when she arrived for her session, and a fourth, on hearing the click of a hidden tape recorder, discovered that the session was being recorded without her knowledge.

Clients' experience of self

In relationships where participants said there was no experience of relational depth, most reported a sense of being interpersonally attacked or *victimized*, leading them to feel *unsafe* with their therapist, some feeling that they were not sufficiently held or supported, others feeling unable to trust either the therapist or the counseling process.

Around half felt *objectified*, pathologized or judged, as one participant put it:

“I felt a bit like I was a lab rat, you know, I was an interesting person to have in the room, because of, you know, this...the problems that I brought...the issues that I brought, or something, but on a human level...you know, one human being to another, there was a gap.”

Experience of Self in relationships with no relational depth

No. of responses

A. victimized unsafe

A1.Felt Judged/objectified	7*
A2. Unsafe/Threatened/powerless	10*
i. Didn't feel sufficiently safe/held	8
ii. Not trusting therapist.	6
A3. Patronized/Mocked	6*
i. Felt patronised/powerless/scolded	4
ii.Mocked/disrespected/offended	2

B Misunderstood/ /Invalidated/ distant

B1. Not heard or understood/Invalidated	4*
i Invalidated/not acknowledged or accepted	3
ii. Misunderstood	2
B2. Distant/not connected	8*
i. Not felt connected/felt distant/detached	8
ii. Like doing monologue/ worse than being on own	3
B3. Closed/unable to go as far/deep as desired	9*
i. Closed/holds back/unable to engage/verbalise feelings	8
ii. Not able to go further/as far as wanted	3

C. Feelings of difficulty (confused/pained/shocked/angry) **9***

i. (confused/not understanding	6
ii Devastated/hurt/rejected	6
iii Shocked/ /unnerved	7
iv. Offended/Angry/annoyed/resentful	

**No of participants contributing to category*

Some described feeling *misunderstood* or unheard, and a few reported experiencing a lack of acknowledgement or acceptance which led them to feel invalidated.

Most participants described feeling *disconnected or distant* from their therapist, with a lack of intimacy or closeness experienced, increasing their feeling of helplessness.

A couple said it was like being on their own, or worse than being on their own:

“I had somebody who was completely impersonal and not feeding anything back and that was nothing at all, really, it was like a monologue, a 50 minute monologue, and it felt detached, sort of kept, you know, you there and me here.”

Further consequences of the above experiences included participants *becoming closed* and most felt that they were unable to share their feelings, either in general or about the counseling or the relationship. In such situations, even where the therapist asked them how they felt, they were unable to tell them:

“I think at one point she said ‘how is that going to be for you?’ and I think I was so astounded, I just thought....I think I just closed down to be honest.”

Talking about her therapist having incorrectly made an assumption, one participant said:

“I don’t think I felt like I wanted to say anything. I think it was about my process at that time. About me, um, feeling like, I can’t ask her. This is her stuff. This is my anger and I’m going to keep it with me, I’m not going to bring it to her. I didn’t feel OK enough to take it to her. Yeah, it wasn’t that sort of a relationship, for me to be able to say, you know, you made me feel like that; it wasn’t that at all because she never invited that, she never invited that from me.”

Most were left with *feelings of difficulty*; some were confused, some felt hurt or rejected, and around half described feeling shocked or unnerved by the experience. A few were also left feeling angry or resentful. One participant said:

“I didn’t really understand most of it....I felt too upset to understand most of it.”

Discussion

There were several commonalities in participants’ descriptions of the relationships during which they had experienced one or more moments of relational depth. These included experiencing their therapists as being open, trustworthy, understanding, and as having some similarities to themselves. As Conte et al. (1995) found, the therapist’s warmth and likeability were important factors. This finding also corresponds to a study into helpful and hindering processes carried out by Lietaer, Dierick and Neirinck (Lietaer, 1992), in which the therapist’s involvement, warmth and understanding were seen as helpful factors by clients. Corresponding with McMillan and McLeod’s (2006) study, the therapists were also frequently described as real.

There was also mutuality in the relationship described, often in terms of an absence of any power differential, a finding which to some extent differed from McMillan and McLeod’s (2006) findings. In that study participants felt that their focus was on themselves with the therapist very much in the background making unlikely the kind of mutuality “where each person is fully real with the other” (Mearns & Cooper,

2005). However to some extent this finding does correspond to McMillan and McLeod's finding that in relationships described as inadequate, some therapists were felt to be over controlling.

One of the most significant elements of relationships in which relational depth was experienced seemed to be the genuineness of the therapist in their interest, their sincere care for the participant and their earnest desire to fully understand. The humanness of the therapist was also highlighted, with the client feeling that their therapist was offering something 'over and above', and genuinely caring for them over and above their professional role. This finding also corresponds to McMillan and McLeod's (2006) finding of participants experiencing their therapist in highly facilitative relationships as 'going the extra mile', 'not playing a role', and caring about them, although it was not a finding of Cooper's study into therapists' experiences of relational depth (2005). In the study by Lietaer et al. (Lietaer, 1992) the therapist's involvement and availability were also mentioned as helpful factors by clients, though again not by therapists, and it may be that the importance of this element is more deeply valued by clients than therapists appreciate.

It also seemed important to the participants that their therapist's efforts to understand extended to their life in general. This point has been highlighted by Mearns and Schmid (2006) in discussing the value of the therapist's attentiveness to "the wider socio-economic and cultural context of the enterprise and microcosm of the therapy itself" (p. 262), so that the impact of a moment of relational depth which might be a

rare or unique experience for a client can be more fully anticipated and understood by the therapist.

Of the elements which participants described as being present in relationships in which no moments of relational depth emerged, the therapist's distance, apparent lack of warmth, use of power, and lack of a human, personal element were all commonly mentioned. These perceptions translated into participants feeling judged, misunderstood and objectified, resulting in feelings of distance, insecurity and confusion. The ultimate effect described by participants was one of closing down.

While some of the descriptions of unhelpful actions taken by therapists might simply be seen as poor counseling or inappropriate judgments on the part of the therapists, they have been included as part of a wide range of experiences which participants described as inhibiting relational depth, and we have not sought to differentiate between experiences which appear to represent bad counseling and descriptions of relationships which simply lacked relational depth, but may have been facilitative in other areas.

Regarding those participants who experienced their therapists as reflecting without depth, a couple attributed this to the misuse of the person-centered approach and others to what they saw as a 'purist' approach which did not offer sufficient engagement. This corresponds to the study by Lietaer et al. (Lietaer, 1992) in which clients included the passivity of the therapist as an unhelpful factor. Perhaps this

finding also serves to reinforce what Schmid and Mearns (2006) have highlighted as the value of using not just concordant or complementary resonance, but also personal (or dialogic) resonance, which springs from both client and therapist. The finding also corresponds to the finding of McMillan and McLeod (2006) where inadequate relationships were described as being on a surface level. However it is also worth noting that, in relationships where there was an experience of relational depth, most participants also spoke of the value of the therapist's patience in giving them time and space in the early stages of the relationship before making any invitation to relate more deeply, again corresponding to the unobtrusive counseling manner described by participants of McMillan and McLeod's (2006) study. Moreover several participants of the present study said it was not until the experience of a specific moment of relational depth that they appreciated the value of the time and space given to them in the early weeks in building up the relationship. The importance of earning the right to relate has also been highlighted by Mearns and Cooper (2005).

No participant of this study described becoming over-involved in a deeply facilitative relationship, which was a finding of McMillan and McLeod's (2006) study, although it is likely that, as therapists or trainee therapists themselves, the participants may have come to the relationship with an unrepresentatively comprehensive understanding of the professional boundaries and were therefore less likely to harbor such hopes or expectations or to allow unhelpful attachments to develop. Alternatively they might have been reluctant to tell another therapist of such emotions, although this might have been the case for both studies.

Whilst there was a range of ages and ethnic and cultural backgrounds, it is undoubtedly a limitation of this study that all participants were either therapists or trainee therapists themselves. The fact that the interviews were embedded within a person-centered discourse, although in some ways useful to the researcher, might also have limited the descriptions or focused participants in a particular direction. In addition to possible previously held ideas about the concept of relational depth, the results may to some extent reflect this client group's readiness, willingness or desire to enter into a deep therapeutic relationship with their therapist, or their reluctance to admit otherwise. This study should therefore be seen as an initial investigation into the links between the interpersonal aspects of relational depth, and the client's phenomenological experiencing. It does not attempt to suggest a level of incidence of moments of relational depth, or imply a correspondence with person-centered counseling in particular and the occurrence, necessity or frequency of such moments. However there are some significant similarities in the findings of both this study and that of McMillan and McLeod, raising interesting questions which would warrant further research and a useful next step would be a similar study with participants whose only experience of counseling is as clients.

This research supports previous studies into the relational aspects of therapy (Asay & Lambert, 1999; Bachelor & Horvath, 1999; Conte et al., 1995; Rogers & Dymond, 1954; Steering Committee, 2002) in emphasizing the value of an in-depth therapeutic

relationship. Additionally, however, it also suggests a link between an enduring deep therapeutic relationship and the emergence of specific moments of relational depth.

It is interesting to note that even where therapists had made significant mistakes in the eyes of the participants, these experiences had not irrevocably damaged the relationship or prevented an experience of relational depth. Much more important from the client's point of view was the earnest endeavor of the therapist to understand, and the sincerity of their care which encompassed both the client's life outside the therapy room and the difficult emotions that were exposed within it. In order to facilitate the emergence of a moment of relational depth, therapists, it would seem, do not have to be perfect - in fact it might be preferable if they are not. More important is their humanness, with all the frailties and uncertainties that being human involves.

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