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Clients' experiences of relational depth

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for the degree of Doctor of Philosophy**

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Signed: *Rosanne Knox*

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Table of Contents

	Page
Abstract	
Chapter 1: Introduction	1
<i>Background</i>	1
<i>Three areas of investigation</i>	4
<i>Contextualising the studies within a cohesive research programme</i>	6
<i>Dissemination of findings</i>	7
<i>Researcher</i>	7
<i>Clients' experiences of relational depth: Two studies</i>	8
<i>The chapters</i>	11
Chapter 2: Literature review	12
<i>Aims and scope of the review</i>	12
<i>The nature and qualities of a moment of relational depth</i>	15
<i>The therapeutic value of an experience of a moment of relational depth</i>	34
<i>The emergence of a moment of relational depth</i>	45
<i>The contribution of different research methodologies to the investigation of relational depth.</i>	59
<i>Summary of research into presence and relational depth</i>	64
Chapter 3: Method	73
<i>Research design</i>	73
<i>Methodology rationale</i>	74
<i>Therapist-client study</i>	75
<i>Client-only study</i>	85
<i>Example of a client's experience of a moment of relational depth</i>	89
<i>Ethical issues</i>	92
<i>Limitations, validity and reliability</i>	95
<i>The researcher</i>	97
Chapter 4: Findings: Therapist-client study domain 1: Clients' experiences of a moment of relational depth	103
<i>Overview of findings</i>	103
<i>Structure of sub-domains</i>	104
<i>Sub-domain 1.1: Clients' experiences of a moment of relational depth: Experience of the therapist</i>	104
<i>Sub-domain 1.2: Clients' experiences of a moment of relational depth: Experience of self</i>	116
<i>Sub-domain 1.3: Clients' experiences of a moment of relational depth: Experience of the relationship</i>	125
<i>Sub-domain 1.4: Clients' experiences of a moment of relational depth:</i>	

<i>Experience of the moment itself</i>	130
<i>Discussion</i>	134
<i>Summary</i>	142
Chapter 5: Findings: Therapist-client study domain 2: Clients' perceptions of the impact and effects of an experience of a moment of relational depth	143
<i>Structure of sub-domains</i>	143
<i>Sub-domain 2.1: Clients' perceptions of the impact of an experience of a moment of relational depth</i>	143
<i>Sub-domain 2.2: Clients' perceptions of the enduring effects of an experience of a moment of relational depth</i>	147
<i>Discussion</i>	151
<i>Summary</i>	153
Chapter 6: Findings: Therapist-client study domain 3: Clients' perceptions of the relational qualities that are associated with or inhibit relational depth	153
<i>Structure of sub-domains</i>	153
<i>Sub-domain 3.1: Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged</i>	154
<i>Sub-domain 3.2: Clients' perceptions of therapeutic relationships in which no moments of relational depth were experienced</i>	166
<i>Discussion</i>	177
<i>Summary</i>	182
Chapter 7: Findings: Therapist-client study domain 4: Clients' perceptions of their own role in meeting at relational depth	183
<i>Structure of sub-domains</i>	183
<i>Sub-domain 4.1: The client's historical process</i>	183
<i>Sub-domain 4.2: The client's in-session processing prior to a moment of relational depth</i>	190
<i>Discussion</i>	199
<i>Summary</i>	202
Chapter 8: Findings: Client-only study domain 1: Clients' experiences of a moment of relational depth	204
<i>Overview of findings</i>	204
<i>Structure of sub-domains</i>	204
<i>Sub-domain 1.1: Clients' experiences of a moment of relational depth: Experience of the therapist</i>	205
<i>Sub-domain 1.2: Clients' experiences of a moment of relational depth: Experience of self</i>	215
<i>Sub-domain 1.3: Clients' experiences of a moment of relational depth: Experience of the relationship</i>	224

<i>Sub-domain 1.4: Clients' experiences of a moment of relational depth:</i>	
<i>Experience of the moment itself</i>	227
<i>Discussion</i>	229
<i>Summary</i>	234
Chapter 9: Findings: Client-only study domain 2: Clients' perceptions of the impact and effects of an experience of a moment of relational depth	236
<i>Structure of sub-domains</i>	236
<i>Sub-domain 2.1: Clients' perceptions of the impact of an experience of a moment of relational depth</i>	236
<i>Sub-domain 2.2: Clients' perceptions of the enduring effects of an experience of a moment of relational depth</i>	239
<i>Discussion</i>	242
<i>Summary</i>	243
Chapter 10: Findings: Client-only study domain 3 Clients' experiences during a therapeutic relationship in which a moment of relational depth emerged	245
<i>Overview of domain and sub-domains</i>	245
<i>Sub-domain 3.1 clients' perceptions of a therapist in a relationship during Which a moment of relational depth emerged</i>	246
<i>Sub-domain 3.2: Clients' perceptions of their own role in meeting at relational depth</i>	256
<i>Discussion</i>	264
<i>Summary</i>	268
Chapter 11: Discussion and implications for practice	269
<i>Review of findings</i>	269
<i>Model of an experience of relational depth</i>	285
<i>Implications for training and practice</i>	293
<i>Validity and credibility of the research</i>	300
<i>Limitations and suggestions for further research</i>	306
<i>Summary</i>	309
Post Script	311
References	313
Figures	
<i>Figure 3.1: Overview of the mapping of domains and sub-domains for the therapist-client study</i>	84
<i>Figure 3.2: Overview of the mapping of domains and sub-domains for the client-only study</i>	88
<i>Figure 4.1: Client's moment by moment intrapersonal processing</i>	141
<i>Figure 4.2: Client and therapist interactional moment by moment process</i>	141

<i>Figure 11.1:</i> Model of a client's experience of a moment of relational depth	287
<i>Figure 11.2:</i> Model of client and therapist meeting at relational depth: Shared journey	289
<i>Figure 11.3:</i> Model of client and therapist meeting at relational depth: Moving towards	291

Tables: Literature review

<i>Table 2.1:</i> Therapists' experiences of relational depth: Self-experiences (Cooper, 2005)	20
<i>Table 2.2:</i> Therapists' experiences of relational depth: Experiences/perceptions of the client (Cooper, 2005)	21
<i>Table 2.3:</i> Therapists' experiences of relational depth: Experiencing of the relationship (Cooper, 2005)	27
<i>Table 2.4</i> Key studies into client and therapist experiences of presence and relational depth	65

Tables: Therapist-client study

<i>Table 4.1:</i> Sub-domain 1.1.1 Clients' experiences of a moment of relational depth: Experience of therapist: Displaying qualities	106
<i>Table 4.2:</i> Sub-domain 1.1.1 Clients' experiences of a moment of relational depth: Experience of therapist: Actions/intention	109
<i>Table 4.3:</i> Sub-domain 1.2.1 Clients' experiences of a moment of relational depth: Experience of self: Interpersonal: In relation to therapist	117
<i>Table 4.4:</i> Sub-domain 1.2.2 Clients' experiences of a moment of relational depth: Intrapersonal: Self experiences	121
<i>Table 4.5:</i> Sub-domain 1.3 Clients' experiences of a moment of relational depth: Experience of the relationship	126
<i>Table 4.6:</i> Sub-domain 1.4 Clients' experiences of a moment of relational depth: Experience of the moment itself	131
<i>Table 5.1:</i> Sub-domain 2.1 Clients' experiences of the impact of an experience of a moment of relational depth	144
<i>Table 5.2:</i> Sub-domain 2.2 clients' experiences of the enduring effects of an experience of a moment of relational depth	147
<i>Table 6.1:</i> Sub-domain 3.1.1 Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged: Characteristics of therapist	155
<i>Table 6.2:</i> Sub-domain 3.1.2 Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged: Doing/way of being	158
<i>Table 6.3:</i> Sub-domain 3.1.3 Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged: Unhelpful but not inhibitive	165
<i>Table 6.4:</i> Sub-domain 3.2.1 Clients' perceptions of the therapeutic relationships in which no moments of relational depth were experienced: Experience of therapist	167

<i>Table 6.5</i>	Sub-domain 3.2.2 Clients' experience of therapeutic relationships in which no moments of relational depth were experienced: Experience of self	173
<i>Table 7.1:</i>	Sub-domain 4.1 The client's historical process: Clients' perceptions of their role in meeting at relational depth	185
<i>Table 7.2:</i>	Sub-domain 4.2 The client's in-session processing: Clients' experiencing prior to a moment of relational depth	191

Tables: Client-only study

<i>Table 8.1:</i>	Sub-domain 1.1.1 Clients' experiences of a moment of relational depth: Experience of therapist: Displaying qualities	206
<i>Table 8.2:</i>	Sub-domain 1.1.2 Clients' experiences of a moment of relational depth: Experience of therapist: Action/intention	208
<i>Table 8.3:</i>	Sub-domain 1.2.1 Clients' experiences of a moment of relational depth: Experience of self: Interpersonal: In relation to therapist	216
<i>Table 8.4:</i>	Sub-domain 1.2.2 Clients' experiences of a moment of relational depth: Experience of self: Intrapersonal: Self of itself	220
<i>Table 8.5:</i>	Sub-domain 1.3 Clients' experiences of a moment of relational depth: Experience of the relationship	225
<i>Table 8.6:</i>	Sub-domain 1.4 Clients' experiences of a moment of relational depth: Experience of the moment itself	228
<i>Table 9.1:</i>	Sub-domain 2.1 Clients' perceptions of the impact of an experience of a moment of relational depth	237
<i>Table 9.2:</i>	Sub-domain 2.2 Clients' perceptions of the enduring effects of an experience of a moment of relational depth	240
<i>Table 10.1:</i>	Sub-domain 3.1.1 Clients' general perceptions of the therapist throughout the relationship: Personal characteristics	247
<i>Table 10.2:</i>	Sub-domain 3.1.2 Clients' general perceptions of the therapist throughout the relationship: Doing/way of being	250
<i>Table 10.3:</i>	Sub-domain 3.2.1 Clients' perceptions of their own role in meeting at relational depth: Experiences of self throughout the relationship	256
<i>Table 10.4:</i>	Sub-domain 3.2.2 Clients' perceptions of their own role in meeting at relational depth: Experiences immediately prior to a moment of relational depth	261

Appendices

<i>Appendix A.1:</i>	Letter to counselling agencies and training organisations	330
<i>Appendix A.2:</i>	Flyer seeking therapist-client participants	331
<i>Appendix A.3:</i>	Email to BAPCA groups	332
<i>Appendix A.4:</i>	Advertisements in journals	333
<i>Appendix B.1:</i>	Consent form	334
<i>Appendix B.2:</i>	Information sheet	335
<i>Appendix C.1:</i>	Interview guide	337
<i>Appendix D.1:</i>	Letter to organisation managers (requesting permission to distribute letters)	339
<i>Appendix D.2:</i>	Letter to organisation managers (requesting permission to Put up a flyer)	340

<i>Appendix D.3:</i>	Flyer seeking non-therapist client participants	341
<i>Appendix D.4:</i>	Letter to therapists in counselling organisations	342
<i>Appendix D.5:</i>	Letter to independent therapists	343
<i>Appendix D.6:</i>	Letter to non-therapist clients	344
<i>Appendix E.1:</i>	Therapist-client study: Comparison of therapists' self experiences of clients' experiences of therapists	345
<i>Appendix E.2:</i>	Therapist-client study: Comparison of therapists' self experiences to clients' self experiences	346
<i>Appendix E.3:</i>	Therapist-client study: Comparison of therapists' experiences of clients and clients' self experiences	347
<i>Appendix E.4:</i>	Therapist-client study: Comparison of therapists' and clients' experiences of the relationship	348

Abstract

Aims: The aim of this research was to explore clients' experiences of specific moments of relational depth with their therapist in individual, face to face counselling. *Method:* Using a phenomenological methodology, two qualitative interview studies were undertaken, the first with 15 clients who were also therapists or trainee therapists themselves, and the second with 11 clients whose only experience of counselling was as a client. Interviews were semi-structured using a person-centred approach. Data were analysed using a grounded theory approach with a process of categorisation under the different domains. *Results:* All participants could identify one or more experiences of a moment of relational depth with at least one therapist. Participants' experiences of themselves during the described moments included feeling real, open, deeply understood and wholly accepted. Their therapists were experienced as open, holding, accepting, being real and offering something over and above what they had expected from a professional therapeutic relationship. The relationship was seen as emotionally close with an understanding beyond words, and the moment itself was described as in another dimension, with a sense of spirituality, healing and empowerment. Clients of both studies described the moments as a catalyst, viewing them as highly significant moments in therapy, with a positive effect both on the therapeutic process and on their lives after the therapy had ended. Participants also viewed themselves as the proactive agent in meeting their therapist at relational depth, with the client-only participants additionally highlighted the role of their own perseverance throughout the relationship. *Implications for practice:* This research provides initial evidence that clients perceive a moment of relational depth as making a positive contribution to outcome, suggesting that therapists might usefully be prepared, ready and willing to engage with their client at a level of relational depth should such a moment emerge.

Chapter One

Introduction

BACKGROUND

Rogers and Dymond's (1954) research programme during the 1950s 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. Since then, the contribution of the relational aspects of therapy has been widely acknowledged, particularly in relation to the therapeutic alliance (Bordin, 1979; 1994; Horvath & Luborski, 1993), with research findings suggesting a correspondence between a strong therapeutic alliance and positive outcome (Horvath & Bedi, 2002; Krupnick et al., 1996). Increasingly a range of relational aspects within the therapeutic alliance, such as therapist relational styles and attitudes, and clients' perceptions of those attitudes, have been explored (Bachelor, 1991; Bachelor & Horvath, 1999; Lambert 1992; Asay & 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. In addition, a series of meta-analyses 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).

However, while the value of the therapeutic relationship itself has long been established, the depth of client-therapist relating, including specific moments of profound engagement and connectedness, has been much less thoroughly explored. What research there has been has also focused on the experiences and perspectives of therapists (Cooper, 2005).

The concept of relational depth in person-centred therapy: Origin and definition

The term “contact at relational depth” was first used by Dave Mearns in 1996 (p. 30) to highlight the role played by the depth of the relationship in psychotherapy. Mearns felt that while much attention had been given to the challenges of poor or inhibited psychological contact, the other end of the contact spectrum had been much less thoroughly explored (1996). This concept has been more fully developed by Mearns and Cooper in their book *Working at Relational Depth in Counselling and Psychotherapy* (2005), in which they describe a meeting at 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. (Mearns & Cooper, 2005, p. 36).

The above definition was developed primarily for an exploration of therapists’ experiences of relational depth, and as such the emphasis is on the offering by the therapist and the receiving by the client of the “core” three of Rogers’ six conditions which he proposed were sufficient and necessary for change, namely empathy, congruence and unconditional positive regard (Rogers, 1957). Mearns and Cooper emphasise the importance of the integrative nature of these conditions, and suggest that when offered together in high degree it would be more accurate to describe them as different facets of a single variable, namely relational depth (Mearns & Cooper, 2005). While Rogers’ conditions have been the primary focus of person-centred theorists and practitioners over the years, the concept of their unification in relational depth is relatively new.

Two aspects of relational depth

The first of Rogers' (1957) six conditions which he proposed were necessary and sufficient for change stated that client and therapist should be in psychological contact. As Whelton and Greenberg (2002) have highlighted, it is not just a question of therapist and client being in contact with each other but it is the level and quality of that contact that is important. Therapy can consist both of periods of gradual, almost indiscernible change, as well as specific moments of intensity and heightened emotion, sometimes where therapist and client are experiencing a profound moment of engagement and connectedness. On breaking down the above definition of relational depth given by Mearns and Cooper (2005), it becomes apparent that the description includes two distinct aspects. The first describes an ongoing deep relationship, one in which the therapist consistently offers the client high levels of empathy, congruence and unconditional regard, and in which the client acknowledges being in receipt of those "core conditions" as Rogers (1957) described them. The second aspect, however, refers to specific, identifiable moments of profound engagement and connectedness, as Mearns and Cooper put it, each participant "is experienced as fully congruent in that moment" (2005, p. 36).

In attempting to define a specific moment of relational depth, the question of what actually constitutes "a moment" arises; is it the type of moment as described by Stern as "the present moment" (2004, p. 135), lasting only a few seconds and representing "the smallest chunks of psychological experience that have a clinical sense" (p. 135). Alternatively, might it rather be seen as an event in therapy, for example something akin to Elliott's (1985) cluster analytic study of significant events in therapy (See also Elliott & Shapiro 1996), typically lasting perhaps for a few minutes and involving much more than a single momentary experience?

The question of how time is understood is also of relevance here. If time is conceptualised as the Greek notion of *chronos*, then the present moment constitutes an almost undetectable line between the past and the future. However exploring the nature of *kairos* offers what Stern (2004, p. 7) described as a "passing moment in which something happens as the time unfolds." Schmid (2002; 2003) has also

pointed to the kairotic quality of encounter, with a moment of responding being seen as the source of change, development and decision.

Increasingly the notion of relational depth as an ongoing deep relationship is being explored and debated (e.g. McMillan & McLeod, 2006; Mearns & Schmid, 2006; Schmid & Mearns, 2006), yet until recently there has been little attention paid to the second aspect of the definition, that of the specific, identifiable “moments of profound engagement and connectedness” (Mearns & Cooper, p. xii) between client and therapist.

The separate conceptualisation of these two aspects of relational depth raises additional questions not only around the nature of each individual aspect, but also around any potential correspondence between the two aspects, some of which have begun to be addressed by this research.

THREE AREAS OF INVESTIGATION

This research was a phenomenological investigation into clients’ experiences of specific moments of relational depth. In addition, the studies aimed to explore the effects on the client of such an experience, and investigate any potential relationship to the progress and outcome of the therapy. Finally, it was an aim of this research to address the question of how such moments might arise, and explore any potential links between the relational context and the emergence of specific moments of engagement and connectedness.

The three areas of investigation, all from the client’s perspective, were therefore:

1. The phenomenological experiencing of a moment of relational depth.
2. The perceived therapeutic value of an experience of a moment of relational depth.
3. How a moment of relational depth might emerge.

The phenomenological experiencing of a moment of relational depth

The following studies were designed to explore whether or not clients themselves experience specific moments of relational depth with their therapist, and if so, how such moments are experienced. The aim was to investigate the moment by moment experiencing throughout such moments, giving attention to all aspects of the client's experiencing, both intrapersonal, and interpersonal in relation to their therapist. Participants would be asked about how they were feeling, what they were thinking and what they felt themselves doing. Participants would also be asked about their experiencing of their therapist during the described moments. The nature and qualities of the relationship itself during the moment of relational depth were also investigated, and how that impacted on themselves.

The perceived therapeutic value of an experience of a moment of relational depth

For the first time this research has specifically explored, from the client's perspective, any potential role that an experience of a specific identifiable moment of relational depth might play within the overall therapy. The question of how clients see the impact of such an experience, both in the session in which it occurs, and on the ongoing therapeutic process, is addressed. Does such an experience contribute in any way to outcome, and if so, is it always a positive contribution, or might there be any negative effects of an experience of a moment of relational depth? If such an experience does have a useful role to play, what is the precise nature of the contribution made? In addition, any impact on the therapeutic relationship is investigated, in the immediate session and with regard the ongoing relationship with the therapist. Participants would also be asked about their perceptions of any enduring effects of a moment of relational depth, either positive or negative, on their lives after the therapy has ended.

The emergence of a moment of relational depth

Thirdly, the question of how a moment of relational depth arises is investigated. Does it occur spontaneously, or is it initiated or facilitated by the therapist alone, or

by the client alone, or by both? Does it depend on the content of a particular session, or the quality of the relationship as a whole? If the latter is true, do specific moments of relational depth only occur in the context of an ongoing consistently deep relationship, or might they emerge in any relationship, whether it is perceived by either participant to be consistently deep or not? These questions are all addressed by the present studies.

CONTEXTUALISING THE STUDIES WITHIN A COHESIVE RESEARCH PROGRAMME

Unusually within the field of counselling and therapy research, the following studies are part of an emerging cohesive programme of research into one area. As Elliott (2010) has pointed out, the optimal strategy for inferring the operation of particular therapy processes positively affecting outcome is to use several different change process research designs. In the area of relational depth, the initial qualitative interview study, Cooper's (2005) exploration of therapists' experiences of relational depth, was followed by McMillan and McLeod's (2006) study into clients' experiences (see above), and the current studies. Elliott has referred to these as helpful factor studies, with their aim of attempting to document the existence and general nature of moments of relational depth. Raw data from the first of the studies undertaken for this thesis have subsequently been used as the basis for a quantitative study by Wiggins (2008), the results of which are being used to create measure for relational depth. The potential synchronicity of experiencing by therapist and client is currently being investigated by Cooper (2010) and a further quantitative study has explored the mutuality of experiencing (Murphy, 2008). Additional studies have gone on to explore relational depth with particular client groups, and in training and supervision. These studies, then, contribute to a growing cohesive body of empirical evidence on clients' and therapists' experiences of relational depth, and the role and impact of those experiences on the therapeutic process.

DISSEMINATION OF FINDINGS

The results of the following studies have been disseminated in research papers (Knox, 2008a; Knox & Cooper, 2010; in press), articles (Knox, 2007), paper presentations (Knox, 2007a; 2007b; 2008b; 2008c; 2008d; 2008e; 2009; 2010a; 2010b) and poster presentation (Knox, 2008). The author is also currently co-editing a book on the subject of relational depth, and contributing a chapter based on the findings of this research.

RESEARCHER

I am a BACP accredited person-centred therapist with a private practice in West London, and am also a manager in a national counselling service for children and young people. Having completed a research study for a Masters programme at Thames Valley University in London, I came to the University of Strathclyde to pursue my interest in psychotherapy research at doctoral level.

My interest in the notion of relational depth was originally sparked by findings of my previous research which indicated that following a moment of therapist risk-taking, therapists described an experience of deep connection with their client. This led to memories both of my own therapy as a client, and of my practice as a therapist, when I sensed moments of deep, profound connection with the therapist or client. This generated an interest in the area of relational depth. I wondered how my clients had experienced those moments, and whether they saw them as therapeutically beneficial.

CLIENTS' EXPERIENCES OF RELATIONAL DEPTH: TWO STUDIES

Aims

At the time that this project began, the only published research specifically on the subject of relational depth was that of Cooper (2005), which was an exploration of therapists' experiences of moments of relational depth with their clients. Until McMillan and McLeod's (2006) study into clients' experiences of deeply facilitative relationships, the views and perceptions of clients around relational depth within the therapeutic relationship were known only through the eyes of therapists. McMillan and McLeod were the first to investigate clients' experiences of relational depth, focusing on deeply facilitative relationships as a whole, including any profound moments of engagement and connection that may have arisen within those relationships.

The present studies were the first to focus on clients' experiences of specific moments of relational depth, with an additional aim being to contribute to the understanding and unpacking of the two separate attributes of relational depth; the phenomenological aspect, in terms of specific moments, and the relational aspect, in terms of a consistently deep therapeutic relationship. While these two aspects were conceptualised and explored separately, the focus remained on the first aspect, that of specific, identifiable moments of connectedness. Explorations around relational depth in terms of an ongoing level of relating were undertaken insofar as they related to the phenomenological experiencing or emergence of specific moments. In addition, for the first time, empirical evidence of any correspondence of an experience of a specific moment of relational depth to outcome was sought.

Research questions

The primary research questions were as follows:

- 1. Do clients of individual, face to face counselling experience moments of relational depth with their therapist? If so, what is the nature, and what are the qualities of clients' experiences of**

relational depth, and how do their experiences compare to previously described therapists' experiences of such moments?

- 2. Is there a therapeutic value in an experience of relational depth, and how do clients perceive the impact and effects of such an experience on the process and outcome of therapy?**
- 3. How might a moment of relation depth arise? Are there any relational conditions in which a moment of relational depth is more or less likely to occur, and how do both the therapist and the client contribute to the emergence of a moment of relational depth?**

Outline

This research consists of two studies, referred to as the therapist-client study and the client-only study. Both were phenomenological, qualitative interview studies, with in-depth, semi-structured interviews using a person-centred approach. 26 participants were interviewed overall. There were four separate analyses applied to the data from each study.

Therapist-client study: Participants were 15 clients of predominately person-centred counselling who were also therapists or trainee therapists themselves.

The following data analyses were carried out for this study, using a grounded theory approach:

1. Participants' experiences of specific moments of relational depth with their therapist in individual counselling. All descriptions of participants' experiencing and perceptions during the identified moments were included in this analysis.
2. Participants' perceptions of the impact and effects of the described moment, both during the ongoing therapeutic relationship and beyond.

3. Participants' perceptions of the characteristics of therapeutic relationships in which there emerged one or more specific moments of relational depth. Data analysed also included participants' perceptions of therapeutic relationships in which they felt there were no moments of relational depth. Participants' views around any possible links between the relational and phenomenological aspects of relational depth were also recorded.
4. Clients' perceptions of the factors facilitating an experience of relational depth, including both the therapist's role and the client's role, as well as any additional relational and external factors.

In order to triangulate the findings from the first study, and to address the possibility that clients who are also therapists or trainee therapists themselves may have knowledge of the current hypotheses of relational depth, or an investment in proving their ability to relate at depth, a second study was carried out as follows:

Client-only study: Participants were 11 clients of counselling whose only experience of counselling was as a client.

The following data analyses were carried out for the client-only study, also using a grounded theory approach:

1. Participants' experiences of specific moments of relational depth with their therapist in individual counselling. All descriptions of participants' experiencing and perceptions during the identified moments were included in this analysis.
2. Participants' perceptions of the impact and effects of the described moment, both during the ongoing therapeutic relationship and beyond.

3. Participants' perceptions of the characteristics of therapeutic relationships in which there emerged one or more specific *moments* of relational depth, and their perceptions of any links between the relational and phenomenological aspects of relational depth. This analysis also included participants' self experiences during the relationship as a whole, and their perceptions of both the therapist's and their own role in facilitating the emergence of the described moment.

THE CHAPTERS

The following chapters begin with an overview of the literature around the three main areas of the research. Theoretical perspectives and empirical evidence in relation to the notion of relational depth are given. The theories and evidence for the role and value of therapist-client in depth relating is examined and discussed, with related conceptualisations of profound moments of engagement in therapy explored. Chapter three describes the method of investigation and analysis of both studies, including initial procedures undertaken for the therapist-client study, and the procedural adaptations made for the client-only study. This chapter includes the researcher's own positioning statement, with personal reflections before, during and after the two studies given.

Chapters four to seven give the findings of each analysis of the therapist-client study, and the findings of the three analyses of the client-only study are given in chapters eight to ten. The overall findings of two studies are discussed and compared in chapter eleven, with limitations acknowledged and suggestions for further research given.

Chapter Two

Literature review

AIMS AND SCOPE OF THE REVIEW

In the following review relational depth is conceptualised in the light of current theoretical understanding, and the aspects of the phenomenon which are being explored are identified. The literature is reviewed in relation to the three primary areas of investigation of the following studies: the phenomenological experiencing of a moment of relational depth, the perceived therapeutic value of an experience of a moment of relational depth and the emergence of a moment of relational depth.

Initially the review aims to examine current person-centred theory in relation to the notion of relational depth as an identifiable moment of profound engagement and connectedness in therapy. The challenges of understanding, interpretation and definition are explored, and the experiences of both therapists and clients are discussed. The empirical evidence of the nature of a moment of relational depth is investigated and reviewed in relation to person-centred literature in this area. Theoretical concepts across a broad spectrum of therapeutic approaches which appear to relate to the person-centred notion of a moment of relational depth are then reviewed.

The literature and research in relation to the nature of a specific moment of relational depth is broken down into the following areas:

- The nature and qualities of a moment of relational depth
 - Therapist experiences.
 - Client experiences.
 - Therapist and client experiences.
 - Experiences of the relationship.
 - Related theoretical perspectives.

The literature in relation to the potential therapeutic value of an experience of a moment of relational depth is then explored, with the aim of investigating current knowledge and understanding around the impact and effects of such moments, and whether there is any empirical evidence to suggest a relationship to therapy outcome. In order to ground the following investigations in a post-modern, phenomenological paradigm, the philosophical ideologies relevant to the values attributed to in-depth relating within a psychotherapeutic context are explored. The person-centred literature relating to the value of such a moment in therapy is reviewed with the aim of investigating the understanding specifically within that approach, followed by a trans-modality review exploring related theoretical perspectives around the perceived role and value of related concepts. The areas reviewed are therefore:

- The potential therapeutic value of an experience of a moment of relational depth
 - Contemporary philosophical paradigms in relation to Self.
 - The potential role and value of client-therapist in-depth relating in person-centred therapy.
 - Related theoretical perspectives on the potential role and value of client-therapist in-depth relating.
 - Empirical evidence of the value of client-therapist in-depth relating.

The current theoretical beliefs around the emergence of a moment of relational depth are discussed, with the literature relating both to the therapist's role and the client's role in engaging in depth within the therapeutic relationship reviewed. Theoretical perspectives around the relevance of the contextual relationship are explored, along with the potential challenges to both client and therapist as perceived by theorists. Finally the literature around the role of supervision in facilitating the therapist's capacity to meet at relational depth is discussed:

- The emergence of a moment of relational depth
 - The therapist's role
 - The client's role
 - The relational context
 - The challenges to both client and therapist
 - The role of supervision

The strengths, weaknesses and contribution of different methodologies in exploring relational depth are discussed, and a summary of the research into presence and relational depth is presented.

Research strategies

A search was conducted through the ISI Web of knowledge search engine on all publications and authors for inclusion of the term “relational depth.” The search was then expanded to include “in-depth relating,” “moments of contact,” “moments of engagement,” “moments of connectedness” and “therapeutic relationship.” The general categories of Arts and Humanities and Social Sciences were selected, with subject areas of Psychology and Behavioural sciences. A similar search was conducted using the University of Strathclyde Ejournal SFX generated ejournal list, searching the subject area Social Sciences, and the sub-heading Behavioural Science (Psychology) and Counselling. In the same way, using Informaworld, Taylor & Francis, Routledge, Psychology Press and Informa Healthcare journals and eBooks, all titles, abstracts and then whole texts were searched for the phrases relational depth, in-depth relating, moments of contact, moment of engagement, moments of connectedness and therapeutic relationship. The same phrases were also entered into the Ingentaconnect search engine and the Cochrane Library.

The American Psychological Association search engine PsychNET was used with the same phrases to search books, book chapters and journal articles through PsycINFO, and the full text of journals published by the American Psychological Association through PsycARTICLES. No date limits were put on any of the searches. In addition to the above, generic online search engines were used to search

for the same phrases, including Google, Dogpile and Ask Jeeves. References in key text on the subject areas of relational depth (primarily *Working at Relational Depth in Counselling and Psychotherapy*, Mearns and Cooper, 2005, and the articles included in the special edition of *Person Centered and Experiential Psychotherapies*) were also used to explore related literature, as well as those giving research overviews (e.g. *Essential research findings in counselling and psychotherapy: The facts are friendly*, Cooper, 2008; *Empirically supported therapy relationships: Conclusions and recommendations on the Division 29 Task Force*, The Steering Committee, 2002) to investigate relevant empirical evidence. Psychotherapy conference abstracts were also searched for references to relational depth.

The work of members of a network of researchers who have come together to form a googlegroup of people interested in the field of relational depth was also explored. References to the relational aspects of therapy were also searched by person-centred authors, including the work of Rogers as the originator of person-centred approach, and Mearns, who first developed the notion of relational depth.

THE NATURE AND QUALITIES OF A MOMENT OF RELATIONAL DEPTH

Therapist experiences

The nature of an identifiable moment of relational depth is described by Mearns and Cooper as: “[A] state of profound engagement and connection between two people in which each person is fully real with the Other, and able to understand the value the Other’s experiences at a high level” (2005, p. xii). Describing it from the therapist’s perspective, however, the description is of a moment in which the therapist “experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way,” while 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). Focusing on what the therapist brings, this description would seem to be

building on Rogers' description of his own experiencing of "presence" (Rogers 1986/1990, p. 137), which also referred essentially to that which is offered by the therapist, with the client's part being one of receiving:

When I'm at my best, as a group facilitator or a therapist, closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviours turn out to be right in some odd way. At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other. (Rogers, 1986/1990 p. 137).

This description retains a quality that is both spiritual and inexplicable. At those moments he seemed to know instinctively what to do and say. He described feeling both "close to the transcendental core of me" (1986/1990, p. 137), and also "closer to my inner, intuitive self, when I am somehow in touch with the unknown in me" (p. 137). There is an element of risk implied, with a need for trusting in the moment, and in his own intuitive self, as he put it: "I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes" (p. 137). When talking of trusting in vague thoughts and hunches, Rogers said of himself: "I think of it as trusting the totality of my experience, which I have learned to suspect is wiser than my intellect" (1961/1990b, p. 24). He also expressed his sadness that we have neglected the capacities of the "non-rational, creative "metaphoric mind" – the right half of our brain" (1980/1990, p. 46).

This aspect of person-centred therapy has been given little attention over the years, until a significant study was undertaken by Geller and Greenberg into therapist's

experiences of presence. In this study, therapists who were considered to be experts in their field and all proponents of, or had written about the importance of presence in psychotherapy, were interviewed about their own experiences of presence as described by Rogers. From participants' descriptions, Geller and Greenberg developed a model of therapist presence in the therapeutic relationship (Geller & Greenberg, 2002). Geller and Greenberg's findings fell into three separate areas: "preparing the ground for presence" (p. 76), "the process of presence" (p. 76), and the experiences of presence" (p. 76). The third area of "experiencing presence" was divided into four categories: "immersion" (p. 76), including absorption, present-centred and focused; "expansion" (p. 76), with such sub-categories as timelessness, energy and flow and enhanced awareness; "grounding" (p. 76) including being centred, steady and intuitive responding; and "being with and for the client" (p. 76) including intention for the client's healing and awe, love and respect.

The descriptions of presence given in Geller and Green's study bear some relation to the quality which Thorne (1991) described as "tenderness." However Thorne (2006, p. 76) takes a slightly different perspective in suggesting that presence itself might almost be considered as a fourth condition, rather than the coming together of the initial three, as proposed by Mearns and Cooper (2005) in their description of relational depth. Thorne has argued that, while it is the case that if the core conditions are present movement will undoubtedly occur, if an additional quality, "tenderness" is present between two people, then something "qualitatively different will occur" (p. 76). Like presence, the quality of tenderness has been given scant attention over the years. This omission is often attributed to the immeasurability of such a concept, lacking the attraction of more apparently concrete skills and theories in a profession under pressure to prove itself "scientifically." Yet Thorne's description of tenderness reveals no easy task:

The ability on the part of the therapist to move between the worlds of the physical, the emotional, the cognitive and the mystical without strain and by a willingness to accept and celebrate the desire to love and to be loved if and when it appears in the therapeutic relationship. (Thorne, 1991, p. 76).

Expanding on this definition Thorne delineates five different aspects of this phenomenon:

1. That the quality irradiates the total person.
2. It communicates through its responsive vulnerability that suffering and healing are interwoven.
3. It demonstrates a preparedness and an ability to move between the worlds of the physical, the emotional, the cognitive and the mystical without strain.
4. It is without shame, because it is experienced as a joyful embracing of the desire to love.
5. It is a quality which transcends the male and female but is nevertheless nourished by the attraction of the one for the other.

The question of how tenderness is experienced by both client and therapist is also addressed by Thorne, who goes on to give further descriptions of his own experiencing of such moments from his own work with clients. A breakdown of the qualities he describes reveals the following:

1. A sense of heightened awareness.
2. Feel in touch with myself.
3. It is as if energy is flowing through me.
4. I feel a physical vibrancy, and this often has a sexual component.
5. I feel powerful and yet at the same time almost irrelevant.
6. My client seems more accurately in focus.
7. When he or she speaks, the words belong uniquely to him or her.
8. Physical movements are a further confirmation of uniqueness.
9. It seems as if for a space . . . two human beings are fully alive.
10. My client and I are caught up in a stream of love . . . within this stream. there is an effortless or intuitive understanding.

11. A sense of joy which, when I have checked it out, has always been shared by the client.
12. Tears may flow or there may be a sudden outburst of laughter.
13. There may be an urgent need to talk about God or the Soul.
14. There may be an overwhelming desire for physical contact.
15. There is always a sense of well-being, of it being good to be alive.
16. I receive my client whole and thereafter possess a knowledge of him or her which does not depend on biographical data.

Many of the qualities which Thorne (1991) has attributed to tenderness can also be found in Geller and Greenberg's findings relating to experiences of presence. Both include a sense of heightened awareness, and a flow of energy; both describe a sense of being focused on being there for the unique person of the client, and both include a sense of expansion, joy, awe and love.

Cooper's (2005) qualitative interview study into therapists' experiences of relational depth was the first to explore therapists' experiences of specific moments of relational depth. Participants were eight therapists, seven of whom described themselves as person-centred, one as solution focused.

In this study participants were given the definition of relational depth given above, which he developed with Mearns (2005). Cooper's (2005, p. 90) study revealed many similar qualities to those found by Geller and Greenberg in their study of presence, and to Thorne's descriptions of tenderness.

During an experience of relational depth therapists of Cooper's (2005) study described experiencing heightened feelings of empathy, congruence and acceptance, as well as a feeling of immersion and greater perceptual clarity; for example one described feeling that they were "immersed in a powerful, protective sphere," while another spoke of being in a "bubble" (Cooper, 2005, p. 91). The view that the experience was difficult to describe was also often stated.

Table 2.1: Therapists' experiences of relational depth: Self-experiences (Cooper, 2005)

Category	Frequency of responses
High level of empathy	6
Greater perceptual clarity	5
High level of congruence	8
Impacted upon	5
High level of acceptance	6
Sense of immersion	6
Free from distractions	5
Immersed in the moment	3
Like altered state of consciousness	4
Sense of aliveness	5
Feeling of satisfaction	6

Participants of Cooper's (2005) study also spoke of a sense of satisfaction, which for some also led on to a feeling of happiness or optimism for the client. They described feeling very alive, energised and excited in those moments, like suddenly being "wide awake." Some of these descriptions bear striking similarities to Csikszentmihalyi's (2002) description of "flow." In a subsequent study into therapists' perceptions of relational depth with clients with learning difficulties (Macleod, 2008), therapists' experiences of self similarly included offering the core conditions; an exciting feeling; challenging, and giving time and space.

Client experiences

Historically, the majority of research in this field has studied the therapist's role in the relationship, for example as in Geller and Greenberg's study of therapists' experiences of presence (2002) above. Cooper's (2005, p. 90) qualitative interview study into therapists' experiences of relational depth was the first not only to explore

therapists’ experiences of specific moments of relational depth, but also to include participants’ experiencing of their clients at such moments (*see Table 2.2*).

In this study, participants’ perceptions of their clients in a moment of relational depth were in some aspects very different from their self-experiences; the clients were experienced as highly transparent and real, and were also described as coming from the “core” of their being. Additionally, the clients were perceived as coming from a place of vulnerability.

Table 2.2: Therapists’ experiences of relational depth: Experiences/perceptions of the client. (Cooper, 2005)

Category	Frequency of responses
Transparent and real	7
Coming from the ‘core’ of being	7
Coming from a place of vulnerability	7

The first study to specifically explore clients’ experiences of relational depth was McMillan and McLeod’s (2006) qualitative investigation, a study which they saw as “a preliminary, heuristic exploration of the phenomenon” (p. 279). Participants were ten therapists or trainee therapists from a variety of counselling approaches, who were interviewed about their experiences as clients. While this study focused on clients’ experiences of deeply facilitative relationships (and those which were felt to be inadequate), findings indicated that clients did experience identifiable moments of connectedness with their therapist, which they described as “states of flow” (p. 286). At these moments participants also spoke of experiencing a sense of flow with no turning back, with description given of “an altered awareness of time, reality and self boundaries, a sense of profound exploratory immersion in their own issues, and an awareness of *communicating on a different level* with the therapist” (p. 286) [Italics in original]. Although the focus was on themselves at these moments, participants also described a deep connection to, and awareness of, their therapist’s presence,

with some describing the feeling that “. . . we were the only two people in the world.” As with Cooper’s study above, participants of McMillan and McLeod’s study also expressed the view that such experiences were difficult to put into words.

In Macleod’s (2008) study, therapists’ experiences of their clients with learning difficulties were again significantly different from their own self-experiences, and included: being more engaged; saying what they wanted to say rather than what they feel someone wants them to say, and changes to their veneer/mask.

The question of “self” in a moment of relational depth

One finding of Cooper’s (2005) study was that in the moments described, clients were seen by therapists as “communicating from a place – that was at the very *core of their being*” (2005, p. 92, [italics in original]), also raising questions around the concept of self. Holdstock (1993), has put the view that Rogers’ concept of the individual self is outdated, and highlights the increasing number of different conceptualisations including “sociocentric-organic, bipolar, communal, open, ensembled, a decentralised nonequilibrium structure, polytheistic, pluralistic, holistic, and dialogical” (p. 245). However Merry emphasised the fact that Rogers’ reference to self was used to describe “an awareness of being, of functioning” (Rogers, 1951 cited by Merry, 2001, p. 43). “Holdstock described the self as “an agent in relation” (p. 245), so it follows that one can only know the self when engaged in an activity. For some, then, the self is seen as a construct or a moving process, for others an autonomous individual being with a single core. Brazier (1993) has pointed to Rogers’ use of the word “organismic” as a description of an experiencing self, which must therefore inevitably be in a state of flux, always changing, a moving process, and always experiencing something. The self according to Brazier is naturally outward looking, rather than inward looking. Holdstock also points to Hegel’s emphasis on the outward looking nature of the self, and the belief that self-consciousness is dependent on the mediation of other people (Hegel cited by Holdstock, 1993, p. 230-231).

However there are further implications for the understanding of relational depth when viewed from the perspective of the dialogical self as described by Hermans (1989; 1996; 2001). Stemming from the work of William James (1902), who described the “I” as the Self as knower, and the “me” as the Self as known, and drawing on the work of Mikhail Bakhtin (1929/1973) around the notion of an individual being constructed of several “I’s” which have their own identities in relation to the world and to others, Hermans proposed that each of these “I” positions extends to others and to groups, and constitutes part of a dynamic multi-voiced self with no one central “I” in control, although it does retain the dialogical aspect of “I” and “Me”, resulting in a multiplicity of dialogically interacting selves (1996, p. 10-11). This view of the mind as a multi-voiced, dialogical self has been increasingly discussed in the field of counselling and psychotherapy (cf. Cooper, Mearns, Stiles, Warner, & Elliott, 2004; Rowan & Cooper, 1999), and self-plurality is seen as both healthy and problematic, depending on the level of communication between the voices (Cooper et al., 2004). There are perhaps parallels that might be drawn between some aspects of the notion of the dialogical self and Mearns’ (1999) description of different configurations of self. Indeed Rogers (1951, p. 136) also defined self-concept as “an organised configuration of perceptions of the self which are admissible to awareness.” The psychodynamic object relations theory might also be seen to have some similarities to this theoretical understanding, viewing the self as “an internal structure that develops in the context of relationships” (Grant & Crawley, 2002, p. 48); a structure which is “made up of relationships between different parts of the person or “internal objects” (p. 48). As Grant and Crawley point out, while the “object” refers to the representation of another person, “part object” refers to the inner representation of the part of a person. Stern, too, has expressed the view that “our thoughts are co-created in dialogue, even when it is only with ourselves” (2004, p. 76).

If we accept that we are always beings-in-relation, both interpersonally, with others, and in the intrapersonal sense with ourselves, or even with imaginary others (Stern, 2004), or if we agree that there is no one central “I” in control, but instead a multi-voiced, dialogical self (Hermans 1989), or several configurations of Self Mearns

(1999), then the question of who or what is relating to whom or what must be addressed. Would a meeting at relational depth be experienced as involving a person's whole being? Their inner core, as described by the therapist participants of Cooper's study? The existential Self? One configuration of Self? One particular I? All the I positions?

Therapist and client experiences

The first study to involve both client and therapist participants in an exploration of relational depth was undertaken by Wiggins (2007). Using raw data from the first of the present studies, combined with description given in workshops facilitated by Cooper, Wiggins applied a grounded theory analysis with the aim of identifying questionnaire items for clients and therapists. The results of this initial qualitative analysis were presented in four domains: Experience of the relationship, including connected, mutuality and security; experience of self, including heightened self, invigorated self, immersed self and true self; experience of/towards other, including UPR, trust, being available, empathy and other being real; and experience of atmosphere, including dynamism, peace and significance. Wiggins (2008) then undertook an online survey and questionnaire items were completed by 343 clients and therapist. A subsequent five factor analysis found the following factors to be present:

- Respect, empathy and trust/intimacy/in the moment
- Life giving/Liberating
- Inexplicable/timeless
- Scared/vulnerable
- Other empathic/respectful

While the factor entitled "Scared/vulnerable" was initially present, it was found to be weak and the items under this heading were later omitted due to ambiguity or low factor loading.

An additional three factor analysis found the following factors:

- Valuing and respecting client/trusting relationship
- Transcendence
- Scared/vulnerable

Again, several items under the factor “Scared/vulnerable” were later omitted due to ambiguity or low factor loading.

Overall, the findings of Wiggins’ study suggests that the most significant factors defining a moment of relational depth are experiences of love, connectedness and intimacy. Using these findings Wiggins has now gone on to develop a measure for relational depth: The Relational Depth Inventory (2011a), which can be used by both clients and therapists.

Experience of the relationship

Mearns and Cooper (2005) describe a meeting at relational depth as a very special encounter “in which two human beings meet each other in a full and intense way, all the time holding on to their uniqueness and individuality” (2005, p. 39). Such an encounter, they emphasise, does not involve the therapist fusing with or “becoming” their client, but rather, they must retain their own difference in order to present the client with their own “Otherness” (p. 39), to reflect their genuine experiencing. This is different from Maher’s description of “altered states” (1983, p. 138), which involve therapist and patient integrating with one another. Maher proposes that in these states “the personhood and identity of one can assimilate or fuse with that of the other” (p. 138). This description would almost suggest an experience of fusion, with two people integrating into each other. Buber’s (1923/2004) concept of an “I-thou” meeting, however, involves experiencing the other’s experience as if through the other’s eyes, yet also remaining aware of their own separateness and experiencing. According to Freidman (1985), Buber was clearer on this than was Rogers. This description of an encounter, as opposed to a union or fusion of minds, has more recently been highlighted by Schmid (2001a). Schmid proposes that there are two aspects to an individual: there is the “individual aspect of being a person” and the “relational and dialogical aspect of becoming a person” (Schmid, 2001a, p.

214). Schmid emphasises the importance of bringing one's person in an "encounter" relationship not only "being with" but also "being counter" to the Other (2001a, pp 213-218), involving both the individual aspect, and the relational or dialogical aspect, of being human.

Schmid and Mearns have emphasised the importance of a deep therapeutic encounter between client and therapist, stating that: "When the client experiences their self-in-development and the full presence of the therapist, each can encounter the other, person to person" (2006, p. 175), with the result that the client is able to experience relating at a level beyond their presentational self. The important factor that they are expressing is that an "encounter relationship" (p. 176), a meeting at relational depth, requires the therapist to bring her person to the relationship, and to acknowledge the other person "as truly an *Other*" (p. 176), a point also made by Mearns and Cooper (2005). Schmid and Mearns turn around Buber's (1923/2004) notion of the "I-thou" relationship, claiming that it would be more accurate to call it a "Thou-I" relationship (Schmid and Means, 2006, p. 176). The sort of encounter they are describing is not an experience of merging, or fusion, or even union, as each person retains their separateness. Here lies another area for exploration: Are the participants of an experience of relational depth aware of their own separateness during the experience, or might it feel more like a description of union or even fusion with the other?

Mutuality and intersubjectivity

In Cooper's (2005) study therapists described the relationship during moment of relational depth as one of mutuality and co-reflexivity, with a real sense of mutual acknowledgment and intimacy described:

Table 2.3: Therapists' experiences of relational depth: Experiencing of the relationship (Cooper, 2005)

Category	Frequency of responses
Closeness/intimacy	4
Mutuality	8
Co-openness	5
Without masks	3
Co-acceptance	4
Client acknowledges therapist's acknowledgement	6
Client knows therapist knows them	3
May be manifested non-verbally	5

The relationship was also described as “two-way” (p. 92), a meeting where “neither they nor their clients were wearing any masks” (p. 92) where they were “touching souls” (p. 92). In this mutual acknowledgement, not only did therapists experience a presence towards their clients, but they also sensed both an acknowledgement of their presence from their client, and also a presence from their client back toward them. Cooper (2005) referred this mutual acknowledgement as a “co-flow” (p. 93) or “co-presence” (p. 93), suggesting in a moment of relational depth both client and therapist might be experiencing Rogers’ (1957) core conditions towards each other. Cooper also suggested that such moments of relational depth “are moments in which the client’s presence to the therapist’s presence, or the therapist’s flow in response to the client’s flow, creates a synergistic encounter that may not be reducible to the sum of its individual parts” (2005, p. 93).

Experiences of the relationship described by therapists in Macleod’s (2008) study into therapists’ experiences of relational depth with clients with learning difficulties included the capacity to relate at a different level; finding ways to understand gestures and expressions; an element in the growth, and intimacy. Similar to Cooper’s (2005) study descriptions also included connectedness; feeling like we

move closer but nobody moves; transformation in the room, and “in the same flow of electricity” (Macleod, 2008).

The descriptions of the relationship in the moment in the study by Cooper (2005) above, and some of the descriptions of the moment itself in Macleod’s (2008) study, would suggest, therefore, that a moment of relational depth is an intersubjective experience, while the differences in the therapists’ own experiences and perceptions of their clients’ experiences opens up the possibility that such moments, though in part constituting an experience of mutuality, co-reflexivity and intersubjectivity, can simultaneously be experienced subjectively, and possibly very differently, by each person. The description of an experience of relational depth given by Mearns and Cooper (2005, p. xiii) suggests an intersubjective element, describing the experience as one in which “each person is fully real with the Other, and able to understand and value the Other’s experiences at a high level.” Viewing it from the therapist’s perspective, however, the description is of a moment in which the therapist “experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way,” while 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). While both client and therapist are present in the moment, the experiencing of each would seem to be different.

While Wiggins’ (2008) study explored the experiences of both clients and therapists, they were not client-therapist dyads, and the question of synchrony, or intersubjective experiencing, as with the present studies, could not be answered by this research. Indeed for all such studies the process of each participant’s (and indeed the researcher’s) meaning construction would of course impact on the descriptions given of client’s experiences of a moment of relational depth. As Spinelli (1989), has pointed out: “ours is a phenomenal reality, and as such, it remains open to a multiplicity of interpretations” (1989, p. 4). The process of interpretation is in itself reality, and cannot be separated from the reality being perceived. However the hypothesis being proposed at the start of this study was that an experience of a

specific moment of relational depth is a shared experience, one of co-reflexivity and mutual understanding (Mearns & Cooper, 2005). Does, then, the experiencing of each person need to be not only the same (or similar) but synchronous, for the event to be understood as a moment of relational depth? While the experiencing of each might be very different, might there still be a shared understanding of what each person is experiencing in the moment? The question then arises of whether it is possible for a moment of relational depth to be subjectively experienced by one participant only.

The notion of synchronicity in experiencing a moment of relational depth is one that has begun to be investigated by Cooper (2010). In an analogue study, participants of workshops were invited to conduct a twenty minute “session” in client-therapist dyads. At each minute participants were asked to rate the depth of connection they felt with their “therapist” or “client” on a scale of 0 to 10. Preliminary findings show that the therapist’s perception of the depth of connection is likely to correspond well with the client’s experience, supporting the hypothesis that the experiencing of relational depth is an intersubjective phenomenon.

Mysticism and Spirituality

Qualities that have been associated with specific moments of profound engagement and connectedness often include a spiritual element. Roger’s (1986/1990) description of presence, for example, includes a sense of something almost mystical. This is heightened by Rogers’ emphasis on the instinctive nature of his responses: “But when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally” (1986/1990, p. 199). There is also an expression of connection at a most fundamental, spiritual level: “At those moments it seems that my inner spirit has reached out and touched the inner spirit of the other” (p. 199). Geller and Greenberg (2002) cite Hycner as also pointing to the spiritual dimension of Buber’s description of “hallowing the everyday” (p. 73), which they say refers to the belief that we are all part of a larger whole existence. Cooper’s (2005, p. 91) findings of therapist’s experiences of relational depth (above) include a category of clients experiencing an

“altered state of consciousness” during a moment of relational depth. There are many descriptions of experiences of relating at depth which encompass terminology of surrendering to something larger; for example Rowan describes three different ways of working with a client as the instrumental “where the emphasis is all on getting it right,” the authentic, “where the emphasis is on being real” and transpersonal “where the emphasis is on surrender to something larger” (Rowan & Jacobs 2002, p. 116). In a previous study into therapists’ experiences of risk taking, however, the author of this thesis found that following a moment of risk-taking, therapists experienced a moment of deeper connection with their clients, which were termed moments of “creative contact” because of the sense in the descriptions of the therapist and client at those moments creating something deeper between them, rather than of surrendering to something larger; where what was created in-between took centre stage, often with a sense of love, relaxation yet also excitement being described. (Knox, 2007, p. 326).

Rowan (1993, p. 3) has described psychotherapy as a bridge between psychology and spirituality, pointing to those “Ah” moments in therapy, and describing them as spiritual experiences. According to Rowan, such an experience may be experienced as inside ourselves, as we contact our real self, or outside ourselves, which is the experience of contacting the transpersonal self. A third experience described by Rowan is that of a total letting-go, which represents an experience of contacting the Divine. The Divine, in this sense, he describes as energy, nature, a god or goddess, pure being, or even as a void (p. 3).

When describing his experience of being fully present, Rogers, like Rowan (Rowan & Jacobs, 2002), stated that: “Our relationship transcends itself and becomes part of something larger” (1986/1990, p. 137). Rogers came to believe that “like many others, I have underestimated the importance of this mystical, spiritual dimension” (1986/1990, p. 138). Indeed, for Thorne, a counsellor is someone who is able to rest in the presence of the Divine, and goes so far as to say that in such moments “there may be an urgent need to talk about God or the soul” (1991, p. 77), lending weight to the theory that there is a spiritual dimension to an experience of relational depth.

However even Thorne, notwithstanding his religious beliefs, emphasises that “religion and spirituality are not by definition connected” (2002, p. 6), and that the term spirituality may simply refer to the notion of a human being “as essentially mysterious and not ultimately definable in biological, psychological or sociological terms” (p. 6). In his descriptions, however, there remains the underlying concept of “the interconnectedness of the created order” (p. 6).

Another perspective taken is that of Ellingham (2007), who has suggested that non-directivity and relational depth represent two different forms of mysticism. Non-directivity, Ellingham proposes, “corresponds to descriptions of mysticism where the individual self is said to lose itself in, be fused with, the greater reality” (p. 1). For Ellingham, therefore, relational depth, “fits in with accounts of mystics experiencing oneness with a greater reality while continuing to retain a sense of their separate identity” (p. 1) The latter description emphasises the encounter quality, and can to some extent be aligned with the theoretical positions of Buber (1923/2004) and Schmid (2006) described above. However the situation is further complicated by the fact that Buber himself came to reject the idea of a religious, mystical element.

Thorne has also expressed the view that openly sharing his experiences of tenderness today seems even more frightening than it did when he first described them twenty years ago (Thorne, 2006). This he feels is due to a growing culture in Britain of cynicism, caution and distrust. This possible reluctance to acknowledge or accept the possibility of a spiritual aspect in psychotherapy poses a potential challenge to the investigation of a moment of relational depth. If participants feel that there is a spiritual or mystical element to their experience, would they feel that it is acceptable to acknowledge, or would they feel safe enough to talk about it?

Related theoretical perspectives on the nature of profound moments of connectedness

The notion of profound moments of engagement and connectedness is understood and interpreted in different ways. In the psychoanalytic field, Ehrenberg talks of the “intimate edge” (1992, p. 34), which she describes as an encounter between client

and therapist where the client is at the edge of awareness, thereby making possible new self understanding and the possibility for change. The intimate edge therefore becomes, in Ehrenberg's words, "the growing edge of the relationship" (p. 34). Ehrenberg describes this kind of encounter as an "interactive creation" (p. 34) unique to the moment. She also talks of the "spiral of reciprocal contact" (p. 36), during which the moment to moment experiencing and responding facilitates an in depth exploration of the "patterns of self mystification" referred to by Laing (Laing, 1965 cited by Eherenberg, 1992, p. 36). It is seen therefore as a moving moment, ever changing, something more in line with the Greek notion of Kairos.

Rogers' (1986/1990) descriptions of presence (above) also bear some similarities to the psychoanalytic therapists' notion of intuition, which is described by Bion as "an evolution, namely the coming together, by a sudden precipitating intuition, of a mass of apparently unrelated incoherent phenomena which are thereby given coherence and meaning not previously possessed" (Bion, 1967, p. 127). Britton also relates intuition to a process he calls "phantasy" (Britton, 1998, pp. 97-108), a process which Rowan and Jacobs (2002) suggest also bears some relation to Freud's (1900/1997) "free floating attention."

Perhaps more closely related to the notion of relational depth is Stern's "intersubjective matrix" (2004, p. 77), with intersubjective meetings being made up of one or a few moments. He distinguishes between "affect attunement" reflecting feelings and "imitation" (p. 84) to reflect behaviour, and emphasises that the implicit knowing of an intersubjective meeting is dyadic in nature; the intersubjectivity is not just one way, but two way. Pointing to the need to pay attention to the intersubjective matrix, Stern's focus is on seeing intimate human relations, including the therapeutic relationship in psychotherapy, "at a micro level made up of moments that occupy the subjective now" (Stern, 2004, p. 135). It is not the depth of relating that is of primary concern, but the reciprocal, moment by moment understanding between client and therapist; as Stern put it: "A passing subjective landscape is created and makes up a world in a grain of sand" (p. 172). The aspect of intersubjectivity has also been emphasised by Jordan (1991), who proposed that: "mutuality, or more specifically

mutual intersubjectivity, the attunement and responsiveness to the subjective, inner experience of the other, at both a cognitive and an affective level, is what the therapeutic enterprise is about (1991, pp. 287-288). Like Thorne's description of tenderness, the emphasis is on the multifaceted nature of this type of connection, one that is both cognitive and emotional.

The gestalt concept of the paradoxical theory of change (Beisser, 1970) combines a dialogic relationship with active phenomenological focusing and experimenting. As Yontef (2007) has suggested, fundamental change results from self-acceptance rather than from self-rejection and the resulting desire to be different. In this sense therapeutic change stems from dialogic contact, consisting of inclusion, confirmation, authentic presence, and a commitment to what emerges between therapist and patient. For Gestalt therapists then, it is only in the here-and-now that change can occur.

In the existential field, the notion most closely related to relational depth as a specific moment of connectedness is what Budgell, in an unpublished dissertation, called "linking" (1995, p. 33, cited by Rowan, 1998; 2005, p. 162), a notion which she developed from her research project:

The experience is described as near fusion, a communion of souls or spirits, and a blurring of personal boundaries. To achieve this both parties have to give up something of themselves while remaining separate. It is not symbiosis, but the other end of the spectrum as described by Wilber (1980). It is the transpersonal sense of relinquishing self. Symbiosis is about being cosy, but this is about working through pain and fear. It is a sacred experience and yet natural, and there all the time. It comes from the spiritual or transpersonal realm, being a step beyond empathy and the natural plain.
(p. 33)

Rowan (2005) has referred to an experience of linking as a moment of profound connectedness, beyond the usual definitions of empathy. Rowan suggests that at such

moments “we are at last out of the skin-encapsulated ego, and our defensiveness has gone down by another notch” (p. 111). Rowan continues: “We can genuinely let go of our boundaries and be with another person’s soul (some people would say heart to heart)” (p. 111).

The notion of “dual identity” and “identification with other persons,” described by Grof (1988) as involving a loosening or melting of the ego boundaries is also an associated concept. Rowan has suggested that the aim of Maher’s (1983) “experiential listening” is to invoke such an experience. Friedman (1996) also expanded on Buber’s (1985, cited by Friedman, 1996) notion of “inclusion,” describing moments when a therapist can experience for him or herself what the other person is actually thinking and feeling.

The concept which perhaps is the closest to the descriptions of presence found in Geller and Greenberg’s (2002) study is that of Csikszentmihalyi’s (1992) description of a sense of “flow” which involves a total involvement in activity, without self-consciousness, and with experiences which include descriptions of immersion, heightened perceptual awareness, satisfaction and changes in perception of time.

THE THERAPEUTIC VALUE OF AN EXPERIENCE OF A MOMENT OF RELATIONAL DEPTH

The additional question that this research also aimed to address is the significance of relational depth to therapeutic outcome. Indeed the Cognitive Behavioural therapist Ellis (1999) questioned whether the development of a relationship which would be perceived by both as including depth of the kind described by Mearns and Cooper (2005), Rogers (1951; 1967), Thorne (1991, 2006), Schmid (2001a; 2002) and others actually help people to get better, or does it simply help them to feel better. Ellis (1999) takes the view that the recent trend in research to focus on the relationship as opposed to the techniques used by the therapist is misleading as it addresses the question of how clients feel, rather than how they behave, before and after therapy.

While using a person's behaviour as distinct from how they feel in order to assess outcome might seem an alien concept to person-centred practitioners, there is none the less a great need for research into the contribution that different aspects of the relationship might make to outcome, especially from the perspective of clients.

Contemporary philosophical paradigms in relation to Self

In order to facilitate and investigation of the role that relational depth might play in the therapeutic process, and any value it might contribute, the notion is examined here within the wider context of contemporary philosophical paradigms which underlie our current thinking.

An individual as a "being in relation"

Over the last century the highly individualistic view of the Western world, which saw human beings as individual, autonomous beings, who through their interactions with others may be changed, but still retain their integral separateness, has begun to be challenged (cf. Holdstock, 1993). Heidegger (1926/1962), argued that as human beings our being is primarily a "being-in-relation"; the suggestion is that we are not primarily separate independent beings who come together in relationship, but we are in essence relational beings who develop a sense of individuality and separateness. Indeed recent theories of human development point to an inborn desire of human beings not only to bond with others, but also to interact and engage with them (Beebe, Sorter, Rustin, & Knoblauch, 2003; Trevarthen, 1998). Such theories are compatible with developments in neurology, and our increasing understanding of mirror neurons (Gallese, 2001), allowing even very young children not only to mirror the actions of others, but also to experience the actions of others as if they were performing those actions themselves. As Stern has pointed out, "our nervous systems are constructed to be captured by the nervous systems of others" (2004, p. 76). Similar work has been emerging from within the Stone Centre, with Jordan (1991) promoting an understanding of human nature which is contrary to the previous structures of psychology characterised by a separate-self model of development, emphasising the destructive impact of this model both on women and on the fabric of community for all people. By studying women's lives and struggles, Jordan has been

creating new models of human development with the aim of transforming some of the current distorting impact of competition, hyper-individualism, racism, sexism, heterosexism, and classism, both in psychotherapy and in society in general.

This view of human beings as relational first and individual second is often endorsed by the example of language, which is seen by philosophers such as Derrida (1974) and Wittgenstein (1967) as an integral part of who we are; our very thoughts, our ideas, and the way we see ourselves and the world, is all rooted in language. On a societal level, the language we speak carries with it the social constructs in which we live, and there is no escaping our being in relation. This understanding has led to the now widely held belief that many clients' problems are likely to be connected, at least in some respect, to their interpersonal styles of relating, and therefore might best be addressed in relationship. As Van Kalmthout put it: "A balanced theory of personality change should recognise both our need for autonomy and our need for belongingness" (1998, p. 53).

As a result of postmodern phenomenological understanding (Husserl, 1938/1973; Heidegger, 1928/1972), therefore, the value of the quality of the relationship to the therapeutic process has been increasingly acknowledged.

The potential role and value of client-therapist in-depth relating in person-centred therapy

Rogers' (1959) concept of an individual with an actualising tendency is considered to be in itself a construct which is essentially individualistic (Brazier, 1993; Holdstock, 1993), and therefore to some extent outdated (Holdstock, 1993). It is undoubtedly the case that Rogers developed his theories within a wider context of the more popular individualistic standpoint, with the notion of being-in-relation still in its infancy, and only minimally acknowledged, especially in America. However Rogers (1957/1990) always viewed the relationship itself as an integral part of the therapeutic process. At the core of Rogers' theory of personality change are the six conditions which he stated were necessary and sufficient for change to occur, the first of which being that "two persons are in psychological contact (1957/1990, p. 221).

As Van Kalmthout (1998) has pointed out, not only did Rogers propose that the therapeutic conditions are sufficient for personality change to occur, he suggested that they are also necessary; that is, personality change can only occur in relationship. In person-centred therapy, the relationship is not the goal in itself, but it is “a safe environment where the client can start learning to trust his or her own experiential world and later move on . . . the therapeutic relationship and the experiential change process are intrinsically linked” (Van Kalmthout, 1998, p. 57).

Rogers was in no doubt about the value to the client of relating at depth:

We are deeply helpful only when we relate as persons, when we risk ourselves as persons in the relationship, when we experience the other as a person in his own right. Only then is there a meeting at a depth that dissolves the pain of aloneness in both client and therapist. (Rogers, 1961/1990b, p. 168).

As early as 1951 Rogers posed the two questions: “What does it mean that the client experiences a relationship as therapeutic?” (1951, p. 65), and: “How may we facilitate the experiencing of a relationship as therapeutic?” (p. 65). He strongly emphasised the need for research into this area. Rogers also placed much emphasis on the client’s perception of the relationship, and described the many pre-therapy factors that might affect those perceptions; common among those factors were the client’s tentativeness, ambivalence and fear. Rogers emphasised that these client variables cannot be addressed by giving information on the nature of a therapeutic relationship, but rather by their own sensory perception of the relationship itself. The client must therefore feel completely safe in order to explore their own feelings, and come to the point of what Rogers called “reorganising the self” (p. 77). Biermann-Ratjen, Eckert and Schwartz (1995, cited by Biermann-Ratjen, 1998, p. 109) have described a successful psychotherapeutic process as one which “enables the client to take up the relation to himself which the therapist offers him.” Here lies another

question: might the point at which this becomes possible also be an indicator of a meeting at relational depth?

Thorne (1991, p. 77) has suggested that the value of tenderness lies in the fact that at such moments: “I receive my client whole and thereafter possess a knowledge of him or her which does not depend on biographical data,” which in turn has the effect on the client that it can change their own self-perception, often leading to significant changes in attitude and behaviour. For Thorne, the unique healing quality of an experience of “tenderness” is that: “When tenderness is present in a relationship I believe that there is the possibility of finding wholeness and of recognising the liberating paradox” (Thorne, 1991, p. 77). He further states that: “When I can be tender or when I experience the tenderness in another, neither I nor they can any longer be satisfied with a fragmented existence” (p. 78).

Brazier (1993) has also highlighted the value of a person’s relating to others as the precursor to the way they relate to themselves has : “The way a person regards him or herself, if indeed they do, is a derivative of the way they regard others, not the other way round” (1993, p. 85). Brazier points to Rogers’ (1961, p. 147) description of a “fully functioning person” as someone who “is a being in the moment, with little self-conscious awareness.” For Brazier then, the value of client-therapist in-depth relating is that it facilitates the client’s movement towards the natural state of being “other-oriented.”

The notion of relational depth is underpinned by the central belief that one of the key relational factors is the “depth” of therapeutic relating between client and therapist (Mearns, 1996; Mearns & Cooper, 2005; Schmid & Mearns, 2006). Mearns’ (1996) initial supposition was 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. More recently Mearns has emphasised 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).

Mearns has described the more usual form of relating as if one was looking through a screen, and suggested that “if we are lucky, that screen might be likened to a lace curtain allowing a degree of permeability and at least the comfort of an illusion that we are perceiving and relating with each other at depth” (Mearns, 1996, p. 306). He warned us against the trap of acting out the caring therapist, for example in terms of the “incongruent smile” (p. 306), an “over-effusiveness” (p. 306) or an aspect which Rogers commented on when he first came to Britain, “politeness” (p. 306).

Discussing the value of working at relational depth, Mearns later stated that:

The reason for meeting at that intensity of relating is that the client may give us invited access into his existential self. He is giving us access to the innermost feelings and thoughts about himself and his existence. He is not giving us a false picture layered with conscious defences and pretences – he is including the therapist in the inner dialogue that he has with himself. More than that, he is including the therapist in the moment to moment discoveries he is making about his Self, while he is at the very “edge of awareness.” (1999, p. 125).

Schmid has referred to meeting a client at relational depth, again not as the goal, but as the foundation of therapy (2006). He described it as “the start of a most exciting and challenging dance out of dialogue” (Schmid 2006, p. 252). In this sense it is not the healing aspect of the meeting itself which he focuses on, but rather the potential for exploration and dialogue that it brings.

Mearns’ description (above) of the value of relating at depth includes the proposition that: “The reason for meeting at that intensity of relating is that the client may give us invited access into his existential Self” (1999 p. 125). He also suggested that at such moments the client is “including the therapist in the inner dialogue that he has with himself” (1999, p. 125). Rogers (1951; 1961) also acknowledged that clients could experience different parts of themselves. However, as Cooper (1999) has pointed out, Rogers’ descriptions were primarily of a duality of experiences, rather

than of the plurality of experiencing multiple parts of themselves. Rogers focused on possibility of the client's self-construct conflicting with their phenomenological experiencing. Cooper (1999) has highlighted the paradox of the idea that the unity of human experiencing can be experienced as a plurality. Cooper suggests that the resolution of this paradox is that: "Being is always a complete gestalt configuration – yet there exists the possibility that the wholeness can be experienced in a plurality of ways" (1999, p. 67). The self can therefore be seen as a "unified Being-towards-the-world which has the possibility of Being-towards-its-world from a variety of self positions" (p. 67). Rogers also acknowledged that the actions of individuals can not only be cruel and hurtful but also highly destructive; yet he maintained that everyone has within them strongly positive directional tendencies at the deepest levels (1961, p. 27). Might meeting a client at relational depth, then, mean that the therapist is meeting the client at a level beyond their self protective behaviours, where their tendency for growth, having been met and acknowledged, can be awakened?

Related theoretical perspectives on the potential role and value of client-therapist in-depth relating

From the psychoanalytical perspective, the importance of the therapeutic encounter is also increasingly being seen as crucial. Stern suggests that it is the many present moments which are shared between client and therapist which make up the key moments of change (Stern, 2004), with much of the work therefore being a focusing on the subjective experience of the relationship itself. Guntrip (1969), however, like Schmid (2006), highlights the value of a moment of real meeting not as the goal, but an important starting point in facilitation of the therapeutic process.

Stern (2004, p. 77) describes the therapeutic process as taking place in an ongoing subjective matrix, highlighting the fact that our very thoughts are "co-created in dialogue, even when it is only with ourselves." Stern expands on the view of Renik (1993) that psychoanalysis has changed from a one-person to a two-person psychology; for Stern, the intersubjective matrix is "the overriding crucible in which interacting minds take on their current form" (2004, p. 78). The shift in thinking is that not only do two minds create intersubjectivity, but also the reverse is true; as

Stern put it “intersubjectivity shapes the two minds” (2004, p. 78). Stern maintains that, during moments of meeting, as the two participants “travel through a shared journey” (p. 172), their mutual understanding is one of shared intentionality.

According to Stern the important aspect of a moment of meeting, therefore, is not just that there is implicit knowing, but for a brief time two people are sharing the same aims. The value of imitation based, or one-way intersubjectivity, however, is highlighted by Prouty (2002) and Peters (2005) as facilitating a form of pre-therapy for clients whose contact with self, world or others is impaired.

A slightly different view of the value of connectedness is that of Ehrenberg (1992), who highlights the value of focusing on the patient’s distancing tendencies rather than trying to transcend the distance. Ehrenberg hypothesises that it is this focussing on the “gulf” between that opens out the experiences and allows the client to see the part they are playing in what occurs, thereby allowing them to better understand their own relating patterns, and providing the opportunity for change. For Ehrenberg, then, the goal is not one of aiming for closeness, but rather of focussing on what is preventing closeness; because, as Ehrenberg puts it: “trying to bridge the gulf may obscure anxieties and distancing patterns” (1992, p. 38). In that sense, relational depth might be seen as just as valuable by its absence as by its presence. This view is also taken by Safran and Muran (1996) who refer to “moments of relatedness” growing out of a rupture in the therapeutic alliance, and therefore offering an opportunity to explore the client’s relating patterns within the therapeutic relationship itself, and by association in life generally.

For psychodynamic therapists, the value of the relationship lies in the client’s historical relationship patterns which are played out and may be identified in the therapeutic relationship. By focusing on the transference, the therapist and client may become aware of the client’s displaced feelings and behaviours towards the therapist which stem from earlier significant relationships (Grant & Crawley, 2002; Geslo & Hayes, 1998; Gomez, 1997). However it is also acknowledged that transference will include feelings towards the therapist, and so the transference relationship and the “real” relationship are intertwined. It is suggested that clients use what are described

as automatic and unconscious processes when transference is operating, and an aim of the therapist is to help the client to become aware of these processes and make the unconscious conscious (Grant & Crawley, 2002). There are similarities here to Ehrenberg's (1992) description of working at the "intimate edge" of awareness. Grant and Crawley also highlight the fact that working with transference can form a very intimate relationship, and also emphasise that object relations theory "focuses on the centrality of relationships between people and how such relationships are represented internally" (2002, p. 46). They further highlight the pivotal role of the relationship when they point out that object relations theory, drawing as it does on Bowlby's attachment theory (1969), is based on the motivation of human beings to seek relationships, rather than their motivation to discharge drives (Gomez, 1997).

Cognitive behavioural therapists are also increasingly regarding the relationship as an important part of the therapeutic process, with the potential to impact significantly on outcome. However as Grant, Townend, Mills and Cockx (2008) point out, while CBT therapists believe that a positive relationship is necessary for positive change to occur, they do not believe that it is sufficient. However they also emphasise that the relationship "underpins all cognitive behavioural psychotherapeutic techniques and strategies and is the foundation on which the approach is based" (p. 33).

It is within the existential field more than any other that the depth of relating has been increasingly seen as pivotal. The gestalt therapist Hycner (1991) has drawn on the work of Buber (1923/2004) and Friedman (1985) to develop a dialogical approach with the aim of facilitating a mutual encounter. Existential-humanistic therapists emphasise the importance of the client's presence and openness to the therapist, and encourage articulation of the "lived moment" of the therapeutic encounter (Bugental, 1978; May, 1958; Yalom, 2001). Much of the therapeutic work is focused around challenging the client's resistance to engage openly in such an encounter, a task similar to that described by Ehrenberg (above) in working at the edge of awareness. Bugental's (1978) description of authenticity and presence, unlike the three domains found by Geller and Greenberg (2002), consists of two aspects, which he called "expressivity" and "accessibility." The first aspect, expressivity, he saw as the therapist's willingness to share themselves in the

situation, while accessibility, he described as “having the intention to allow what happens in a relationship to matter” (p. 37). In this sense, being present requires one not only to verbalise one’s own authenticity, but also to be fully open to the authenticity of the other. It also requires each person’s willingness both to know themselves and to be known by others. For existential-humanistic therapists, therefore, the willingness of the therapist to be present in the relationship is vital, not only to facilitate the presence of the client, but also to create a sense of safety in which the client can confront her problems and make use of the new insights which emerge (Schneider & May, 1995).

Gestalt therapists, too, see the relating between client and therapist as paramount, and they too promote the value of Buber’s “I-thou” relationship in contrast to an “I-it” way of relating (Sills, Fish, & Lapworth, 1995). For Mackewn (1997) the most healing aspect of counselling lies within the relationship, not with either the therapist or the client alone. Gestalt therapists recognise moments of “authentic relating” (Sills, Fish, & Lapworth, 1995, p. 16), and point to the value for a client of being wholly accepted as facilitating their own self-appreciation, self-love and self-knowledge.

The relationship is also seen as central to the therapeutic process by the Stone Centre model of psychotherapy. As Jordon (1991) puts it: “the relationship, based on empathic attunement, is the key to the process of therapy, not just the backdrop to it” (p. 284). More than that, Jordan states that “therapy, as I practice it, exists only in so far as empathic attunement occurs between therapist and patient (p. 287).”

Empirical evidence of the value of client-therapist in-depth relating

It is only in recent years that researchers have turned their attention to the value of experiences of moments of in-depth client-therapist relating, and there is as yet little empirical evidence to prove the value of moments of relational depth. What little evidence there is, however, does suggest a positive value to the client. Findings of Elliott’s (1985) cluster analytic study of significant events in therapy included a category of personal contact, under helpful within-session events. Similarly,

Timulak's (2007) qualitative meta-analysis of studies on client-identified helpful events also found a key event category of personal contact.

While Cooper's (2005) research into therapists' experiences of relational depth did not focus on the long term effects of such an experience, the findings did indicate that such moments allowed a greater degree of genuineness and transparency on the part of the client, allowing them to bring a side of themselves which the therapist had not previously seen. Some clients were also perceived not only as being more connected with their stories at an emotional level, but also as being in touch with something at the edge of their awareness.

In McMillan and McLeod's (2006) study into clients' experiences of relational depth, the "states of flow" described by participants were described as being highly memorable, and significant events within their overall therapy (p. 236). The quantitative study by Wiggins (2008) described above found that over a third of events identified by clients as particularly important in therapy can be characterised as moments of relational depth.

Research into relational depth has so far produced little evidence to indicate that such an experience might be unhelpful to clients. However some evidence suggesting that a deeply facilitative relationship can become unhelpful has emerged from McMillan and McLeod's (2006) study in which two participants described such relationships as becoming problematic. In both cases the client came to expect more from the therapist and experienced their therapist as withholding.

The current research was the first to specifically address the question of clients' perceptions of the effects on them of an experience of a moment of relational depth, and their views on any relation to outcome.

THE EMERGENCE OF A MOMENT OF RELATIONAL DEPTH

The therapist's role

The question of how an experience of relational depth is facilitated is another area that has remained largely unexplored. With the exception of McMillan and McLeod's (2006) study, attention tends to be primarily on the role of the therapist, with what little research there has been focusing on the therapist's experiences (Geller & Greenberg, 2002; Cooper, 2005). Geller and Greenberg's category of "Preparing the ground for presence" (p. 76) included pre-session preparations such as "intention for presence," "clearing a space," "bracketing," "an attitude of openness" and "life" including philosophical commitment to presence and ongoing care for self (p. 76). "The process of presence" itself was described slightly differently from Bugental's (1978) delineation of expressivity and accessibility (above). Geller and Greenberg's findings indicated three aspects, as opposed to Bugental's two aspects of receptivity and expressivity, which they called "receptivity," "inwardly attending" and "extending and contact" (p. 76). Receptivity, they described as taking in the fullness of the client's experience, with sub-categories including open accepting, listening with the third ear and extrasensory perception. Inwardly attending, they described as how that experience resonated in the therapist's own body, including feelings of authenticity, trust, congruence and increased spontaneity. The third aspect extending and contact they saw as the expression of that inner resonance or directly connecting with the client, with sub-categories including meeting, transparency and being accessible.

Mearns and Cooper (2005, p. 113) highlight the need for therapists to "facilitate" rather than "create" a moment of relational depth. They emphasise the importance of not making clients feel as if they are being pressured into relating at a deeper level, as this would be meeting the therapist's own needs rather than the needs of the client. However they propose that a therapist can "prepare the ground for relational depth" (p. 127), including minimising possible distractions by adequately preparing both themselves and their counselling environment. Mearns and Cooper also state that therapists must give up their own "aims" and "lust" for relational depth (p. 114), as

well as their desire for a better understanding of their client, as this can put the focus more on the content of what they are saying, rather than on the client themselves in the moment. However they also highlight the importance of actively listening to the client, allowing them to feel safe in the knowledge that the therapist is following their lead. They emphasise the value of listening to the whole of the client, making possible an engagement with the many different configurations of self (Mearns & Thorne, 2000).

In addition to therapists letting go of their aims and desires for their clients, Mearns and Cooper (2005) point to the importance of therapists letting go of their anticipations, and of meeting their client from a place of not knowing, In order to do this, therapists must first be aware of what their anticipations are. Moreover, Mearns and Cooper (2005) highlight the value of letting go of therapy techniques, so that the therapist can be truly open to the unique person of the client. They also emphasise the importance of the therapist's own self-awareness, and of being open to being affected by the client.

Another aspect proposed by Mearns and Cooper (2005) as potentially facilitating relational depth is the sharing with the client their own "here and now" experiencing (p. 129). Mearns and Schmid (2006) have suggested that an encounter relationship always involves the therapist sharing their feelings or thoughts in relation to the relationship itself. Mearns and Cooper (2005, p. 121) also highlight the possible need to help clients to "explore their lived experience in a more focused, detailed and in-depth way," which they refer to as "knocking on the door." Worsley (2002) has spoken of the experientially-focused way of working within a person-centred approach as including what he calls "self talk" or "relational talk," or what Rennie (1998) has referred to as "metacommunication." Might this focus on process, bringing the attention of the client to the present moment and encouraging awareness of self-experiencing within that moment, enhance the likelihood of the emergence of a moment of relational depth?

Bringing together for the first time the work of Mearns on relational depth and that of Schmid on what he terms an encounter relationship, Mearns and Schmid collaborated on two papers which begin to build a cohesive picture of their individual thinking. In the first, Schmid and Mearns (2006) described person-centred psychotherapy as an “in-depth co-creative process of personalization” (2006, p. 174). Exploring the nature of “encounter” in terms of the therapist’s presence, they give suggestions for how a therapist might facilitate relational depth, stating that it is the therapist’s task to be “the person that he or she is” (Schmid & Mearns, 2006, p. 181), and to “stand firm as a person and face the client as a person” (p. 181). They argue that for the therapist “being-counter” to the client is just as important as “being-with” the client, as it is the former which provides the foundation for dialogue. This demands of the therapist that they retain their own separateness, and do not avoid encounter by becoming the person that the client wants them to be.

In their second paper Schmid and Mearns (2006) go on to describe what they call “resonance” as “the therapist’s reverberation in the relationship with the client” (p. 181). They delineate four different levels of resonance which can be offered by the therapist to the client, as follows (pp. 183-185):

Self-resonance: Described as the reverberation of the therapist’s own feelings and thoughts, as the therapist resonates to their own experiences. This requires that the therapist is aware of his/her own self-resonance, and is able to bracket off what comes up so that their own material is not confused with that of the client.

Concordant empathic resonance: This form of resonance they describe as “classic empathy,” where the therapist symbolises the client’s experiencing by trying to go with the process of the client’s experience as accurately as possible. In this the client’s own symbolisation is encouraged.

Complementary empathic resonance: The therapist is complementing the client’s symbolisation, therefore adding something more than what is overtly expressed,

reflecting what is sensed, but what may be out of the client's awareness. Here the therapist is confronting the client with another side of her/himself.

Personal or dialogical resonance: This form of resonance stems from both client and therapist, and as such is distinct from both "self-resonance" which springs from the therapist, and "empathic-resonance" which springs from the client. Personal or dialogical resonance "is born in their relationship person to person" (p. 184), with the therapist taking the position of the "Other" in the relationship, confronting the client as a separate person. In this sense Schmid and Mearns suggest that it can be seen as co-resonance, as they put it: "Resonance of other's experiencing of both the client and the therapist" (p. 184). This in turn leads to mutual exchange, or what they refer to as "dialogue"

Couples therapist Charles O'Leary has also discussed what he referred to as "the lessons" for working at relational depth (2006, p. 229). O'Leary (p. 229-239) proposed that five qualities possessed by Rogers himself may describe what it is like to meet someone at relational depth. The qualities, which O'Leary drew from his own recollections of Rogers, from Rogers' written responses to Reinhold Niebuhr, and from his dialogues with Martin Buber and B. F. Skinner, he describes as follows:

1. Congruence: His engagement with clients was consistent with his full engagement in other aspects of his life.
2. Unshakeable commitment to core beliefs about relationships.
3. Unshakeable confidence in the therapeutic relationship process as he practiced it.
4. Imagination and resourcefulness in the practice of empathy.
5. A modest generosity: A habitual assumption of the other person's deservingness (O'Leary states that this quality is the most difficult to define).

Non-directivity and relational depth

The tendency for theorists and researchers alike to focus on the therapist's role in facilitating a moment of relational depth has led some person-centred practitioners to question how the notion of working at relational depth sits with their conceptualisation of the classic person-centred approach which holds non-directivity at its core (Brodley, 2006; Wilders, 2007). The implication in this argument is that relational depth is seen as something that the therapist should be aiming for or purposefully initiating with their client. The question here then is, does the notion of working at relational depth of itself necessitate a directive stance on the part of the therapist, and therefore conflict with what some see as the traditional person-centred, non-directive therapy? In responding to Brodley's critique of Mearns' and Cooper's (2005) book on the subject, Mearns suggested that their differing views might in part stem from the fact that he himself knew Rogers later on in his (Rogers') career when Rogers' therapy could certainly be described as relational. Frankel and Sommerbeck (2007) have proposed that the root of the different views lies in the fact that Rogers changed his descriptions of therapy quite distinctly over the years, a difference which was not fully acknowledged even by himself. They go so far as to delineate a "Rogers 1" therapy, and a "Rogers 2" therapy, with the latter involving a greater focus on the relational aspect. Mearns (2007) strongly maintains, however, that there is nothing different or contrary to the person-centred approach in the notion of working at relational depth. Lietaer (1998) has pointed to the multidimensional nature of directivity, and argues that even Rogers accepted that it is impossible not to be directive in some sense. Cooper's (2007) response to the above critiques has focused around the client's needs, emphasising the fact that different clients need different things at different times. Cooper also maintains that there is nothing directive about working at relational depth; rather, it is something that the therapist should be prepared for should it arise (Cooper, 2007). Indeed findings of Cooper's (2005) research into therapists' experiences of relational depth indicated that therapists felt that there was a spontaneous element to the emergence of a moment of relational depth, rather than it being something that they were planning or initiating themselves.

The client's role

With the focus so often on the therapist's experience of what they are bringing to the encounter, the descriptions of Rogers (1986/1990), Schmid and Mearns (2006), Cooper (2005), Geller and Greenberg (2002) and O'Leary (2006) all inevitably fall short of describing the whole experience, or as Buber (1923/2004) emphasised, the effects of two people becoming fully present to each other. The distinction here is that Buber is describing a situation where two people are fully present, not just the therapist being fully present with the client. This raises some interesting questions not just about the client's experience, but also about the client's role in meeting at relational depth.

The person-centred approach places a significant emphasis on the therapist's offering of the six conditions which Rogers stated were necessary and sufficient for personal growth to occur (1957), and in particular the three core conditions of empathy, congruence and unconditional positive regard. However the client's role in meeting the therapist at relational depth is given much less attention, and the usual focus is on their awareness of being in receipt of the core conditions, as Rogers' sixth of his conditions which he proposed were necessary to exist for therapy to occur (1959/1990, p. 239) states: "That the client perceives, at least to a minimal degree, conditions 4 and 5, the *unconditional positive regard* of the therapist for him, and the *empathic* understanding of the therapist" [Italics in original]. In this the client's primary role is in perceiving the offering of the therapist of the core conditions. However an exploration of the relational aspect, both in terms of needs and drives, inherent in a human being would seem to suggest that a client might have a need to bring more to the relationship in order for an experience of relational depth to occur. Trevarthen (1998) argues that an infant's desire for engagement is stronger even than their desire for approval; not only do they want to receive love, they want to give it. Brazier (1993) has suggested that this is the same throughout life; not only do people have a desire to receive positive regard, they have a need to give it. In addition Rychlak's (1994) Logical Learning Theory proposes that individuals are intentional and behave with purpose and in accordance with reasons and goals, so that behaviour cannot only be understood in terms of passive responses.

Bohart and Tallman (1999, p. 23) have written of the importance of the client's agency in the therapeutic process, describing the client as the "primary healing force," and the "creative agent" in the relationship. They suggest that it is the therapist's role to provide a relationship which will enable the client to self heal, a process which continues not just in the therapy session but also outside as they go about their everyday lives. Jordan (1991) has emphasised the value of mutual empathy, highlighting the role and importance of the client's own effectiveness. Moreover Cooper's (2008) overview of therapeutic outcome studies suggests that the most significant factors associated with positive outcome are client variables, over both the relationship and the therapist's skills and attributes. Lambert (1992) has estimated that 40% of therapeutic improvement can be attributed to client variables including extra-therapeutic events.

Brazier (1993) has pointed to the natural state of a "fully functioning person" as described by Rogers (1961/1990b, p. 409) being "other-oriented" rather than "self-oriented" (p. 84). He further states that as therapy is an altruistic endeavour on the part of the therapist, then, if we see such altruism as healthy, then it must also be healthy for the client. With a view of human nature as primarily altruistic rather than narcissistic, the client then has a need to give love as well as to receive it.

Questions around the client's role in facilitating a meeting at relational depth have begun to be addressed by McMillan and McLeod's (2006) research, and have been further explored by the present studies. A major finding of McMillan and McLeod's study was that clients experienced a sense of "letting go" in order to fully engage with their therapist in a deeply facilitative relationship, making a decision to drop their protective stance, sometimes described as taking a leap of faith (p. 282). Clients also spoke of learning what they wanted from therapy, and of minimising factors which were hindering the process. Findings also indicated that clients had to perceive their therapist as open, real, competent and able to deal with their material before making a decision to engage with them. In addition the study highlighted the clients' internal representation of their therapists, assisting their reflections and processing

between sessions, and demonstrated how some clients might be aware from the start whether or not a therapist will be right for them.

Further developing the work of Jordan (1991; 1997) around the notion of mutual empathy, a mutual encounter study has been undertaken by Murphy (2008), using an abbreviated version of Barrett-Lennard's Relationship Inventory (Barrett-Lennard, 1962; 1986) to explore the mutual and reciprocal experiencing of the therapeutic conditions of empathy, congruence and unconditional positive regard (Rogers, 1957), and any correspondence to outcome. Murphy focused on the two questions of how far clients and therapists mutually perceive the therapist as providing the therapeutic conditions, and how far each of them mutually experience the other as providing the therapeutic conditions. The first test for mutuality involved looking at the moderating effect of therapist perception of their own conditions on the expected association between client rating of therapist conditions and outcome. Dividing the therapists into two groups, one representing high levels of therapeutic conditions and the other representing low levels to produce a significant interaction effect, Murphy used hierarchical linear multiple regression to explore the moderating effect of the level of therapists' perceptions of the level of the conditions that they were providing. Findings indicated that client ratings of therapeutic conditions provided by therapists was significantly more strongly associated with outcome when therapists also rated themselves as providing high levels of the therapeutic conditions than when they reported low levels. In addition client rating of therapist provided conditions was significantly negatively correlated with CORE-OM scores suggesting more distress. These findings strongly suggest that therapeutic change is likely to occur when client and therapist mutually perceive the therapist as providing Rogers' core therapeutic conditions. Findings in regard to the second question of both the client's and the therapist's perceptions of the conditions being offered by the other were also very similar. Overall, Murphy's results indicated that when therapists also perceive clients as reciprocating high levels of the core conditions, the client's perception of therapist provided therapeutic conditions corresponds more strongly to therapeutic change.

While Murphy's study included sixty dyads, there were only twelve participating therapists, and it is acknowledged that this is a relatively small sample. However the results strongly indicate that therapeutic outcome improves when mutually high levels of empathy, congruence and unconditional positive regard exist. In addition an online study into relational depth by Leung (2009) found that both client and therapist participants perceived relational depth as being important both for personal change and for therapeutic outcomes.

The relational context

The Belgian therapist Depestele (2008) has proposed that therapy should take place both in the relational space where the attention of the client is directed towards the therapist, and in the reflective space, where the attention of the client is directed inwardly, towards his or her feelings and experiencing. Depestele further suggests that the client's reflectivity is facilitated by the level of the therapeutic relationship. Drawing on the work of the Boston Change Process Study Group (1998; 2002; 2005), Depestele (2008, p. 2) talks of an individual's "implicit relational knowing" which has been developing since childhood. When client and therapist come together, they develop a "shared implicit knowing" (Boston Change Process Study Group, 2005, p. 697) consisting of their unique ways of being together and of having a mutual intention. This makes up the intersubjective field, and contains both stable and moving aspects, giving the therapist the opportunity to move towards a "moment of meeting" as described by Stern (2004, p. 166). Depestele (2008, p. 10) maintains that when a "now" moment is met by the therapist with an intention of "moving towards," then a moment of meeting can occur, and this in turn provides a supportive, containing environment for a client to encounter their own implicit relational knowing, and thus their experiential nuances and difficult feelings. In this way paying attention to the relational level enables the client to engage in reflectivity, an endeavour which Gendlin (2007, cited by Depestele, 2008) has highlighted is the most important change factor in experiential psychotherapy.

McMillan and McLeod's (2006) study into clients' experiences also indicated that in relationships which were felt by clients to be deeply facilitative, moments of

relational depth may occur. While seven participants also expressed a sense of “letting go,” and entering a deeply facilitative relationship, four spoke of experiencing “a sense of flow” with an altered awareness, where they were “communicating at an intuitive level” (pp. 282-283). McMillan and McLeod describe these moments of flow both as being momentary, where there is an altered state of awareness, but also as enduring, with over half the participants’ reporting “an enduring sense of the therapist’s presence,” which extended to a connection felt by the client between sessions, where clients did not simply remember what therapists had said, but where the therapist “was retained as an active, live resource between sessions” (p. 286). While it seems likely, therefore, that there is a connection between a relationship in which the client has an enduring sense of the therapist’s presence, and one in which moments of relational depth are likely to occur, the extent to which the latter is dependent upon the former remains largely unknown.

Wiggins (2008) study found that neither the client or therapist role, or the duration of the therapy impacted on the presence of relational depth. However results did suggest that relational depth events were more likely to occur in the presence of a strong therapeutic alliance. In addition for the first time a correlation to gender was found, with more women responding positively to the online questionnaire than men. However this could reflect the higher number of women in the field of counselling and psychotherapy generally, especially in the UK.

The challenges to both therapist and client

Commenting on the rarity of an experience of relational depth, Mearns (1996, p. 306) put the question: “Is it because we are too afraid of others or perhaps our Selves, or both, to risk meeting each other at relational depth?” Almost as in answer to his own question, he refers to Schopenhauer’s analogy of hedgehogs, stating that like them “we desperately want to be close enough to feel each other’s warmth, but not so close that we feel the prickles.”

In their discussion on the difference between the instrumental and the authentic (Rowan & Jacobs 2002), Rowan describes the more usual way of living as being at

the instrumental level, and suggests that fear is the main reason for this. He further suggests that this may also be true for therapists, and that the reason for this is fear:

To be authentic is to be open and vulnerable. Most people do not want to be vulnerable. And this fear can be rationalised. It seems to me that many therapists are not aiming at liberation, and that they may indeed regard it as something dangerous" (Rowan & Jacobs, 2002, p. 131).

While Thorne (1991) relates a moment of in-depth relating to his religious beliefs, he also suggested that the fears of such relating might too have its roots in religion. He Describes the tendency to see the joy and knowledge that might be experienced as "forbidden fruits" (p. 77), and he offers a possible reason for not trusting in the moment as stemming from a feeling that it is somehow wrong, as he put it: "If I am full of understanding and of the joy of relating, then it can only be that I am in the hands of Satan" (p. 77). Rowan has pointed to the fears involved in admitting to one's spiritual experiencing:

Admitting that I was a spiritual being, I found, was like admitting that I was in love: there was the same scary sense of commitment, of risk-taking, of stopping over a line, of taking on a big responsibility. There was the same sense of not being able to see the end of the line – partly I knew, but partly I couldn't know, what I was getting into (Rowan, 1993, pp. 1-2).

Schmid as also commented on the risks to the therapist of responding openly and authentically (Schmid, 2001b, 62). Like Mearns and Thorne, Schmid states the view that it requires more courage to trust in both the client and oneself instead of relying on methods and techniques which might feel safer in their predictability. Schmid further states that "The risk is to acknowledge what is opening up and disclosing itself, to be surprised by the mystery of the Other and to dare to receive, to accept." Schmid sums it up saying: "It is a question of whether we dare to love our clients" (2001b, p. 62). This research expands on this theme by asking what factors might

inhibit a therapist or, by extension, a client, from entering such an encounter relationship, or meeting the other at relational depth.

In her study into relational depth with clients with learning difficulties, Macleod (2008) found that factors which therapists felt were impeding relational depth included the therapist only listening to the words; the therapist being too rigid in their own model as opposed to be creative, for example, using objects, and lack of support from staff involved in the care of the client.

Mearns and Cooper (2005) point to the risk of therapists wanting their clients to feel better, as potentially inhibiting connection at relational depth. They cite the temptation for the therapist of a depressed client to reflect back more of their feelings of hope for the future, than of their feelings of hopelessness, an approach which is likely to reduce the possibility of an encounter at relational depth. In their second co-authored paper on the subject Mearns and Schmid (2006) explored the challenges both to the therapist and to the client in meeting each other at a level of relational depth. Mearns and Schmid describe twelve criteria for working at relational depth (pp. 260-262):

1. *Existentiality*: At a level of “encounter” the client and therapist are “touching and being touched.” It is described as a “personal quality which has to do with significant experiences and their interpretations.” Mearns and Schmid emphasise that this cannot be forced, it emerges from a mutual willingness to touch and be touched.
2. *Freedom of choice*: The therapist is not forced to relate to the client at a particular level, but rather fully considers whether to relate on an existential or presentational level.
3. *Immediacy*: This is seen as a process, happening “im-media-tely,” without the use of pre-conceived techniques or skills. At the level of encounter, such things are not needed, as the participants will be in “true dialogue.”

4. *Relationship-centredness*: The relationship itself takes centre stage and is explicitly discussed. A felt sense might be shared, an acknowledgement of the person of the client shared, or a comparable experience of themselves given.

5. *Mutuality*: The therapist allows the client to respond at the same level. A mutual exchange can only occur if the client feels that they are invited to respond on the same, not obligated to do so.

6. *Openness to risk*: The risk of being hurt, touched, loved, rejected and so on is present in any encounter; it is not only a risk for the client, but also for the therapist.

7. *Spontaneity*: Mearns and Schmid emphasise that encounter and dialogue are not an aim, and do not require the intention of the therapist to occur. Indeed encounter can only emerge by what they call “facilitative responsiveness” (see Schmid, 2005), and as such is characterised by non-directiveness.

8. *Addressing all parts of the Self*: The importance of meeting all the different parts of a client at different times is highlighted. Both the parts that are explicitly visible, and those that are sensed.

9. *Co-reflectiveness*: At the level of encounter the relationship is reflected by both client and therapist; it is a joint reflection of the relationship, involving metacommunication, with the dialogue being viewed from within the dialogue.
Quality: Meeting a client at relational depth requires touching the client “in(side)” their experiencing, as opposed to approaching from the outside. This Mearns and Schmid emphasise, is not quantitative, but qualitative.

10. *Contextuality*: Here Mearns and Schmid warn of the need to be aware of the context of a meeting at relational depth, for example of the specific meaning that specific words might have for a client. It is therefore vital that the therapist

remains aware of the client's relational life outside the therapeutic relationship, and indeed to the wider socio-economic and cultural context.

11. Awareness of power: The vulnerability of clients when relating at a level of encounter must always be remembered, and the therapist has a moral and ethical duty not to misuse their power especially at such moments of depth. It is vital that the therapist does not abuse the trust of the client in meeting them at relational depth, by giving in to their own curiosity or desire for self-therapy, or by trying to control the client in any way.

The role of supervision in facilitating relational depth between therapist and client

Lambers (2006) has pointed to the role that supervision can play in helping a therapist to develop the ability to meet their client at a level of relational depth. Lambers has suggested that the value of supervision with regard to relational depth is twofold: Firstly, creating a climate of mutual trust and respect, fostered by empathy, acceptance and congruence, can enable supervisees to engage with themselves at a deeper level, facilitating a fuller integration and helping them to be fully present to the total person of the client. The supervision relationship itself is therefore seen as core in facilitating the supervisee's open engagement with the client.

Secondly, the supervision relationship is also crucial for the ongoing personal development of the supervisee. As Mearns and Cooper (2005) have highlighted, initial training can only begin to prepare the person-centred therapist for the challenges of fully meeting the client. Ongoing personal development can therefore be facilitated through the supervision relationship. Lambers suggests that as the path to relational depth is often "through our own fallibility, fear, struggle, or through our own sense of our existence" (2006, p. 273), supervision could usefully be used to address such experiences and explore their importance "as potentially rich resources for human and therapeutic relating" (p. 273).

THE CONTRIBUTION OF DIFFERENT RESEARCH METHODOLOGIES TO THE INVESTIGATION OF RELATIONAL DEPTH

The concept of relational depth is a complicated one not easy to describe or explain. It involves subtleties that have led to a multitude of different perspectives as shown above. How then, can research adequately capture the essence of relational depth? How can it be measured or quantified? Is it even possible to learn anything useful from the point of view of a third person – an interviewer or researcher? Relational depth is, by its very nature, individual to the people involved, and therefore cannot be fully understood objectively, as the subjectivity of the participants themselves is part of the reality of the experience.

However it is possible to achieve some sense of the experiences of clients and therapists insofar as they are able to recall and recount them to a third party, and to begin to find some commonalities in experiencing that might identify the types of experiences that can be termed relational depth. Initially one might think that such deeply human, personal phenomenon could only effectively be researched using qualitative methods; in the area of relational depth, this is indeed where the first researchers began. The initial research, Cooper's (2005) study, McMillan and McLeod's (2006) study and the present studies of this thesis, are all qualitative interview studies. Their contribution is essentially to find out whether clients and therapists do experience relational depth, and if so, to begin to build a picture of the descriptions of experiences of relational depth from the perspectives of the participants themselves. Elliott (2010) has referred to these studies as helpful factor studies with the aim of attempting to document the existence and general nature of moments of relational depth. By applying a grounded theory analysis, the commonalities of experiences that clients and therapists report experiencing in a moment of relational depth emerge. At this stage, however, these studies can only give an indication of what might constitute an experience of relational depth. They do not offer evidence of how widely these experiences might be replicated across a broad spectrum of client groups, orientation of therapist, psychotherapy settings, or different therapist client dyads. In addition there has been no opportunity for follow up explorations, and therefore no evidence as to the potentially changing nature of

participants' memories or processing of those experiences over time. In order to do this participants might be interviewed immediately after the experience, again later on in the therapy and/or immediately after the therapy had ended, and again after a period of months and/or years. What these studies do, however, is to generate rich, experiential descriptions of participants' experiences and perceptions of relational depth which enable the production of a multilayered hierarchical system of categories.

In investigating experiences of relational depth, there is a need for both microanalytic and macroanalytic approaches. Such qualitative investigations go some way to providing both aspects, as participants are asked both about their moment by moment experiencing of a specific experience of relational depth, and about the contextual environment of the relationship as a whole. There are of course other contextual aspects such as the participants' histories, needs from and desires of the therapy, their (and their therapists') relational styles, their therapists' abilities, approaches, the settings of the therapy, and so on.

In order to try to ascertain whether the emergent categories of the analysis of such studies are consistent with an experience of relational depth, one might ask independent judges to rate their relevance, for example people who have written about, or are considered to be experts of, relational depth, as in the case of the judges used in Geller and Greenberg's (2002) study into presence, although as the notion of relational depth in person-centred therapy as a momentary experience is still in its infancy, this might have proved difficult.

Another approach to exploring clients' and therapists' deep, moment by moment experiencing of such moments would be to engage client and therapist participants in an exercise of interpersonal process recall (IPR) as described by Elliott (1986) and Rennie (2001), as they watch or listen to recordings of previously held sessions. The difficulty for the researcher is that as an experience of relational depth would seem to be relatively rare, one might record and play back several or indeed many sessions, before coming across an event which participants identify as a moment of relational

depth. An alternative would be for the researcher to identify a potential moment of relational depth, and then to play that particular session, or period within the session, back to the participants. This type of research design might also be used to investigate the possible synchronicity of an experience of relational depth, as it is hypothesised that such an experience might be a synchronous one for the therapist and the client. An alternative method would be an analogue study of the type conducted by Cooper (2010), to explore whether each participant of a therapy dyad simultaneously experiences moments of depth. In Cooper's study pairs of practicing or trainee counsellors conducted twenty minute sessions during which they were asked to score the level of connection they felt at minute intervals.

The usefulness of an ethnographic methodology, with the researcher(s) observing recorded sessions, identifying moments of relational depth and making detailed records of the observations, is likely to be minimal in this field. It is questionable whether an experience of relational depth can be observed by a third party, given that a major finding of all the interview studies is that the experience is beyond words, with a mutual unspoken acknowledgement between the client and therapist.

The concept of relational depth as an identifiable moment in therapy does not lend itself to a randomised clinical trial methodology, as it is not an experience that can or should be initiated by the therapist, but rather something that emerges between therapist and client. It would also be impossible to include a sample of client therapist dyads in which a moment of relational depth was not initiated, as it might well occur naturally in the process of therapy.

The most effective strategy for inferring the operation of particular therapy processes positively affecting outcome is to use several different change process research designs. For example, As Elliott (2010) has suggested, the studies of this thesis could be followed by significant events studies to develop a qualitative sequential description of what is occurring in a moment of relational depth, and to gain a deeper understanding of client and therapists' experiencing and perceptions of those events. Such studies could also be used to begin to explore potential connections to

outcome. In addition sequential process research could provide further microanalysis of the moment by moment experiencing, actions, responses and interactions during such an experience.

While on the surface it may seem that quantitative research designs have little to offer in the way of providing a deep exploration of client and therapist experiences of relational depth, they not only do, but already are proving to be indispensable in complementing and validating the initial qualitative studies. While qualitative explorations are more useful for developing the initial theory, on their own they do not satisfy the need for a pluralistic approach (Elliott, 2010) required for the robustness of an investigation of this kind. However this need can be satisfied by the application of quantitative methodologies of the type being used by Wiggins (2007; 2008; 2011a; 2011b) in her development of an inventory to assess relational depth. Having created questionnaire items by applying a grounded theory analysis to the raw data from training workshops and the present studies, Wiggins conducted a quantitative study in the form of an online survey, with participants being asked to describe important therapy events. The descriptions were assigned scores by independent researcher raters, and a combination of these and participants' own ratings provided the basis for the Relational Depth Inventory, (RDI, Wiggins, 2011a). The results of a factor analysis have now added weight to the findings of the present studies. The quantitative online survey of Leung (2009) further helps to build up a picture of the frequency of experiences of relational depth from the perspective of both clients and therapists.

In terms of providing evidence of causality, while qualitative research such as helpful factors studies can provide an indication that a moment of relational depth is associated with positive outcome, a quantitative process-outcome study would be needed to demonstrate a causal relationship, and provide evidence that an experience of relational depth might be *predictive* of outcome. This has also been undertaken by Wiggins (2011b), using the RDI in combination with other outcome measures such as the Clinical Outcome Routine Evaluation (CORE), the Strathclyde Inventory (SI), the Personal Questionnaire (PQ) and the Working Alliance Inventory (WAI),

Wiggins has been able to infer that relational depth is a predictor of post-therapy outcome having controlled for the working alliance, using Cohen, Cohen, West and Aiken's (2003) criteria for inferring causality: That an experience of relational depth is correlated with higher post-therapy scores; that experience of relational depth precedes the outcome; that relationship between an experience of relational depth and higher outcome scores still stands when working alliance has been controlled for; that there are theoretical explanations for the way in which an experience of relational depth can affect outcome.

The difficulties for such research designs in demonstrating causality are in controlling for other variables, as a relationship in which a moment of relational depth is likely to occur might have different elements which account for any difference in outcome, both before and after the identified moment. The challenge is how to separate out the specific contribution of the experience of relational depth, especially as it appears to be seen by clients as an integral part of the whole process. There might also have been more than one moment of relational depth in the relationship. It is also possible that those clients who have the ability or inclination to relate at a level of relational depth already have interpersonal skills and resources that other clients might not have, which in themselves might account for difference in outcome.

A methodology offering a significant contribution to the investigation of experiences of relational depth is the systematic case study design (McLeod & Elliott, 2011). The advantage of this design is that it can generate in-depth, detailed descriptions contextualised within the wider setting of the therapeutic relationship as a whole, and take into account the history of the therapy and the wider context of the client's history and life outside therapy. It can also give an insight into clients' and/or therapists' perceptions of the value of their experience of relational depth in the long term. The first qualitative narrative case studies by Omeilan (2009) have begun to address this gap. However the reluctance of many therapists to provide case studies is often prohibitive, especially given that an experience of relational depth is likely to be highly personal to the client, often revealing their innermost thoughts and fears,

and which they, or therapist, might not feel comfortable putting in the public domain if contextualised within their wider story. There is no doubt, however, that this methodology can offer a valuable contribution to a deepening understanding of relational depth.

SUMMARY OF RESEARCH INTO PRESENCE AND RELATIONAL DEPTH

The following section brings together a list of the key research studies into the area of presence and relational depth. Table 2.4 gives an overview of the key studies with their methods, aims and findings.

The forerunner to the body of research into relational depth was Geller and Greenberg's (2002) study into therapists' experiences of presence. Participants were eighteen therapists who were considered to be experts in their field and all proponents of, or had written about the importance of presence in psychotherapy. The study was a qualitative interview study and participants were asked about their own experiences of presence. Findings were presented in three separate areas: "preparing the ground for presence," "the process of presence," and the experiences of presence" (p.76). The first area of preparing the ground for presence included intention for presence, clearing a space, bracketing, an attitude of openness, and what they called "life," including philosophical commitment to presence and ongoing care for self (p.76). The process of presence they described as having three aspects: "Receptivity," "inwardly attending" and "extending and contact" (p. 76). Receptivity included being open, accepting, listening with the third ear and extrasensory perception. Inwardly attending was described as how that experience resonated in the therapist's own body, including feelings of authenticity, trust, congruence and increased spontaneity. Extending and contact they described as the expression of that inner resonance or directly connecting with the client, including meeting, transparency and being accessible (p. 76).

Table 2.4: Key studies into client and therapist experiences of presence and relational depth.

Method	Aim	Key findings
<i>Geller & Greenberg, 2002: Therapeutic presence: Therapists' experiences of presence in the psychotherapy encounter.</i>		
Qualitative interview study.	To explore therapists' experiences of presence.	<p>Preparing the ground for presence: Included intention for presence; clearing space; bracketing; an attitude of openness; philosophical commitment to presence; ongoing care of self.</p> <p>Process of presence: Included receptivity (including open, accepting listening with the third ear, extrasensory perception); inwardly attending (including trust congruence, increased spontaneity); extending and contact (including meeting, transparency, and being accessible).</p> <p>Experience of presence: Included immersion (including present-centred and focused); expansion (including timelessness, energy, flow, enhanced awareness); grounding (including being centred, steady and intuitive responding); being with and for the client (including intention for the client's healing, awe love and respect).</p>
<i>Cooper, 2005: Therapists' experiences of relational depth.</i>		
Qualitative interview study.	To explore therapists' experiences of a moment of relational depth.	<p>All eight therapists experienced a moment of relational depth.</p> <p>Therapists' experiences of self: High level of empathy (including perceptual clarity), congruence, and acceptance; a sense of immersion, aliveness and satisfaction.</p> <p>Therapists' experiences of the client: Transparent and real; coming from the 'core' of being and coming from a place of vulnerability.</p> <p>Therapists' experiences of the relationship: Closeness and intimacy; mutuality; co-openness; co-acceptance; client acknowledges therapist's acknowledgement; may be manifested non-verbally.</p>
<i>McMillan & McLeod, 2006: Letting go: Clients' experiences of relational depth</i>		
Qualitative interview study.	To explore clients' experiences of therapeutic relationships.	<p>Clients experiences of moments of intense closeness were relatively rare. Clients experienced a willingness to "let go" before entering into an enduring relationship.</p> <p>Seven of ten clients experienced deeply facilitative therapeutic relationships. Clients described: Being ready to engage; knowing the therapist is ready to engage; experiencing the therapist as a parent/mother figure; looking inward; talking to the therapist "in my head" between sessions. Clients reported experiences of a "sense of flow" with altered awareness, something that is hard to put into words, and communicating at an intuitive level.</p>
<i>Wiggins, 2007: Developing an inventory designed to assess relational depth.</i>		
Qualitative analysis of raw data from training workshops and Knox study.	To develop questionnaire items to explore clients' and therapists' experiences of relational depth.	<p>Experience of self: Heightened self; invigorated self; immersed self; true self.</p> <p>Experience of/towards each other: Respect; trust; being available; empathy.</p> <p>Experience of relationship: Connected; mutuality/security.</p> <p>Experience of atmosphere: Dynamic; peace; significance.</p>

Method	Aim	Key findings
<i>Wiggins, 2008: Developing an inventory designed to assess relational depth.</i>		
Quantitative Online survey, factor analysis	To explore whether The preliminary 64 items were unidirectional, and which items are associated with relational depth.	Generally unidimensional (occurring concurrently). Items most associated with relational depth during an important event were: Love; connected; respect for other; intimacy; other respected me; mutuality. Underlying components of relational depth were: 1) respect/empathy/connected. 2) invigorated/liberating. 3) transcendence. 4) scared/vulnerable (not part of main relational depth factor). 5) other person empathic.
<i>Leung, 2008: Study exploring the factors associated with the experience and perception of relational depth.</i>		
Quantitative online survey	To explore therapists' and clients' perceptions of the factors associated with relational depth.	98% of therapists reported at least one experience of relational depth at a moderate rate of frequency. 78% of clients reported at least one experience of relational depth at a moderate rate of frequency. Both clients and therapists perceived relational depth as important for personal change and therapeutic outcomes.
<i>Murphy, 2008: Psychotherapy as mutual encounter: A study of therapeutic conditions.</i>		
Quantitative, using shortened B-LRI.	To explore the role of mutuality in the therapeutic relationship.	The association between outcome and the client's perception of the therapist's provision of the core conditions was stronger when the therapists also rated the client as offering a higher level of the core conditions. When both experienced high rather than low levels of the core conditions, therapeutic change occurs.
<i>Macleod, 2009: Therapists perceptions of reaching relational depth with people with learning difficulties.</i>		
Qualitative interview study.	To explore whether relational depth is experienced when counselling people with learning difficulties.	Nine of the ten therapists reported an experience of relational depth when counselling people with learning difficulties. Therapists' experiences of self: Feeling privileged/special; a sense of connection with the client; understanding/being in touch with the client; having an emotional reaction. Therapists' experiences of client: A willingness to be vulnerable; emotional/physical change; increased insight/awareness; increased communication/responses. Experiences of the relationship: Trust; connection; equality/partnership. Experience of the moment itself: Spiritual aspect/different dimension; connection/flow; blending of client and therapist; environmental changes; being together/on a shared journey; sense of the moment as powerful.
<i>Morris, 2009: Psychologists' experience of relational depth.</i>		
Qualitative Interview study	To explore psychologists' experiences of relational depth.	Three of six psychologists identified a moment of relational depth, with descriptions varying. Important factors were the client's capacity to connect and the psychologist's ability to experience the client's experiencing. Empathic attunement (including empathy, focusing, experiential flow, own momentum, understanding on emotional level); Relational connectedness (including receptivity, listening, understanding genuineness, safety, openness, alive, absorbed); use of self (including person to person, human, "who I am").

Method	Aim	Key findings
<i>Omielan, 2009: The influence of relational depth on therapeutic relationships.</i>		
Qualitative Narrative case studies.	To explore clients' perceptions of the influence of relational depth on therapeutic relationships.	All three clients described moments of profound connection, and perceived them as significant moments with a positive impact on the relationship and in the long term. The clients also experienced a sense of being deeply cared for and nurtured.
<i>Connelly, 2009: Trainee therapists and relational depth.</i>		
Qualitative Interview Study.	To explore trainee therapist experiences of relational depth on training programmes.	All eight experienced relational depth in an aspect of training. Described as difficult to put into words. Physical: Included warmth; wholeness; openness; calmness; electrifying. Emotional: Included trust,; openness; acceptance; safety; being held; moved; relief; special; respectful; intensity; non-intrusive; unique. Spiritual: Included degrees of awareness; altered state; heightened awareness; sacred; meeting of two souls. Silence: Included unspoken; stillness; degrees of experience; calm; terrifying.
<i>Cooper, 2010: Synchronicity in clients' and therapists' experiences of relational depth.</i>		
Quantitative analogue study.	To explore whether relational depth is experienced synchronously by client and therapist.	The degree of synchrony between therapists' and clients' perceptions of connection is actually relatively high. A mean correlation of .65 across 81 pairs (therapist client dyads) was found.
<i>Wiggins, 2011a: Development and validation of a measure of relational depth.</i>		
Quantitative	To explore validity And reliability of 24 item RDI.	Generally reliable but improvements could be made. A significant minority of people may experience high levels of relational depth not captured by the RDI, implying that there may not be words to describe such moments.
<i>Wiggins, 2011b: Relational depth and therapeutic outcome.</i>		
Quantitative	To explore whether Relational depth (as assessed by RDI) is related to outcome.	Relational depth accounted for between 10% and 40% (average 26%) of variance in outcome, having controlled for pre-therapy and working alliance.

Experiencing presence consisted of immersion, including absorption, present-centred and focused; expansion, with such sub-categories as timelessness, energy and flow and enhanced awareness; grounding, including being centred, steady and intuitive responding; and what they described as “being with and for the client” including intention for the client’s healing and awe, love and respect (p. 76).

The first empirical evidence of therapists' experiences of relational depth came from Cooper's, (2005) qualitative interview study. Participants were eight therapists recruited from the researcher's network. All eight participants of this study said they had experienced a moment of relational depth with a client. Cooper gave the findings in three areas: Experiences of Self, experiences of the client, and experiences of the relationship during the described moments. Therapists saw themselves as having a high level of empathy, congruence and acceptance, with a greater perceptual clarity. They also described a sense of immersion, aliveness and satisfaction. Therapists experienced their clients as coming from the core of their being, and also coming from a place of vulnerability. The relationship was experienced as one of closeness, intimacy, mutuality, with what was described as a co-openness and co-acceptance. There were descriptions of knowing without words, with the therapist acknowledging the client, and the client acknowledging the therapist's acknowledgement of them.

Following Cooper's (2005) study, McMillan and McLeod (2006) undertook a study exploring relational depth from the client's perspective. Participants were ten therapists, primarily recruited from the researcher's own network. Seven of the participants felt that they had experienced deeply facilitative therapeutic relationships as clients. This study focused on the depth of the relationship in general, rather than on specific moments, but during the course of the interviews some data arose about specific moments of depth and closeness during which clients described a "sense of flow" (p. 286) with an altered awareness. They reported finding it difficult to describe, and felt that during those moments they were communicating at an intuitive level. A major finding of this study was that clients experienced a willingness to "let go" (p. 286) before entering into an enduring relationship. They also described being ready to engage, and knowing that the therapist was ready to engage. Some experienced the therapist as parent or mother figure. They also spoke of looking inward and talking to the therapist in their head between sessions.

As part of her work in developing an inventory to measure relational depth, Wiggins (2007) then applied a grounded theory analysis to raw data taken from the initial study of this thesis, and from a series of training workshops, with the aim of

developing questionnaire items to explore both therapists' and clients' experiences of relational depth. This analysis gave rise to four areas of experience of self, experience of/towards each other, experience of the relationship and experience of atmosphere. Experience of self included categories of heightened self, invigorated self, immersed self and true self. Categories under experience of /towards each other included respect, trust, being available and empathy. Experience of the relationship included connected and mutuality/security, and the category of experience of the atmosphere included dynamic, peace and significance.

Having developed the questionnaire items, Wiggins (2008) then undertook a quantitative online survey to investigate whether the 64 items he had identified were unidirectional and which were associated with relational depth. The questionnaire asked people to identify an important event in therapy. It was completed by 343 clients and therapists, and a factor analysis was applied to the results. It is unknown how many of the clients were also therapists themselves, but it is possible that many were due to websites and networks being used. Wiggins found that the items were overall unidimensional, and therefore might be seen as occurring concurrently. The items which were most highly associated with relational depth were found to be: love, connected, respect for other, intimacy, other respected me and mutuality. The factor analysis resulted in five factors indicating the underlying components of relational depth. The first was respect/empathy/connected; the second was invigorated/liberating; the third was transcendence and the fourth was scared/vulnerable, although this was found to be weak and not part of the main relational depth factor; the fifth was other person empathic.

Another study being undertaken at this time was that of Leung (2008), who also undertook a quantitative online survey with the aim of exploring therapists' and clients' perceptions of the factors associated with relational depth. In this study 140 therapists completed the survey, and 119 respondents completed the survey as clients. Leung found that 97.9% of therapists reported at least one experience of relational depth at a moderate rate of frequency. For clients, the proportion was lower with 78.2% of clients reporting at least one experience of relational depth at a

moderate rate of frequency. Both clients and therapists perceived relational depth as important for personal change and therapeutic outcomes. There were no significant differences in terms of therapy approach or gender, but therapists who had been practicing for longer reported a higher frequency of experiences of relational depth.

A further study by Murphy (2008; 2010) explored the role of mutuality in the therapeutic relationship. In this quantitative study 62 client therapist dyads (involving a total of 12 therapists) were asked to complete an abbreviated version of the B-L RI that consisted of 32 items of the original 64-item scale (Barrett-Lennard, 1964). Murphy aimed to assess the extent to which clients and therapists mutually perceive the therapist as providing the therapeutic conditions, and to assess the extent to which the client and therapist mutually experience the other as providing the therapeutic conditions. The findings were that the association between outcome and the client's perception of the therapist's provision of the core conditions as described by Rogers (1957) was stronger when the therapists also rated the client as offering a higher level of the therapeutic conditions. In addition the findings indicated that when clients and therapists mutually and reciprocally experienced high rather than low levels of the therapeutic conditions for one another then therapeutic change occurs, suggesting that the therapeutic relationship can be considered as both mutual and reciprocal.

Exploring whether relational depth is experienced when counselling people with learning difficulties, Macleod (2009) undertook a qualitative interview study involving ten therapists working with this client group. In this study nine out of the ten participants reported having had an experience of relational depth when counselling people with learning difficulties. Using the four domains which evolved out of the studies of this thesis, Macleod's findings were as follows: Experiences of self included feeling privileged and special, a sense of connection with the client, understanding/being in touch with the client and having an emotional reaction; experiences of the client included a willingness to be vulnerable, an emotional/physical change, increased insight/awareness and increased communication/responses. The relationship was experienced as one of trust,

connection and equality/partnership, and the moment itself was experienced as having a spiritual aspect or on a different dimension, being a moment of connection/flow with a blending of the client and therapist, and a sense of being together/on a shared journey. The moment was also seen a powerful with environmental changes.

A qualitative interview study by Morris (2009) explored clinical and counselling psychologists' experiences of relational depth. Participants were six clinical or counselling psychologists who worked within NHS Scotland. In this study three of the respondents were able to identify an experience of relational depth, and there was a variety of different experiences described. Important factors were felt to be the client's capacity to connect, and the psychologist's own ability to experience the client's experiencing. Descriptions included empathic attunement, involving empathy, focusing, experiential flow, own momentum and understanding on an emotional level. Also described was a sense of relational connectedness, including receptivity, listening, understanding, genuineness, safety, openness, alive and absorbed. A theme entitled "use of self" (p. 11) was identified, including categories of person to person, human and, as participants put it, "who I am" (p. 11).

Omielan (2009) undertook a qualitative study in the form of narrative case studies to explore clients' perceptions of the influence of relational depth on therapeutic relationships. The study included three clients, all of whom were able to identify moments of profound connection. All three also perceived them as significant moments in their therapy and as having had a positive impact on the therapeutic relationship, and also as having had an enduring positive effect on themselves. An aspect that was highlighted by the clients was the sense of being deeply cared for and nurtured by their therapists.

A further study was undertaken by Connelly (2009) specifically to investigate trainee therapists' experiences of relational depth on training programmes. Eight trainee therapists with limited experience were interviewed, all of whom said they had experienced relational depth in at least one aspect of their training. Findings were

separated into themes of understanding relational depth, working with relational depth, experiencing relational depth and sharing relational depth. Experiences of relational depth were described under the following categories: Physical, including warmth, wholeness, openness, calmness and electrifying; emotional, including trust, openness, acceptance, safety, relief, respectful, intensity and unique; Spiritual, including varying degrees of awareness, and descriptions of an altered state, heightened awareness, meeting of two souls and something that felt sacred; silence, including unspoken, stillness, calm and terrifying.

Following the above studies into clients' and therapists' experiences of relational depth, Cooper (2010) conducted a quantitative analogue study to begin to address the as yet unanswered question of whether relational depth is experienced synchronously by client and therapist. 81 pairs of practicing or trainee therapists were asked to conduct "counselling" sessions of twenty minutes, during which both were asked to rate how deeply connected they felt to their partner at one minute intervals, using a zero to ten scale. The findings of this study indicated that the degree of synchrony between therapists' and clients' perceptions of connection was relatively high, with a mean correlation of .65 across 81 pairs of therapist client dyads.

Completing her process of developing the RDI, Wiggins (2011a) went on to explore the validity and reliability of a shortened, 24 item version of the RDI. This was found to be generally reliable, although improvements were identified. This study indicated that a significant minority of people might experience high levels of relational depth which are not captured by the RDI, suggesting that there may not be adequate words to describe such moments. A more recent quantitative study by Wiggins (2011b) exploring whether the RDI is related to outcome found that relational depth accounted for between 10% and 40% of variance in outcome, having controlled for pre-therapy and working alliance, indicating a relationship between an experience of relational depth and outcome.

Chapter Three

Method

RESEARCH DESIGN

Using a form of change process research design, this study aimed to explore with clients their own experiences and perceptions of specific moments of relational depth. As such it can be seen as a helpful factors study (Elliott, 2010), producing clients' accounts of their own experiences of therapeutic relationships in general and of particular moments of connectedness, with their perceptions of the impact and effects of those moments during the process of therapy and beyond. The research was phenomenological in nature (McLeod, 2001; Moustakas, 1994), inevitably involving an aspect of hermeneutic enquiry (McLeod, 2001) with the intention of combining a "meditative indwelling" of the descriptions of the "thing itself" (McLeod, 2001, p. 56) with an interpretative analysis of the generated text. Two qualitative interview studies were undertaken, with the aspects of a qualitative research interview depicted by Kvale (1996) held in mind throughout. A person-centred approach was used to facilitate an exploration of the clients' perceptions of the characteristics of a specific moment in therapy and a grounded theory methodology (Strauss & Corbin, 1998) was used for the analysis of the resulting data.

While primarily a helpful factors study, the data generated also indicated potential patterns of client and therapist interactions and consequences which emerged during the data analysis. The study therefore touched on both macroanalytic (asking for general experiences of contextual therapeutic relationships) and microanalytic (exploring specific events and the moment by moment interactions and reactions of client and therapist) approaches. While the latter has not been triangulated by a variety of designs as part of this research, the need for a pluralistic approach (Elliott, 2010) has to some extent been satisfied by the fact that this research has become part of a wider programme of both qualitative and quantitative studies into the

phenomenon of relational depth, with initial data from this research being used in a quantitative research project (Wiggins, 2008) to develop a measure for relational depth.

METHODOLOGY RATIONALE

The underlying ontological position guiding this research is one which sits towards the nominalist end of what is described by Burrell and Morgan (1979) as the nominalism – realism continuum. That is, that the world is not made up of hard, tangible structures external to the individual's cognition, but rather it is constructed subjectively using artificially created "names" as tools for the purposes of description in order to make sense of the world. As such it is of an explorative, qualitative and, to some extent, collaborative nature of enquiry into the experiencing of individuals.

Historically much psychotherapy research has been grounded in a positivist paradigm that is interested in that which can be measured objectively, such as orientation, techniques or particular interventions on the part of the therapist on the one hand, or identifiable behaviour changes of the client on the other. Indeed Skinner (1953) argued that thoughts and emotions, being immeasurable, could be ignored as irrelevant in any research endeavour. However this research is grounded in a postmodern paradigm stemming from the work of Husserl (1938/1973), in which the view of a measurable concrete objective reality is not supported by an understanding of the world that holds a phenomenological epistemology at its core. As Spinelli (1989), has pointed out: "Ours is a phenomenal reality, and as such, it remains open to a multiplicity of interpretations" (1989, p.4). The rationale for the chosen methodology is led, therefore, by a post-positivist view of the nature of existence, with an epistemology highlighting the subjective nature of reality as described by Kierkegaard (1976; 1985), with understanding known only from the inside, rather than from an objective external position. The focal point of this research is therefore on the subjective experiencing and perceptions of individuals; in this case, the clients.

While influenced by the Duquesne school of empirical phenomenology of the type described by Giorgi (1970), the aim of these studies was not simply to report on the individual participants' descriptions, but also to explore the possibility of a phenomenon itself, that of relational depth. Indeed participants were given an albeit brief definition at the start of the study indicating some sense of the researcher's own understanding of what might be involved in an experience of relational depth, which might be seen as incorporating an element of "conceptual encounter" as devised by de Rivera (1981). Undoubtedly the particular questions asked would play a role in participants' descriptions and construction of events.

These studies also involved a form of conceptual analysis involving the bringing together of a phenomenological approach with the form of hermeneutic enquiry developed by Heidegger (1926/1962). While Husserl's (1938/1973) original assertion that in order to fully arrive at the essence of a phenomenon itself one must employ a reductionist phenomenology by "bracketing-off" all assumptions, thoughts and beliefs which are normally used to make sense of the world, the methodology of this research also took account of Heidegger's understanding of human existence as being known through those very thoughts, beliefs and assumptions which Husserl sought to transcend. From this view point, the process of interpretation is in itself reality, and cannot be separated from the reality being perceived. As McLeod (2001) has pointed out, any qualitative research endeavour involves both phenomenology and hermeneutics. In addition the inevitability of participants' own understanding of their experiencing, and of the researcher's understanding of their descriptions, being embedded in and subjected to the interpretation of language is inescapable.

THERAPIST-CLIENT STUDY

Participants

Participants consisted of five men and ten women living and working in different parts of the UK, with ages ranging from mid twenties to early sixties. There was also

a variety of both cultural and socio-economic backgrounds described, ranging from what was described as working class to upper-middle class. Six participants expressed financial difficulties at the time of their therapy, impacting on their choice of counsellor. Seven were in full time employment at the point of interview, three in part-time employment, and five were students. Five were parents, seven were married or had been married. Eight were experienced therapists themselves, with careers in the field of counselling, including an agency manager, two supervisors, five practitioners working in counselling organisations or departments. One had trained as a therapist but was not practising, two were in private practice and four were trainees. All described their orientation as either person-centred or humanistic. Participants described their own ethnicities as follows: Asian n = 2, African-Asian n = 1, Afro-Caribbean n = 1, Swiss-Italian n = 1, Australian n = 1, White British n = 9 (English n = 8, Scottish n = 1).

The fifteen participants were all therapists or trainee therapists who had themselves been clients of predominately person-centred counselling, and who agreed to be interviewed about their experiences as clients. It was felt that this client group might have the self-awareness and sensitivity to enable fine-tuned descriptions of their own experiencing, and to have some perception of how that experiencing related to the therapeutic relationship. It was also hoped that they might demonstrate a high level of emotional literacy with access to a descriptive language producing a rich experiential text. Their therapeutic language might also assist the researcher both with the process of categorisation and also in identifying any correspondence to therapists' descriptions. In addition there was an awareness that participants were being asked about elements of their own therapy, and might therefore invoke highly charged emotions or memories of pain, sadness or feelings of vulnerability. It was felt that this client group would be both experienced in managing any difficult emotions should they arise and be both able and willing to access support if needed. Overall, therefore, it was considered that this group would provide a good starting point for this research. In order to minimise any potential distress or difficulties to participants of the study, the initial protocol stated that only clients whose therapy had ended were initially included. However some people who had seen a flyer but

who were still in therapy themselves expressed interest in participating, putting the view it could contribute to their understanding of the relationship, and possibly help them to make better use of the relationship itself. As this view had been borne out by the findings of a previous interview study (McMillan & McLeod, 2006), in which participants reported experiencing the interview as a useful opportunity for reflection, an amendment to the protocol was requested and granted by the University Ethics Committee of the University of Strathclyde permitting the inclusion of clients whose therapy was ongoing, provided that they had been in the therapeutic relationship for a minimum of one year.

Initially there were fourteen participants of this study, at which point it was felt that there was little new data being added to the development of descriptive categories, and that they had reached the point of saturation (Rennie & Brewer, 1987). However during the interview process of the client-only study, one participant revealed that she had recently embarked on a counselling certificate course. Although at the time she had only attended the first few sessions, it was felt that this might contaminate the triangulation purposes of the second study, and so this participant's data was not included in that study, but was subsequently added to the therapist-client study, taking the total to fifteen.

Participants' therapists were predominately described as person-centred, with a couple also saying they were integrative. Ages, as guessed by the participants, ranged from mid twenties to late fifties, and ethnicities were predominately white British, with one being white American. Most participants were seeing their therapists in private settings, with only two seeing therapists who were working voluntarily. One was seen in a counselling agency setting and one was seen in a university. Some of the described relationships were prior to the participant's subsequent training as a therapist while others began or were ongoing during or after their training.

Procedure

Recruitment

Participants were recruited by a variety of methods; letters (*appendix A.1: Letter to counselling agencies and training organisations*) were sent to counselling agencies and training organisations asking permission to put up flyers (*appendix A.2: Flyer seeking therapist-client participants*) or for the researcher to give a talk or run a workshop for trainee counsellors or masters groups. The researcher's own network was also used. In addition emails were sent to local groups of the British Association of the Person-Centred Approach (*appendix A.3: Email to BAPCA groups*), and advertisements were put in Person Centred Quarterly, Therapy Today and on the Person-Centred Therapy Scotland website (*appendix A.4: Advertisements in journals*) asking for research participants, although the advertisements generated only a couple of responses. Anyone interested in taking part in the research was asked to contact the researcher by telephone or email, at which point they would be sent an information form with more detailed information about the research and their participation.

Information

Prior to the interview participants were given a consent form (*appendix B.1: Consent form*) which they were invited to sign, giving both their agreement to participate in the research, and their consent to the interviews being voice recorded. They also agreed to data from their interviews being included in any written material relating to the research. Every participant was given an information sheet (*appendix B.2: Information sheet*) with more detailed information about the research, the procedures and the time-lines. They were advised that their interviews would be transcribed by the researcher, and that they would be sent copies of the transcripts and given the opportunity to make any amendments or withdraw any aspect prior to the data analysis. Participants were advised that their participation was voluntary and that they could withdraw from the project at any time. The information sheet also included an amended version of Mearns and Cooper's (2005, p. xii) working definition of relational depth: "A moment of profound contact and engagement in which each person is fully real with the Other."

This definition differed from the one used in Cooper's (2005) study which was more detailed and had been developed with the aim of investigating the experiences of therapists as opposed to clients: "A state of profound engagement and connection between two people in which each person is fully real with the Other, and able to understand the value the Other's experiences at a high level" (Mearns & Cooper, 2005, p. xii).

The definition used in this study aimed to encompass the experiences of both client and therapist. Participants were advised that this definition was intended as a starting point only, and that their own experience might be very different. There were two main reasons for giving this definition to participants: first, it was a primary aim of this study to investigate any correspondence to therapists' experiences of relational depth as described in Cooper's (2005) study, during which participants were given Mearns and Cooper's (2005) original definition. Second, the focus of this study was on clients' experiences of specific moments of relational depth, rather than exploring the experience of relational depth in the enduring sense throughout the ongoing relationship. It was considered important, therefore, to focus participants' attention on experiences of specific moments which might be perceived as moments of relational depth. In addition it was not a primary aim to ascertain the frequency of moments of relational depth, simply to investigate clients' experiences of the nature of such moments and whether they experience them at all.

Interviews

Initially a pilot interview was conducted with a colleague taking the part of interviewer and myself in the role of participant. This afforded the researcher an understanding of what it might feel like to be asked about experiences of relational depth in one's own therapy, and in particular the potential for participants to bring up, relive and re-process memories of very personal experiences. The interviewer's experience gave an added insight into any potential pitfalls of the interview process from the interviewer's perspective. A further pilot interview was then conducted with a therapist colleague who agreed to be a trial participant. No issues or problems arose

during this process, and the interview itself generated a rich descriptive text; with the interviewee's agreement, therefore, the data from this interview was included in the final study.

Interviews were semi-structured using a pre-formulated guide (*appendix C.1: Interview guide*) with the aim of covering all the areas of the overall enquiry, but leaving as much scope as possible to facilitate an in-depth exploration of participants' experiences. Questions were open-ended using a person-centred approach. Initially participants were asked if they could identify any moments during their own personal counselling which might be described as a moment of relational depth. It was acknowledged that their experiences might be very different from the definition given. Subsequent questions varied according to participants' responses while also holding in mind the interview guide. The initial follow up questions were around their own experiencing at the time; how they experienced themselves, how they experienced their therapist and how they experienced the relationship between them. Participants were then asked how they thought the described moments arose, and what they felt was happening in the session leading up to them. Further questions related to their experience of the therapeutic relationship as a whole, and about any therapeutic relationships which they had experience in which they felt no moments of relational depth emerged. Finally participants were asked about the impact and effects of the described moments of relational depth, both during the remainder of the therapy and beyond.

Interviews varied in length but in general lasted between one and two hours. While the aim was to allow free flowing descriptions of participants' phenomenological experiencing, as Kvale (1996) has pointed out in depicting six stages of analysis, the interviews themselves involved an element of interpretation; reflecting on their experiences throughout the interviews several participants expressed the view that it had helped them to reach a deeper understanding of those experiences themselves (Kvale, 1996). As they recalled, constructed or amended meaning of the events they were describing, I as researcher would also feed back my understanding of their interpretations, inevitably adding an element of my own interpretation as researcher.

In this way we engaged as co-researchers in the two levels of phenomenological enquiry as described by Giorgi (1970): a) obtaining naive description and b) describing structures based on reflective analysis.

As participants came to the point of describing the identified moment of relational depth, the pace noticeably slowed and participants were questioned in more detail about every aspect of their experience, with probe questions about their moment by moment experiencing, including how they felt, what they thought, what their therapist was doing or saying, how that made them feel, how each was reacting to the other, what led up to the moment, and how they felt afterwards.

No participant expressed any adverse effects following their interview or accessed the support offered in the information sheet. Most expressed the view that the interview had been surprisingly useful. The colleague of one participant contacted me and asked if he too could be a participant, having heard from his colleague how useful she had found the interview herself.

On several occasions, after the interview had ended and the recorder turned off, the interviewees continued to chat about their experiences and a few then remembered additional information at this stage. When this happened the recorder was turned back on and they were asked to repeat this additional information, which they did willingly. One participant made a follow up telephone call, and three sent follow-up emails with further thoughts; all of this information was noted as accurately as possible and included in the data of the relevant protocols.

Analysis

All interviews were tape-recorded and transcribed verbatim by myself, 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 (McLeod, 2001), an interaction which continued throughout the analytic process. As I dwelt on each transcript, my focus would jump back and forward from a sense of

the essence of the whole to being drawn by specific details, as described by Wolcott (1994). This process began in depth during the transcribing; typing a comment made by the participant, and then replaying the tape sometimes two or three times, enabled a deepening understanding of what was being expressed. Sometimes the apparent meaning would seem different in subtle ways on re-listening, or additional meanings would become clear. On a few occasions, having typed what I thought I heard, on replaying the tape I realised that I had either misheard or misunderstood. The process of transcribing, therefore, while laborious and time consuming, was an essential and highly enlightening part of the process.

Using a conceptual operation of the grounded theory approach of the type drawn from the description by Strauss and Corbin (1998), the data were initially broken down into domains and sub-domains. This form of grounded theory was used as, while in essence a phenomenological study, there was a basic hypothesis that there might be such a thing as an identifiable experience of a moment of relational depth. The analysis was therefore grounded in the phenomenon of relational depth as a momentary experience within the context of a therapeutic relationship (Rennie, 1992).

Prior to categorisation, meaning units (cf. Rennie, 1992; McLeod, 2003) were initially identified from the first three transcripts, facilitating the creation of the first level of categories. This involved a process of separating out all the different aspects within each sentence which might be defined as carrying a single meaning, so that every intention of the participant's statement was unpicked and explored as far as possible. The data from these transcripts were then transferred into the emerging domains and sub-domains using Word documents, and subsequently coded in relation to substantive categories as they arose. Remaining data were ultimately eliminated as irrelevant to this research. The process of categorisation was then applied to the remaining transcripts.

The first level of the categorisation process generated a high number of categories in order to capture as many details, ambiguities and nuances of each participant's

description of their experiences. At this stage the researcher's own feelings, instincts and thoughts were as far as possible held to one side in an attempt to follow the rule of epoché (Ihde, 1977) and enable an inclusive list of categories. It was also an aim to adhere to the second rule of description by withholding any emerging interpretations in order to fully engage with the descriptions themselves. Prior to further categorisation the third rule of description was additionally held in mind in order to prevent an overly reductionist process in the early stages and to avoid a researcher influenced hierarchy of experiences.

On completion of the initial phase of categorisation, the level one categories were then grouped into larger categories which were listed, printed out and literally cut up and spread out on a table, facilitating a process of grouping into broader categories, which took considerable time as categories were moved around and different positions contemplated. At this stage a time-line of experiencing also began to emerge. Eventually the categories and sub-categories were typed up in their new groupings, and there followed several stages of refinement, checking and re-categorisation as new categories were added or separate categories were merged, and over a period of time the overall mapping of hierarchical categories was further refined as new levels of categories and sub-categories evolved. Finally the analysis was audited by the research supervisor, Professor Mick Cooper, resulting in some additional refinements being made, including further merging or amending of category groupings. The mapping of domains and sub-domains of the therapist-client study is shown in *Figure 3.1*.

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" (15), "nearly all" (13-14), "most" (9-12), "around half" (7-8), "some" (3-6) and "a couple" (2). Categories receiving only one response have been omitted.

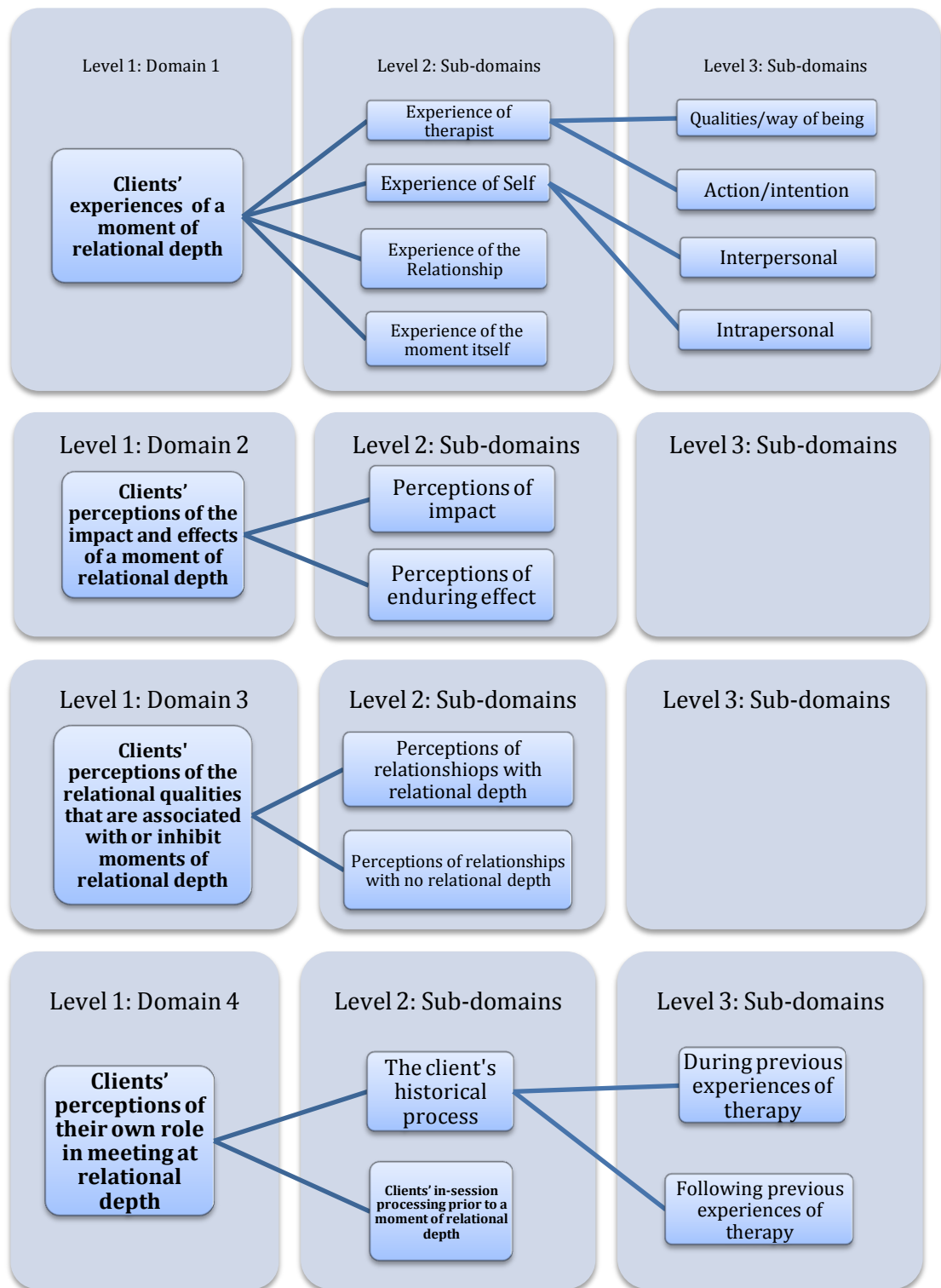


Figure 3.1: Domains and sub-domains of the therapist-client study

CLIENT-ONLY STUDY

Design amendments

In order to triangulate the findings from the therapist-client study, and to confirm, disaffirm or broaden out any possible implications that could be made from that study, a second study was undertaken involving participants whose only experience of counselling was as a client. It was felt that this client group, unlike the therapist-client participants, would be unlikely to hold any pre-conceived ideas about the concept or value of relational depth, and that their experiences would not be affected by any knowledge or experiences gained from a therapist's perspective. It was also felt that this group would be more representative of clients in general, both in terms of their knowledge of therapeutic language, and their understanding of the therapeutic process, and would therefore generate a broader information base.

In addition the only two studies which had previously explored clients' experiences of relational depth, McMillan and McLeod's (2006) study, and the therapist-client study of this thesis, had both been conducted with client participants who were also therapists or trainee therapists. There had as yet been no research into clients' experiences of relational depth from the perspective of non-therapist clients. The original protocol was therefore amended to include this client group, and the amendment was approved by the University Ethics Committee of the University of Strathclyde.

The overall design of the client-only study closely resembled that of the therapist-client study in order to provide reliable comparisons. Differences were of a practical nature only and are described below.

Participants

Participants of the client-only study were therefore all clients whose only experience of counselling or psychotherapy was as a client. When one participant revealed that she had just embarked on a certificate course, her data was omitted from this study and, as stated above, added to the therapist-client study.

While twelve clients were initially interviewed, therefore, the final number of participants of the client-only study was eleven, seven women and four men. Participants lived in different parts of the UK and had a variety of different professions. One was unable to work and one was a student. Three were parents, two were married and two divorced. Ages were: Under 25 n = 3; 25 to 35 n = 3; 36 to 45 n = 1; 46 to 55 n = 3; 56 and over n = 1. Participants described their own ethnicities as follows: White British n = 8 (English n = 6; Scottish n = 2; Australian/British n = 1; Canadian n = 1; German/Austrian n = 1).

Most participants were not certain of the particular counselling orientation of their therapist. However four were thought to be person-centred, two were thought to be within the humanistic field, three were thought to be integrative and two were unknown. Therapists' ages, as guessed by participants, ranged between mid twenties and mid fifties. Five participants saw their therapist in an organisational setting, for example through a counselling agency or university, one was seen through an employee assistance programme and five were seen privately.

Procedure

Recruitment of participants

As it was the aim of this study to recruit non-therapist clients, it was necessary to approach clients both directly through flyers and advertising, and also through therapists and counselling organisations.

For this study, therefore, permission was sought from managers of counselling agencies and organisations (*appendices D.1 and D.2 letters to organisation managers*) either distribute letters or to put up flyers in clients' waiting areas (*appendix D.3 flyers seeking client-only participants*). There was also a letter of explanation to counsellors working in those organisations (*appendix D.4 letter to therapists in counselling organisations*). Letters were also sent out to independent therapists (*appendix D.5 letter to independent therapists*) via the researcher's own network, asking if they would pass on letters about the research to any clients they felt might be willing to participate, and who were not in a period of acute

psychological distress. The letters to clients (*appendix D.6 letter to client-only clients*) included a cut off reply section at the bottom for clients to indicate whether or not they were interested in participating, and stamped addressed envelopes were provided both for ease of return, and so that their therapists would not need to know whether or not they had participated. The letters also assured clients that their ongoing therapy would not be in any way affected by their participation or non-participation in this research. One participant was recruited through the University of Strathclyde research clinic.

The procedure for the client-only study was the same as for the therapist-client study, with the only exception being in the way participants were recruited (see above). The process of recruiting participants and arranging interviews began in July 2008 and continued until August 2009, which was considerably longer than for the first study which began in July 2006 and was completed by the end of December 2006.

Analysis

Using the same grounded theory approach, the analysis of the data from the client-only study was similar to that of the therapist-client study. For the purposes of being able to make a comparison between the findings of the two studies, the same domains were used as emerged in the therapist-client study. In order to facilitate the emergence of as much new information as possible, however, the initial intention was to allow whatever categories might arise from this study to do so naturally and independently of the previous study, while I made every attempt to bracket off my knowledge of the categories found in that study. As the process progressed it became clear that in the majority of cases the core categories were so similar to those of the first study as to make it seem reasonable to use those categories, with some amendments, omissions and additions reflecting the different findings. The domains differed in that only three domains were used for the client-only study, with the sub-domains of the third analysis also differing from those of the therapist-client study, as shown in *Figure 3.2*.

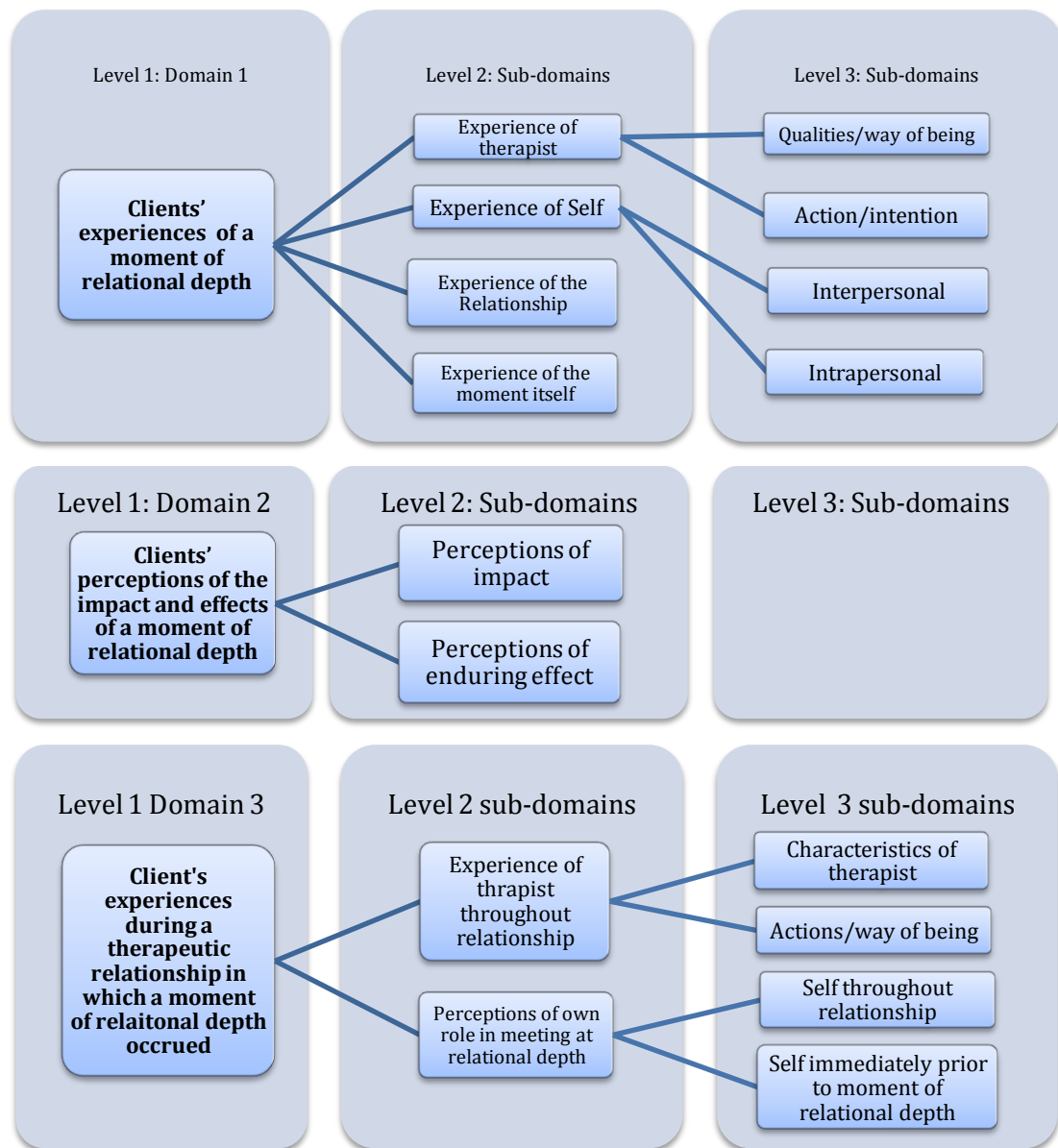


Figure 3.2: Domains and sub-domains of the Client-only study

The same thematic scoring scheme (Rodgers & Cooper, 2006) was also used to describe the weighting of categories in terms of the number of participants contributing to each category. Terms used in the client-only study include: All (11); nearly all (10); most (7-9); around half (5-6); some (3-4); a couple (2).

EXAMPLE OF A CLIENT'S EXPERIENCE OF A MOMENT OF RELATIONAL DEPTH

While the transcripts of whole interviews have not been included for reasons of confidentiality, the following extracts from one of the transcripts gives an example of the type of experiences which participants were describing. The participant had been talking about going back to a therapist she had seen previously:

Um, and then, it was probably, probably the fourth or fifth time that we met when I went back. And I can't remember the relationship between us changing, it's just that I became more aware of what was happening for me, or more comfortable to look at it in her presence.

I'd had problems, opening barriers, and I'd had a lot of feeling of betrayal, if I actually spoke openly, betrayal of people who, I suppose ultimately I'd been protecting by not speaking, not looking at what was going on in the past with them, and betrayal was a big feeling for me to actually speak what was happening. I was aware of what was happening, but it was the sense of 'Oh, shall I shan't I,' and it was to overcome that feeling within myself.

I didn't let anybody into that inner sanctum . . . nobody went in there. But . . . the meeting, the encounter, was more and more in depth . . . more and more in depth, and I found myself where it was either, 'open the door, and let it . . . show it . . .' or close the door completely, again.

The meeting started off as a normal meeting between us would, and then, as I, as I got in touch with my feelings, obviously the meeting became more intense, the situation became more intense. Yes, I think it did, on reflection, as I looked at things that I particularly felt were painful. Yeah, and the pace of the meeting seemed to slow.

I got to a point where I was speaking where I thought, 'yeah, I'm going to do it, I can't go back,' and I spoke very openly. I can't say I was comfortable

with everything that I was saying, because some of the things that I was relating made me feel uncomfortable, as I recall and felt, the emotion, and the admission of how I felt, was not nice. There was some stuff there that was negative about myself. But it was the acknowledgement and the arena in which I could do that. . . . Yeah, the environment we were in, the circumstances, the close . . . it was as if we were one. As if . . . almost as if I was talking to that being that is within me, anyway.

If I took, what I . . . in my hands, and I was looking at it, and it was painful, it was as if her hands were around my hands. And we were sort of looking at this together. So that if I buckled under the weight, she'd still got me safely there, cradled. And I felt comfortable with that, she was a safety net. But I was still doing it . . . I was still looking at it, I was still feeling it, but I was aware that, because she knew what I was feeling, she knew if we were going too far if it was getting too heavy. And she could help me to hold it.

I felt that my counsellor was accompanying me . . . I didn't feel that we were two separate entities, and I feel that I had a very good relationship with her, but it was a very definite thing within myself, that happened, that I allowed the information to be so open, and let my defences down enough, and it was almost as if, I'd got to the point, even though I was reluctant, I got to the point of no return and I thought, 'I'm going to go for it' – and it was that type of feeling.

The therapist was listening . . . was acknowledging, understanding what I was actually saying. But I don't recall her saying an awful lot. She didn't have, a lot of input, it was as if, that first time, it was the avalanche type scenario of a first meeting with a counsellor, but deeper. It was as if there was deep stuff I needed to avalanche, actually, it was very one-sided. When I say 'one-sided', 'verbally one sided,' I mean, but she was there, she just respected what I was saying and didn't try to push or didn't try to direct me in any way. But it was

a very, very . . . it was a meeting where I knew she understood what I said, even though she had little input.

I was in control in as much as . . . I was the focus of our encounter . . . the inner me was the focus of the encounter, but once I'd decided that I was going to speak and touch on things that were so deep and intimate, it was . . . it just happened, it wasn't something I was controlling, controlling makes it sound as though I was thinking, 'Well I'll speak about this now, I'll speak about that,' it didn't work . . . it wasn't like that, it was kind of um . . . it was spontaneous, and it was as if . . . as if it was flowing . . . as there was a flow . . . almost like a stream, a river, that, I'd opened . . . I'd opened a gate that allowed the emotions to actually come out rather than me feel them inside. Allowed them to be expressed. And once that started, I must have felt comfortable enough to continue.

If . . . if I said that I was voicing the feelings I had with the deepest most intimate times I had with myself, those thoughts that. . . . It was as if I had to . . . not justify them, but I had to voice them, in order to . . . realise them. I knew they were there, but in order to acknowledge them, and actually feel them properly, instead of just moving around, I had to voice them, and I couldn't do that on my own. As if to say: 'There is a me inside here, I'm really real, not just something I've created. It's real.'

We started to look at something different, and to feel different, and the whole experience changed the relationship between the counsellor and me. And it was different from then on . . . I couldn't hide any more . . . I felt that she knew as much about me as I did.

ETHICAL ISSUES

Design integrity

Ethical approval was obtained from the University Ethics Committee of the University of Strathclyde, and the research was carried out in line with the University of Strathclyde Code of Practice on Investigations Involving Human Beings (2009). As a member of the British Association of Counselling and Psychotherapy, I also aimed to ensure that all aspects of the research were carried out in accordance with the BACP Ethical Framework for Good Practice in Counselling and Psychotherapy (2002). In addition, I took into account the ethical issues which Kvale (1996, p. 111) has highlighted as pertaining to the seven research stages of a qualitative interview study:

Thematizing: It was hoped that, in gaining a deeper understanding of the client's experience of relational depth, that the findings might be of use not only in the advancement of theory, but also to practitioners in their everyday work with clients, therefore contributing to an enhancement of some clients' experiences of therapy;

Designing: Potential interviewees were informed that their participation was entirely voluntary and informed consent was obtained by use of detailed information sheet with contact details for any questions they should have.

Interview situation: The interview environments were appropriately arranged in professional, confidential settings. The possible impact on interviewees of sharing their own personal therapy experiences with another therapist was also borne in mind, as was the possibility that the therapist-client participants of the first study might have felt uneasy about appearing to be vulnerable or as having ongoing issues. All participants were given the contact details of a fellow therapist who had agreed to offer any appropriate support requested by any participant as a result of taking part in this research. The initial protocol required the therapeutic relationships being described by participants to have ended at the time of the interview. However, the amended protocol allowed the relationship to be ongoing, which meant that there was

an additional risk of impacting on the therapeutic relationship and the therapeutic process itself. In these cases participants were warned of this possibility, but all said that their feeling was that it would enhance the therapeutic process as they had taken time to think more about the process itself. One participant spoke of an experience that had happened during a session that had taken place on the morning of the research interview. The content was emotionally charged, and the interview served as a kind of processing tool. In this case the participant's relationship with her therapist was described as sound and open, minimising potential risks. Other situations which required delicate and sensitive handling included ongoing relationships where the participant disclosed some dissatisfaction with their therapist. In those situations it was imperative that I did not give any sign of either colluding with or contradicting their dissatisfaction, and kept the focus on the impact of the emergence of an experience of relational depth. Most participants seemed to be grateful for the chance to say how much they appreciated their therapist, and how much they had helped, or were still helping them.

Transcription: The recordings were transcribed verbatim by the researcher, and the transcripts were double checked against the recording, including a process of checking and rechecking for any possible misunderstanding or misrepresentation. They were also sent to participants for checking themselves. Printed transcripts were kept locked up in a secure cabinet when not in use by the researcher, and electronic versions were accessible by a password known only to the researcher. All personal, organisation and place names were omitted to ensure confidentiality and anonymity.

Analysis: While participants were not involved in the analysis of their own transcripts, the process of categorisation began in the interviews themselves, during which I was constantly checking my understanding of participants' descriptions. Both research supervisors were consulted at various points during the categorisation process and the analysis for each study was audited by the first supervisor.

Verification: All participants were giving their perceptions of their own phenomenological experiencing, and in that sense the data reflected their own experiences of a moment of relational depth as accurately as is possible in a

retrospective interview situation. The transcripts were also sent to participants for checking themselves.

Reporting: While participants were offered confidentiality within the confines of the research project, they were also advised that the findings were likely to be written up both for publication and for the doctoral thesis. In line with assurances given to participants, every effort has been made to preserve anonymity in the reporting of findings. For this reason, whole transcripts are not included in this thesis, but are available for examiners. In addition only small samples of the process of breaking down the initial three transcripts into meaning units are included, and findings are presented horizontally across protocols within domains and categories.

Process of conducting the interviews

Several participants became very emotional as they entered deeper and deeper into their memories, almost as if they were re-living them; some cried, some also laughed, as the memories came back to them. Some experienced a new level of wonder which seemed even greater to them looking back. A few interviews ended with a hug initiated by the respondent, even though we had not previously met, reflecting the depth of relating that had occurred during the interview itself. When I thanked participants at the end in particular for their willingness to re-enter the depth of such emotion, even those who had been the most emotional said they were happy to have done so, and had found it an enriching process, generating new insights into the events themselves and the role and value of the therapeutic relationship.

However the depth of emotion displayed highlighted the responsibility and, indeed, accountability of myself as researcher in drawing participants' attention to their previous experiences of therapy, and of moments of relational depth in particular. The fact that several participants either phoned or emailed me following the interview with additional thoughts or memories also demonstrated a high level of ongoing processing that had been initiated by the interview and continued after it.

LIMITATIONS, VALIDITY AND RELIABILITY

Therapist-client study

While there was a range of ages and cultural backgrounds, it was a limitation of this study that participants were either therapists or trainee therapists themselves. As a qualitative exploration, the focus of this study was on providing some initial insight and understanding of the experiences and effects of moments of relational depth from a client's perspective. At this stage any generalisations that might be made from these findings could only be made with this client group.

While most of the participants knew little about the development of relational depth theory at the time of their interview, it is possible that they may have held pre-conceived ideas about the concept and its value. Their training, approach, personal styles, cultural and other demographic differences may also have had an impact on the results of a study with only fifteen informants.

It is also worth noting that some of the participants described episodes of therapy which they underwent prior to training as therapists themselves, so in that sense they were at the time of the experiences clients like any other. Their language and their perceptions of the experiences, however, are likely to have been affected by their subsequent training and work as therapists. It is also likely that in volunteering to participate in the study, they would have had an interest in the concept, indicating a positive contribution in terms of their awareness of their own perceptions of the experiencing, role and effects of a meeting at relational depth in a therapeutic setting.

Having spoken of their relationships with their therapists, two participants went on to describe moments with their supervisors which they felt represented a moment of relational depth. As they were moving back and forward to descriptions of both, some descriptions of experiences with their supervisors may have been included in categories within the domains of experiences during the moment itself. While the numbers of participants contributing to the main categories remain the same, the numbers contributing to the sub-categories in a few cases may have been affected by these inclusions.

Client-only study

Participants of the client-only study were less sure of the orientation of their therapists than were participants of the therapist-client study. Moreover most had no idea of the approach used by those therapists with whom they felt there had been no relational depth.

There is also the possibility that some follow-up questions asked in these interviews were to some extent influenced by the findings of the previous study, and it was important to remain as open as possible to all new and different material that might arise.

The two studies

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.

In giving participants an albeit brief description of a moment of relational depth both in the information sheet, and at the beginning of each interview, it could be anticipated that the elements of profound contact and engagement, with each person being fully real, would be likely arise. However the individual experiencing and perceptions of the nature and qualities of those elements would add to the knowledge base. While the aim of the description was to help participants to focus on specific moments of relational depth, as distinct from an enduring deep relationship, there was a risk that participants would feel constrained by it, despite being assured that it should be seen only as one possible indication or example, and that their own experiences might be very different. Given the wide range of varied descriptions given, however, it would seem that overall participants did not feel constrained by the description, and were very honest and open about their own experiencing even when seemingly very different from the original description.

It is possible that the nearest we can hope to come to an understanding of relational depth is a shared interpretation of experiencing by both therapist and client; it is

acknowledged that in exploring the experiences and perceptions of clients only, this research can only provide a subjective interpretation of experiencing by the client, with any intersubjective experiencing being inferred by the client's perceptions alone. In order to fully establish the intersubjective nature of a moment of relational depth, further investigations into the synchrony or shared experiencing would need to be undertaken with both client and therapist participants reporting on the same events.

As Stern (2004, p.11) has highlighted, another inevitable limitation of a phenomenological investigation is that in relating their experiences of specific moments to the researcher, participants would be experiencing a second "present moment," that of the telling of their experience in the interview. The two present moments are inexorably intertwined and the second will undoubtedly affect the memory of the first. This can never wholly be avoided, only minimised by careful and sensitive questioning. It was hoped that by using a person-centred approach the original experience might be distorted as little as possible.

THE RESEARCHER

As in any qualitative study, the need for researcher transparency was undeniable, and throughout the research process it was important that I remained vigilant to the way in which I, as researcher, was engaging with, contributing to, and impacting upon the process.

The following is a summary of my reflections on three areas: My own person; my engagement with the research; my potential for analytical bias.

My own person

While Schmid highlights the importance of the need to bring one's own person to an in-depth encounter with a client (Schmid, 2001; Schmid & Mearns, 2006), so it is impossible to fully engage with a qualitative research study without to some extent

bringing one's own person to a phenomenological investigation. In order to be aware of how I might be affecting the research, I needed to remain aware of what I myself was bringing to the research, including my own beliefs, background, understanding, interpersonal style of relating and aims for the research.

Although I have long since left behind the church-going aspect of my upbringing, I am still influenced by my Presbyterian roots. I should acknowledge therefore, that my family of origin culture respects the unspoken word. In that culture one does not "wear one's heart on one's sleeve," but the love that often goes unspoken, is known at the deepest level. There is still a small part of me that values the intuition that negates the need for verbal expression of interpersonal feelings. It was possible, then, that I might give greater value to the concept of "knowing without words" than might someone from another cultural background, and therefore give it greater attention, or indicate in some unintentional way that I was looking for it.

I am also aware that I am a person who likes to acknowledge all views, and look for the value in them, however slight the difference may be from other similar views. I enjoy the detail of differences. While this holds some useful aspects, it brings with it its own problems for a researcher. I found myself not wanting to leave anything out, which is impractical. Throughout the analysis I wanted to record the slightest variations in experiencing, as I fought against a reductionist methodology. The unique nature of each experience described by each participant argued against putting it into a category with other similar (but not the same) experiences. Perhaps this reflects an inevitable tension between the phenomenological and the interpretive; as McLeod (2001) points out, any research must of necessity involve an aspect of both. In the end I reached a workable compromise, but acknowledge my tendency to err on the side of inclusion.

I am a person-centred therapist working with a wide range of clients. Both as a therapist and as a client I have experienced moments of what I would describe as relational depth. 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 first study also reflected my own experience as a client when moments of relational depth were experienced as being highly supportive of the therapeutic process. This has led me to wonder whether other clients have similar experiences. I came to this research, therefore, with some allegiance to the notion of relational depth. This position has proved both advantageous and a hindrance: advantageous in that my experience has served to enhance my understanding of participants' descriptions, which I feel also helped participants to share more openly with me; and a hindrance in that in order to remain open to all information I needed to bracket off any hypotheses I may have held about the occurrence or usefulness of a moment of relational depth.

Engagement with the research

How did I use my own separateness in the research? How did my style of interviewing affect participants' responses and impact on the findings? In interviewing clients about their experiences of moments of relational depth, I was aware of the possibility that such moments might have been highly significant for my participants, or might bring forth memories charged with emotion at the deepest level. I had to be sensitive to the potential for putting participants in touch with extreme feelings of fear, vulnerability or distress. As I began the process of interviewing, I soon realised the risks involved, as I found participants to be extremely open and willing to re-connect with their memories and emotions. It also became clear that, in investigating moments of relational depth with participants, I could find myself experiencing such moments with them during the interview. In this way, the described experiences were sometimes being re-enacted within the interviews, albeit with a researcher rather than with their therapist. Some participants vividly recalled deep losses or traumatic events during the interview, remembering their emotions at the time, while others re-connected to feelings of joy and release. Some connected to both as the interview progressed. This also necessitated another area for caution on my part: the interviews could very easily have slipped over into therapy sessions themselves, and I had to walk a very fine line between encouraging participants to share their experiences openly, while at the same time retaining the boundaries of a research interview.

I also found that, as participants recalled their experiences, they began to engage in further processing of those experiences, a process which I, by my presence, was to some extent involved with; I had to be careful to influence this process as little as possible, yet the emerging understanding would undoubtedly have been affected by my presence. In this sense the participants and I could be seen as co-researchers in the process, as together we explored, unpicked and sometimes unravelled their experiences. It is hoped, however, that my person-centred approach helped to facilitate an in-depth exploration which was participant-as-researcher directed rather than myself-as-researcher directed.

No participant reported a negative effect of participating in the study, and none took up the offer of additional support by another therapist which had been offered in the information sheet. However several participants told me that they had found the interview a very useful experience, with some saying it had helped them to make sense, not only of their experiences of relational depth, but also of their therapeutic journey as a whole. One participant told me that, having initially volunteered, she was having second thoughts and had become very nervous about the prospect of the interview. However on meeting me for the first time on the morning of the scheduled interview, she said her fears were set aside and she knew it would be OK. This highlighted for me the importance of a respectful, transparent and empathic attitude not only for effective therapy, but also for effective qualitative research.

On many occasions during the interview process I had a sense of being handed a delicate, precious flower to hold in my hand, and was acutely aware of the gentle handling that was needed in order not to damage it in any way, or even to bend it out of shape. Each time, as I handed it back, I was also aware of its strength and power, and that it had changed me in some way. I came to value some of the long distances I took to interview participants around the country, as the return journeys gave me time to process my own experiencing of the interviews.

Engaging in the secondary aspect of this research, involving an exploration of a range of differing theoretical perspectives and empirical evidence, there is one lesson

that I have learnt, perhaps more than any other. That is, taking a secular, “tribal” view of the process and value of psychotherapy is unhelpful, and serves only to limit learning. There is no doubt that reading about the widely varying conceptualisations from a range of different psychotherapeutic approaches, and of profound moments of connectedness within those approaches, facilitated an expansion and deepening of my own understanding, without necessitating an abandonment of my own person-centred view point. It also helped me to be more open to the often very different expressions of participants’ experiences during my investigations.

Analytical bias

Undoubtedly as a person-centred therapist researching relational depth, I have a vested interest in the results. Was I asking questions in a way that was open to all possibilities? Might there be some aspects of an experience of relational depth which I would prefer not to hear?

The potential effects of researcher allegiance has been highlighted in a meta-study by Luborsky, Diguier, Seligman, Rosenthal, Krause, Johnson et al. (1999) who found that two thirds of the variance in outcomes of 29 comparative studies could be accounted for by researcher allegiance. The very fact that I am a person-centred therapist with an interest in the possibilities of relational depth was likely to have in some way impacted on my findings, despite my attempts to bracket off my own beliefs and expectations at the start of the investigation. In an interpretation of Foucault’s perspective, Danaher has pointed out: “Discourses operate as forms of language working through various institutional settings to lay down the grounds upon which we make sense of the world” (Danaher, Schirato, & Webb, 2000, p. 45). The sense I made of the generated texts would undoubtedly be influenced by my involvement in the world of psychotherapy, and more specifically in the world of the person-centred approach.

As the research progressed, my thoughts and ideas around the concept of relational depth continued to change. For example, after the first few interviews, I came to see such moments as very spectacular events, life changing, and unique or rarely

experienced in a person's life. Then, unexpectedly, this view was suddenly challenged. Travelling to an interview in the North of the country, I found myself on a bus with a crowd of very loud, somewhat frightening football fans. Putting my initial irritation to one side, I watched in awe as what began as a disparate cacophony of noise seamlessly became a harmony of chants, sung and answered. Not a word of organisation was spoken, no instruction given. The crowd, also initially irritated by having to travel by bus (the trains had all stopped half way to our mutual destination), had transformed itself into a happy, singing choir, connected by a common allegiance to a football team. The process involved each person responding to another's shift in attitude, who then responded to the first's approval, in a reciprocal dance of movement, response and change. It was beginning to feel like a description of relational depth. This led me to be more open to a broader understanding and conceptualisation of an experience of relational depth, while not losing sight of the type of experience that I was investigating within a therapeutic context. In that context, such moments seemed to take on a different meaning, one that was unique and individual to the person. However the experience taught me to remain as open as possible to all aspects of an experience of relational depth, however unexpected, whether or not they sat easily within my own understanding of therapeutic theory and processes.

Chapter Four

Findings: Therapist-client study domain I

Clients' experiences of a moment of relational depth

OVERVIEW OF FINDINGS

All participants could identify at least one moment with one therapist which they experienced as a moment of relational depth. A few, having been the client of several therapeutic relationships, identified experiences of moments of relational depth with more than one therapist. The resulting categories in relation to clients' descriptions of specific moments therefore include elements of experiences of relational depth with more than one therapist.

Having given participants a brief description of what might potentially constitute a moment of relational depth: "A profound moment of connectedness in which each person is fully real with the Other," most participants were able to identify moments quite easily which they felt might be described as a moment of relational depth. As they were given the information sheet prior to the interview, most came to the interview with one or more specific moments already in mind. A couple were less sure of whether the moments they identified might be described as a moment of relational depth, but their descriptions bore significant similarities to those of the other participants and were therefore included in the analysis as moments of relational depth. In general, however, it was the participants, and not the researcher, who identified their experiences as moments of relational depth.

For the most part the descriptions of a moment of relational depth given by participants bore some striking similarities, with several of the various aspects delineated being highlighted to varying degrees by most of the participants, supporting the hypothesis that a moment of relational depth within the context of a therapeutic relationship is identifiable both by therapists and clients.

STRUCTURE OF SUB-DOMAINS

As it was an aim of this study to explore clients' experiences of relational depth in relation to therapists' experiences given in Cooper's (2005) study, domain 1 was further broken down into sub-domains corresponding to the sub-domains of that study. However an additional sub-domain emerged in the present study, that of "the moment itself." Domain 1 was therefore categorised under the following sub-domains:

- Sub-domain 1.1 Clients' experiences of a moment of relational depth:
Experience of the therapist
 - 1.1.1 Displaying qualities/way of being
 - 1.1.2 Action/intention

- Sub-domain 1.2 Clients' experiences of a moment of relational depth:
Experience of Self:
 - 1.2.1 Interpersonal – in relation to the therapist
 - 1.2.2. Intrapersonal – self experiences

- Sub-domain 1.3 Clients' experiences of a moment of relational depth:
Experience of the relationship

- Sub-domain 1.4 Clients' experiences of a moment of relational depth:
Experience of the moment itself

SUB-DOMAIN 1.1: CLIENTS' EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCE OF THE THERAPIST

Clients' experiences of their therapists are divided into the two sub-domains of 1.1.1 Qualities/way of being and 1.1.2 Actions/intentions.

Sub-domain 1.1.1: Qualities/way of being

Clients' experiences of their therapist's way of being, and of the qualities they were displaying during the moment of relational depth are shown in *Table 4.1*. In order to protect the anonymity of participants, only a representative sample from each category is listed in this and all subsequent appendices of this type.

Category 1.1.1.1 Real: The most frequently mentioned quality was that of being *real* or *genuine*, which could be anticipated given the proposed definition. However this seemed to be a very important aspect for nearly all participants and was described in a variety of different ways, both in terms of the therapist's perceived *honesty*, and *genuineness*. Participants spoke of feeling that they were experiencing "the real counsellor," highlighting the added element of a genuinely caring person who demonstrated an involvement with the participant: "It was that feeling of her bringing herself into the counselling session, not remaining apart, separate – as though she was giving me of her actual self, her human, caring self" (participant 12, line 936).

Most participants talked of the importance of experiencing their therapist as a whole person, *human*, and not just a professional. One said: "I was asking my therapist to be a person as well as a therapist" (participant 8, line 9). For some the fact that they saw them being genuinely moved by what the participant was saying seemed to facilitate a closer relationship, as the participants saw them in a different light, over and above their professional persona. Describing having seen his therapist with tears in her eyes, one participant said:

Table 4.1: Sub-domain 1.1.1 Clients' experiences of a moment of relational depth: Experience of therapist: Displaying qualities

Category	Responses (No. of participants)
1.1.1.1 Real	13*
Real/genuine/honest/human	13
1.1.1.2 Empathic/gentle	8*
Warm/empathic	8
Calm/gentle	8
1.1.1.3 Trustworthy	10*
Trustworthy/reliable	7
Not scared/solid	8
1.1.1.4 Present	8*
Present/immersed	6
Focused	4

**No. of participants contributing to category*

Seeing her being moved, and thinking, well, she was a person, you know, she's a person like me. And what's touching . . . what's moving to me is moving to her, and so I could suddenly . . . seeing her being moved, and thinking, well, she was a person, you know, she's a person like me. And what's touching . . . what's moving to me is moving to her, and so I could suddenly . . . that . . . that kind of professional distance was collapsed, if you know what I mean.

(Participant 14, line 45)

Category 1.1.1.2 Empathic/gentle: Around half of the participants felt that their therapists were being *empathic*, *warm* and *gentle*. The quality of gentleness was also important to some of the participants, with a *calmness* being appreciated which the participants found facilitating.

Category 1.1.1.3 Trustworthy: Most felt they were trustworthy, with some relating this to their genuineness and *reliability*. One participant called it “a deeper kind of trust” (participant 8, line 220), which allowed her to feel secure in the knowledge that “even if I go to a very difficult place, I’m not going to be dropped” (participant 8, line 223). Others related their therapist’s trustworthiness to their perceived *solidity*, *experience*, and *fearlessness* in the moment, as one put it:

She’s not scared by my stuff – I am, she’s not . . . that part of me that’s not scared. I think that’s perhaps the security, the safety that I feel, because she . . . because I feel that she knows what I am experiencing, it’s as if she is a part of me. But she is a part of me that isn’t shocked or hurting.

(Participant 6, line 806)

Category 1.1.1.4 Present: Some described their therapists as *present* and *immersed* in the moment. One participant spoke of the difference in her therapist’s presence in one particular session:

I really, by her presence, I guess . . . and maybe she just experienced me differently that day. You know, in her whole being, in her presence in the room . . . to er . . . that it was OK. You know, if I was silent, that that was OK, um . . . if I needed to kind of sit and kind of reflect on . . . that was OK. . . . There was something more about her presence in the room. Um, a way of being. Something changed, that day for me. And for her. I really felt that she was there. And understood what I meant . . . and how I felt.

(Participant 1, line 243)

Some also felt that their therapist was particularly *clear* or *focused* on the client, being unusually attentive to what they were saying and how they were feeling.

Sub-Domain 1.1.2 Experience of the therapist in the moment: Actions/intentions

Clients' experiences of the therapist's perceived actions and intentions in the moment of relational depth are shown in *Table 4.2*.

Category 1.1.2.1 Creating opportunity: Nearly all felt that their therapist was in some way *offering them the opportunity* to relate at a deeper level. It was *not something that their therapists were doing*, rather something that they were allowing to happen.

Most emphasised that their therapist was *not being powerful* or *directing* them to relate in a particular way, that they did not feel pressured or obliged in any way to do so, as one said:

To allow me to expose myself to that intensity and depth, without feeling that there was anyone trying to come into my space. . . . But I didn't feel that she was trying to make her presence felt, she didn't need to make her presence felt. She could allow . . . I felt that I was allowed to be open and embrace her if I wanted to, without her trying to invade me.

(Participant 6, line 166)

Some noted their therapist's *patience* during the process, an element which was crucial in helping them to continue at their own pace.

Table 4.2: Sub-domain 1.1.2 Clients' experiences of a moment of relational depth:
Experience of therapist: Actions/intention

Category	Responses (No. of participants)
1.1.2.1 Creating opportunity	12*
Creating right atmosphere/environment	9
Not doing or directing/not being powerful	11
Patient - giving time and space	4
1.1.2.2 Inviting	12*
Challenging/taking risk	7
Inviting:	
At right level or time/with accurate empathic understanding	5
To a deeper level/a hidden part of me	5
Really interested/wanting to understand	7
Trusting me	9
1.1.2.3 Offering something "over and above"	12*
Human/personal as well as professional	12
Genuinely caring/compassionate	8
Offering something extra/over and above core conditions	6
1.1.2.4 Supporting/accompanying	13*
Supporting/holding/ grounding	11
Accompanying/following/staying with me	9
Comforting/reassuring	5
1.1.2.5 Open	
Inwardly	13*
To me (emotionally and body language)	9
Hearing me /seeing me	9
Outwardly	10*
Sharing self (feelings in the moment, understanding)	9
Allowing own vulnerability/lack of perfection	5
1.1.2.6 Knowing/Understanding	14*
Empathic understanding in the moment (momentary empathy)	12
Understanding whole of me (life empathy)	11
Knowing what I was going to say/what I'm not saying	8
Knowing me as well as/better than I know myself/been there before me	7
Sensitive to my needs and feelings/attuned	7
Conveys understanding	7
Reflecting/mirroring	9

1.1.2.7 Acknowledging/accepting	11*
Acknowledging (whole of me)/not dismissing or minimising	6
Accepting/not judging/criticising	10
Not interpreting or pathologising	4
Respecting	2
Not reacting	2

**No. of participants contributing to category*

Category 1.1.2.2 Invitation: Around half described an invitation being made by their therapist in terms of a *challenge* or *risk taken*, a risk which some participants thought was not only courageous, but also very well considered in terms of the participants' ability or preparedness to accept the invitation, so that the invitation was precisely at the right level. Others highlighted the importance of the invitation being made at *precisely the right level*, which they attributed both to the accuracy of the therapist's *empathic understanding* at that moment, and to the *well judged timing* of the invitation:

It's about feeling as though the counsellor asking the question, making the invite, whatever it happens to be, and judging the risk . . . understands the level of risk that you're prepared to accept at that one time. . . . It was the timing of that risk, and the timing of that risk comes from the understanding of the person doing the counselling. So if they don't understand me, they don't know where I'm at, on a scale of 1 to 25 million, um, you know, there's a lot of room for movement there.

(Participant 10, line 552)

The invitation was described by some as being to a *deeper level* of experiencing, where they could acknowledge and experience *hidden parts of themselves*, and a couple valued the *positive nature* of the invitation. For around half the important element was the sincerity of the therapist's *interest* and their *real desire to understand*, and the effort they are making to do so. These participants expressed the view that this was more important than the actual accuracy of the therapist's understanding. If they got it wrong, that could be corrected, as long as the participant believed that the therapist was genuinely trying to understand. One participant spoke of the value of such a willingness to persevere with an exploration of the precise nature of the frustration she was feeling, rather than just acknowledging that she felt frustrated:

Yes, he really wants to understand . . . “So you’re feeling frustrated,” or whatever, rather than really trying to kind of “so is it a type of a frustration?” sort of, you know what I mean, wanting to . . . wanting to really understand . . . which invites a relationship, so even if I’m not ready to have thought about what that frustration is, the fact that he’s so willing to, um, to want to know me, even before I’m ready to go there, yeah it feels OK, to try, even to try and understand that frustration for me.

(Participant 3, line 492)

Most were also aware of the *therapist's trust*, both in themselves, and in the participant, demonstrating their belief in the participant's ability to face the depths of the emotions which they had previously been afraid to acknowledge.

Category 1.1.2.3 Offering over and above: Twelve participants described feeling that their therapist was offering them something “over and above” during the moment of relational depth. This was usually related to a *human, personal* element being present in addition to what had been the expected strictly professional relationship. It also involved what was seen as an *extra level of care and compassion*, something which the participants had not expected. One participant gave me an excerpt from the journal she had been keeping at the time:

It felt as though my counsellor, without breaching boundaries, went beyond a professional level/interest - and gave me such a human, compassionate response – something I couldn't put a price on. . . . I think I had only ever expected to receive from her professional self . . . it felt like she was giving from her core.

(Participant 11, journal excerpt)

Some expressed the value of their therapist combining such compassion with professionalism. It was not simply that the professional face had been replaced with a more human, personal one, it was the combination of the two which allowed the participant to receive and accept the care that was being offered.

Most also felt that in the moments described their therapist was giving *something extra*, in the sense that what they were doing was “more than a job.” One summed it up:

I guess I was thinking unconditional positive regard there . . . it's sort of . . . it's more than that . . . because he . . . genuinely, genuinely . . . there really is a genuineness . . . so even if it is just a job, it doesn't come across as that. At that moment it doesn't come across as that. . . . and that, that's . . . that brings about so much safety, so much like a feeling of . . . really truly being cared for. Really being cared for. For that moment, that split whatever, there's a really deep . . . you know . . . to get something.

(Participant 6, line 711)

Some went so far as to say that they felt their therapist was offering them something *over and above Rogers' (1957) core conditions* of empathy, congruence and unconditional positive regard: “It's kind of, I'm making sense of why it changed there, was that yeah, the core conditions were there, but they were meant. I really felt that they were meant” (participant 1, line 250).

Category 1.1.2.4 Supporting/accompanying: Of the fifteen participants, fourteen saw their therapist as *supporting* them, with most feeling that the therapist was *holding* them from behind. Most described a sense of their therapist *accompanying* them as they delved deeper, but ready to “nip round in front of me if I was going to fall” (participant 11, line 392). Metaphors such as “safety net” were frequently used, with a sense of being *physically grounded* often being described. Expressing this feeling in visual terms, one participant metaphorically placed the therapist behind her:

It’s a kind of standing behind me as I look at these scary things. And if I fall there’s someone to just stop me falling all the way, or to kind of just say, it’s alright, it’s OK. And it’s that feeling of just knowing there’s someone behind . . . a safety net perhaps.

(Participant 6, line 722)

For some the support of their therapist was seen in terms of them simply being along side them, a feeling that was variously described as companionship or sharing the journey. By feeling it with them, the therapists seemed to be providing a sense of security. One spoke of her surprise that her therapist stayed with her during a particularly difficult session: “And I don’t know if I’d been testing her, but she kind of remained steadfast, and I feel choked that she remained with me, like, you know, and didn’t leave me thinking, ‘oh God!’” (participant 15, line 727). Some talked of the therapist *comforting* or *reassuring* them in the moments described, and for some it was almost as if the therapist represented the strong part of themselves, separate and protected from their fears and vulnerabilities.

Category 1.1.2.5 Open: In the moments described nearly all participants were aware of their therapist opening out to them, both *inwardly*, in the sense of offering a new level of attention and willingness and *emotional openness* to accept whatever the participant wanted to share, and *outwardly*, in the sense of sharing more of themselves. Some felt that their therapist was really *seeing or hearing them*, either more clearly, or for the first time:

And I'd say from there on in, something went on for me, that she'd heard . . . she'd heard my anxiety, how I felt about that particular person. Yeah. That she heard me. That I was aware that she was hearing me, maybe before I just twittered on, and didn't feel like that she was hearing me.

(Participant1, line 56)

For others the therapist's openness was apparent by *their body language*, with one describing her therapist's open arms and legs inviting her to "put it all in me" (participant 11, line 119).

In describing their therapists as outwardly open, most said they were *sharing themselves* in the moment. For some this was in the sense of sharing their *felt sense in the moment*; and for others it was the extent to which they *allowed their own vulnerability and lack of perfection* to be seen by the participant which was important:

And he kind of . . . he makes himself vulnerable, and, I kind of, and through . . . you know, and how he makes himself vulnerable, through looking . . . the look in his eyes or his face . . . something about . . . yeah, the way he might look at me.

(Participant 4, line 504)

Category 1.1.2.6 Knowing/understanding: Nearly all had a sense of their therapist *understanding or knowing them in the moment*, with some emphasising the depth and empathic nature of the understanding. Most also spoke of their therapist *understanding the whole of them*, so that they were not just knowing them in the moment, but that understanding was being held within the context of a wider understanding of their life. The value of the integration of these two aspects into a twofold understanding of the participant was described as the provision of reassurance for the participant that the therapist would know how they felt addressing this material:

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. So yes, there's two levels, knowing what I was feeling, and accepting what I was actually saying, was one thing, but to know how I was feeling while was saying it - and I think that's the big thing.

(Participant 6, line 281)

Most felt that their therapist *knew what the participant was going to say* before they said it, or how they felt before they expressed it themselves. Around half felt that their therapist *knew them as well as* or in some cases *better than they knew themselves*. Some described feeling that their therapist *had themselves experienced what the participant was at this moment experiencing*, or that they knew them so well that they could sense exactly what they were feeling: "I felt at the moment that she was engaged with me, walking along the road. But at the same time I thought, to have reached that level of understanding I just thought, she has felt profound moments of loneliness as well" (participant 15, line 656).

Around half of the participants described their therapist as being *sensitive and attuned to their feelings*. Several described the therapist's interventions as spot on. This for some highlighted the personal, individual aspect, tailored to the client, as one described it: "Like a glove. It was that sort of sensation. She fitted exactly" (participant 11, line 217).

Around half also appreciated the fact that their therapist also *conveyed their understanding* to the participant, and were also aware of their therapist *reflecting back* their understanding of the participant's feelings.

Category 1.1.2.7 Acknowledging/accepting: Most participants also emphasised their therapist's *acknowledgement of the whole of them*, with a *lack of interpretation or judgement*. Most described their therapist as wholly *accepting* them with no hint of criticism, and for a couple also with a sense of *respect*. Therapists were also seen as

holding a delicate balance between *not over reacting*, and *not dismissing or minimising*.

I think it's not being reacted to, because, I'm not being judged, it's not having that instant suspicion . . . suspicion, that you're actually off your cake . . . And I didn't . . . I didn't feel anything from him that was judgemental, or . . . he was genuinely . . . there with me.

(Participant 2, line 256; 387)

SUB-DOMAIN 1.2: CLIENTS' EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCE OF SELF

Clients' self experiences are divided into the two sub-domains of 1.2.1 Interpersonal: In relation to therapist and 1.2.2 Intrapersonal: Self experiences.

Sub-domain 1.2.1 Interpersonal: In relation to therapist:

Clients' experiences of themselves in relation to their therapist *are shown in Table 4.3*.

Category 1.2.1.1 Safe/supported: Most participants described feeling *safe* and *supported* in the moment described. Nearly all spoke of the deep level of safety that allowed them to stay with their feelings. Describing the sense of safety she felt, one said: "You know what I'm saying it's on a very different level, it's on a really, really safe level" (participant 3, line 520). What appeared to be a vital factor was the feeling of being *supported, grounded and held* at an accurate level with all fifteen participants mentioning this, often several times throughout each interview, along with the feeling of *reassurance* that this gave them. The level of holding was felt to be of great importance as participants described the feeling of being *grounded* and held but "with room to wobble" (participant 11, line 366), as with the following description:

*Table 4.3: Sub-domain 1.2.1 Clients' experiences of a moment of relational depth:
Experience of self: Interpersonal: In relation to therapist*

Category	Responses (No. of participants)
1.2.1.1 Safe/supported	15*
Safe/secure	9
Supported/grounded/held	15
1.2.1.2 Open:	15*
Inwardly	13*
Allowing therapist in	7
Aware of therapist's presence/as part of me	10
Outwardly	11*
Open towards therapist/sharing/like a flow	9
Need to verbalise/bring out/give voice to parts of me	8
From the heart/love/warmth/intimate	6
1.2.1.3 Known/understood	14*
Feeling deeply understood	10
Feeling known	3
Feel heard/listened to	7
Being empathised with/feelings shared	9
Being seen/can't hide/transparent	8
1.2.1.4 Cared for/accepted	13*
Being cared for (genuinely, whole of me, really cared for)	8
Being accepted /received/not judged/not reacted to	11
Acknowledged/not ignored, dismissed or minimised	5
Felt special/respected	4

**No. of participants contributing to category*

It's more like gravity, I suppose. It's that gravity that enables you to go out in an orbit, but not to go flying off into space. You know that gravity pulls you back again. And that's safe because you know it's there. It's like having a safety rope against . . . or a bungee or something. You know if I go too far I know I can always find my way back, because there's a piece of elastic that will pull me back if need be.

(Participant 10, line 315)

Category 1.2.1.2 Open: All participants also described feeling open towards their therapists, both *inwardly*, in the sense of *letting their therapist in*, and *outwardly*, in the sense of being able to *share openly* with their therapist. Highlighting the effect of *trusting* their therapist enough to *invite them in*, participants spoke of becoming acutely aware of their therapist's presence: "I heard her, I felt her. Whereas before, if I think about it, I didn't feel her presence." For some it was almost as if they were a *part of them*, or in some sense inside them: Recalling a particular moment, one participant described the feeling:

I think that's perhaps the security, the safety that I feel, because she . . . because I feel that she knows what I am experiencing, it's as if she is a part of me. But she is a part of me that isn't shocked or hurting, and has been able to accept whatever's coming.

(Participant 6, line 805)

Some spoke of the new ability this gave them to *open up to their therapist, sharing* themselves or their feelings. Some described a *need to verbalise* their feelings and *give voice to different parts of themselves*; Ones said simply: "I'm going to speak from the heart" (participant 6, line 586). Some expressed deep feelings of *warmth, love* and *intimacy* that arose, as one put it: "Being in love without the sex" (participant 5, line 332).

For some, the sense of opening up was bi directional, as one put it: "It was kind of, she heard me, and do you know what, I heard her" (participant 1, line 419). Another

put it: “I’m reacting to her, as well as her reacting to me. I don’t see it as a one way process” (participant 7, line 814).

Category 1.2.1.3 Known/understood: Most participants felt the impact of feeling wholly or *deeply understood* in the moments described, as one said: “I felt fundamentally, completely understood” (participant 15, line 718). Some felt wholly *known* in the moment, and around half described feeling really *heard or listened to* for the first time. One participant described the value of this to them:

And I have to say all this with an awareness that, um, having someone listen to me, having someone pay attention to me was one of my issues . . . not feeling I’d been heard or understood, or treated as an individual probably, so maybe that’s why to me it felt even more important because, she was doing all those things.

(Participant 11, line 489)

Most spoke of feeling an *empathic understanding* from their therapists, and the sense of knowing that they were now truly *sharing their feelings* with someone else. Some participants described feeling known so absolutely that they felt *transparent*, their therapist could *see them* and there was *no hiding from it*, as one put it: “It was as if I was speaking to that part of me, but outwardly instead of inwardly . . . I couldn’t hide any more” (participant 6, line 90).

Category 1.2.1.4 Cared for/Accepted: Nearly all described feeling *cared for* or *wholly accepted*. This often had an enormous effect, as one put it: “On one level I’m worthy of this . . . of this kind of thing, if you see what I mean, I’m worthy of this kind of care from somebody else.” Another emphasised the value of receiving such feeling completely received by their therapist: “It’s very, very rare that that happened. So that for me was quite a quality moment, where I felt accepted for who I was” (participant 2, line 242).

The sensitivity experienced by some during the moments described was also evident, with the *lack of judgement* they felt from their therapist being crucial in allowing them to stay in the moment. Around half also highlighted the importance of their therapist *not reacting* to them in any way: “And not flinch, and not, you know, think, Oh God” (participant 2, line 240), or even allow an involuntary physical gesture which might be taken as a criticism. As one participant said: “any judgement, any criticism, or even a raised eyebrow, would switch it off completely” (participant 6, line 1165).

Some participants emphasised the importance of their therapist *acknowledging* them in the moment, with some further expressing the importance *of not feeling ignored, dismissed or minimised* as they shared their innermost thoughts. Some also expressed the value of feeling *special* and *respected* in the moments described.

Clients' intrapersonal experiences during the moment of relational depth *are shown in Table 4.4.*

Sub-Domain 1.2.2 Intrapersonal: Self experiences

Category 1.2.2.1 Slowing down: Some participants described a sense of *slowing down* that allowed them to move both closer to the therapist and deeper into their own material, for example: “That I was able to slow down, and want her to hear me. So maybe there was something about me talking fast that didn't want her to hear me” (participant 1, line 165).

Category 1.2.2.2 Delving deeper: Others described a feeling of searching or *delving deeper*, an element which some related to the connection between the therapist and themselves: “If the two of us were reaching moments of greater depth, then also with me I felt depth. So the two weren't separate” (participant 8. line 75). Most also described an *intensity of emotional experiencing*, commonly feeling deeply upset or afraid, which for most this was also closely followed by a sense of *deeper self awareness* and *understanding*, or the emergence of a meaningful new *insight*: “[I was] better in touch with this part of me who knows. Who knows what's what and

Table 4.4: Sub-domain 1.2.2 Clients' experiences of a moment relational depth:
Intrapersonal: Self experiences

Category	Responses (No. of participants)
1.2.2.1 Slow pace	4*
Slowing down	4
1.1.2.2 Delving deeper	13*
Delving/searching deeper	5
Intensity/depth of emotional experiencing	9
Understands/aware of self at deeper level/insight	7
1.2.2.3 Vulnerable	13*
Allowing oneself to be vulnerable/afraid	8
Able to stay in discomfort	7
Wanted to be heard/seen	3
1.2.2.4 Real/connected to self	13*
Honest/real/congruent (with self)	9
Whole/joining together/connected (also with body)	9
Open to/give voice to hidden parts of self	8
Open to negative/painful/angry/disliked parts of self	8
1.2.2.5 Present/energised/alive	13*
Vibrant/alive/energised/heightened awareness/excited	7
Present/engaged/focused/clear	10
Pro-active/making choices	8
Brave/risking/experimenting	9
Spontaneous/free	2
Spiritual awakening/expansion	6
1.2.2.6 Calm/Peaceful	7*
Calm/peaceful/wellbeing	6
Felt wonderful/positive/relief	6
1.2.2.7 Self-worth/real/validated	13*
Self-worth/self acceptance/self acknowledgement	5
Strong/empowered/fearless	9
Real/solid/tangible/human/validated	6
Give meaning to/validate feelings	4
<i>* No. of participants contributing to category</i>	

what's right and what's wrong. Who knows myself . . . knows me and what's right and wrong for me" (participant 8, line 467).

Category 1.2.2.3 Vulnerable: Most also described a sense of great *vulnerability* at those moments, suddenly feeling afraid of their own emotions, or of feeling transparent to the therapist. However this also seemed to go hand in hand with, or was closely followed by, the feeling that it was alright to *allow themselves be vulnerable*. In a sense as soon as the feeling of vulnerability arose, it was in part negated by the safety that the participant felt in the moment, and the *ability to stay in the discomfort* they were experiencing. As one participant put it: "It kind of made it OK to be broken, um, because until then, brokenness was a sign of weakness, and um, I wasn't going to be weak" (participant 4, line 158).

Around half also spoke of being able to *stay in the discomfort* of facing difficult feelings and emotions for the first time, feelings which had previously either been ignored, not acknowledged or so deeply hidden that the participant was unaware of them. Suddenly they *wanted to be heard*, and to have those thoughts and feelings *seen* by another person:

When I'm feeling that I need to speak deeply. I'm not talking about anger. And I'm not talking about frustration, although they are strong emotions. I'm talking about stuff like, self-disgust . . . and a lot of the personal stuff, is . . . I suppose in a way is to do with perception . . . other people's perception of me.

(Participant 6, line 1130)

Category 1.2.2.4 Real/connected to self: Most participants also described feeling *real* or *honest* in the moment described, as one said: "It was almost like the real [own name] stood forward after that" (participant 1, line 598). Another described the realisation that she hadn't been fully honest in the past, and the ability she now felt to be *congruent*: "And [I realised] that I wasn't actually being fully congruent really, and honest with what was going on for me. That was the first time I really felt I could" (participant 9, line 202).

Most also associated the feeling of being real with a feeling of being *whole*, with a *joining together* of their own self, and a sense of *connection* which was both psychological and in the *bodily* sense. It was also related to, and seemed to rely on, the connection they were experiencing with their therapist: “And I found that the stronger the connection with the therapist, or the closeness, the stronger the connection with myself as well” (participant 8, line 69).

Participants spoke of *previously hidden parts* of themselves *becoming accessible* for the first time: “And the corners, to actually look in the corners as well, what’s in the corners as well, and not feel judged, at that time” (participant 6, line 311). These hidden parts were often experienced as *painful*, *angry* or *disliked* parts, as one put it: “the stuff I don’t like, or the stuff that hurts most” (participant 6, line 729).

Category 1.2.2.5 Present/energised/alive: At this point around half of the participants described feeling *vibrant*, *energised* and *alive*, with sense of *heightened awareness* and *excitement* expressed:

It’s also more exciting because more exciting things can happen, and it’s also more fun as well. And also . . . more vibrant and more engaged. Um, feeling alive. It makes each other alive – this moment of great depth, with high energy levels – a big buzz!

(Participant 8, line 4)

Most also described feeling *present* and *engaged* in the moment, with a focusing and clarity of vision described, as one participant described it: “where you actually, you know, take the rose tinted glasses off” (participant 4, line 65). Around half felt *pro-active* in the process, feeling *brave* and able to *experiment* and *take risks*, with participants feeling *spontaneous* and *free* to act, as one participant put it: “There was that sense of, God I could do anything, I could learn anything, I could try anything. I could, you know, experiment, and it’s just totally safe” (participant 11, line 656). This also created a feeling of *expansion*, growth and *spirituality* in the moment for

some participants, as one said: “What I said became real, became alive, became more. I became more” (participant 6, line 394).

Category 1.2.2.6 Calm/peaceful: These experiences culminated for some in a sense of *calm* and *peacefulness*, with a sense of *wellbeing* described. One put it: “After all the spinning in the room, you know . . . so we kind of mirrored, and were both in that kind of calm. It was calm, after all the turbulence, it was calm” (participant 1, line 581). Some also described feeling *good*, *positive*, or *wonderful*, sometimes related to a feeling of relief.

Category 1.2.2.7 Self-worth/real/validated: Nearly all spoke of a new sense of *self-worth* and *validation*, with some describing a feeling of *self-acceptance* and *self-acknowledgment*, and most describing a new *strength*, *fearlessness* and sense of *empowerment*, or in the words of one participant: “It created a balance. I was off balance, and it kind of got some rhythm back” (participant 1, line 532).

Six also described feeling *real* in the sense of *solid* or *tangible*, or even *human* or “more like a person” (participant 8, line 317), with some saying that they themselves felt *validated* as a person, and their *feelings were also validated* and *given meaning*. One participant related this to the therapist’s acceptance in the moment: “If somebody else can accept me for who I am, then I’m real” (participant 2, line 331). Another highlighted a strengthened sense of self when she said: “As if to say, there is a me inside here, I’m really real, not just something I’ve created. It’s real” (participant 6, line 241). One described the process of bringing into awareness her deepest feelings, watching them form into something more solid and understandable, and acknowledging them as real:

I feel that, if I glance at her expressions, if I glance at her eyes, it’s almost a reflection of what I’m feeling. If I’m feeling some pain, or some loss . . . I think I see that in her as well. . . . So that I know that she understands, and it is real. . . . Because they’re not just wisps and clouds within me.

(Participant 6, line 603; 609; 614)

SUB-DOMAIN 1.3: CLIENTS' EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCE OF RELATIONSHIP

Clients' experiences of the relationship are shown in *Table 4.5*.

Category 1.3.1 Different level: For most participants there was a feeling of the relationship being on a *different level* during the moments described, with around half seeing the relationship as *special*, something powerful, rare or *wonderful*, as one participant described it:

I mean there are loads of these (*fingers interlinked*). And then there are moments of this (*index fingers touching*). Of real intimate . . . like . . . this person who is so from another world, from me, and yet . . . and yet it can be . . . so together. And that is . . . that for me is that . . . that relationship, that wonderful something.

(Participant 3, line 576)

Around half described it as *deeper*, and some also said it was on a level beyond every day communication: “That really felt we were getting beyond the cerebral, getting beyond the cognitive, we were absolutely communicating at such a primal level, that that felt incredibly powerful” (participant 11, line 245).

While some felt that it was something they were *stepping into*, others mentioned the feeling that it was something they were *co-creating*, for example: “Together there’s a backwards and forwards and then . . . we both create something together. There was, this dynamic between the two of us, and you both get close to the other, and we were both doing it” (participant 8, line 405).

Table 4.5: Sub-domain 1.3 Clients' experiences of a moment of relational depth:
Experience of the relationship

Category	Responses No. of participants
1.3.1 Different level	10*
Co-creating something/doing it	4
Stepping into something	3
A deeper level	8
1.3.2 Mutuality/co-reflectiveness	13*
Bi-directional flow/mutual	9
Aware of each other's feelings	7
Beyond words/things don't need to be said	6
Both/relationship felt authentic/real/honest	6
Mutual trust/equal	6
Mutual acceptance/acknowledgement	4
1.3.3 Connection	12*
Close/intimate/ personal	11
Emotional/spiritual contact/heart to heart/love	7
Intense meeting/connection/encounter	11
Taking in turns to move towards	2
1.3.4 Union	6*
Union but still separate	3
Therapist as part of client	2
Blurred boundaries/interlinking	3
1.3.5 Fusion	3*
Fusion	2
Oneness/sameness	2
1.3.6 Together/shared focus	8*
Sharing journey/collaboration	3
Focus on client	4

**No. of participants contributing to category*

While some felt that it was something they were *stepping into*, others mentioned the feeling that it was something they were *co-creating*, for example: “Together there’s a backwards and forwards and then . . . we both create something together. There was, this dynamic between the two of us, and you both get close to the other, and we were both doing it” (participant 8, line 405).

Category 1.3.2 Mutuality/co-reflectiveness: Most participants also talked of mutuality with a *bi-directional flow*, with phrases such as “I’m reacting to her, as well as her reacting to me” (participant 7, line 184). This expression of a two way relationship often described as *being beyond* words, with most saying that *words did not need to be spoken*. A kind of co-reflexivity and an *awareness of each other’s feelings* and thoughts was described: “I knew what she was going to say, she knew what I was going to say. Things didn’t need to be said. Each knew what was going on for the other person. I understood where she was coming from and she understood where I was coming from” (participant 2, line 682).

Some described the relationship itself as *real*, highlighting the sense of *equality* and *mutual trust*, with both being *authentic, real* and *honest* with each other: “There wasn’t a power thing. There never felt like there was power thing, or . . . it felt very equal . . . and very real. It was kind of she heard me, and do you know what, I heard her” (Participant 1, line 419).

The *mutual acceptance* of the other and *acknowledgement* of what was being experienced was also emphasised by some, with a sense of respect described.

Category 1.3.4 Connection: While the concept of connection was likely to emerge given the starting definition the descriptions of the feeling of connection were rich and varied. Most spoke of the relationship as personal, seeing it in terms of *closeness, intimacy*:

It’s a connection. Yes. I mean there are loads of these (fingers interlinked). And then there are moments of this (index fingers touching). Of real intimate . . . like . . . this person who is so from another world, from me, and

yet . . . and yet it can be . . . so together. And that is . . . that for me is that . . . that relationship, that wonderful something.

(Participant 3, line 576)

For most it was an *emotional or spiritual* rather than intellectual experience; a heart to heart with feelings of love expressed, as one described it: “Like two spirits touching each other” (participant 15, line 438).

Most spoke described the *connection* as an *encounter* or *intense meeting*. Using metaphors of art and film, one participant gave a description of a meeting with a natural beginning, middle and end:

Do you know the . . . is it, Michelangelo painting on the Sistine Chapel, where you have the two fingers? It’s kind of that and there comes a point ‘ch-ch-ch’ and the contact is there . . . like the film where one starts to communicate . . . Close Encounters, you know the bit where one gives a bit and then the other gives a bit, and suddenly, it’s there, and it’s a bit like that really. I’m giving, I’m opening, I’m going to speak from the heart. It was there with the . . . immediately, it was there, the communication was there, the language was the same, and everything’s the same. It’s being together. And then just like Close Encounters, it slows down, and it separates again.

(Participant 6, line 122)

A couple spoke of a process of client and therapist *taking it in turns to move towards* the other.

Category 1.3.4 Union: Some participants referred to the relationship at that point as a *union*, but also remaining aware that they were *still separate*, as described by the following example:

I mean there are loads of these (*fingers interlinked*). And then there are moments of this (*index fingers touching*). Of real intimate, like . . . this person

who is so from another world, from me, and yet . . . and yet it can be . . . so together. And that is . . . that for me is that . . . that relationship, that wonderful something. Yes, the fingers . . . then the sort of connections are made.

(Participant 3, line 576)

For others the maintained separateness was less clear, and some felt as if the therapist was a *part of themselves* in the moment. Some also talked of feeling that there were parts of each of them that crossed over into the other, or that their *boundaries became blurred*, as in the following description:

A bit like er, I don't know . . . one colour fading into another I suppose. But there was a . . . I think the line was quite, the line between the two colours, if you look at it in terms of colours, the line was quite blurred in places, as to who was what, and what was what, although still distinct in parts, not wholly distinct, from um, from me if you like.

(Participant 10, line 101)

Category 1.3.5 Fusion: A few described a feeling of what seemed more like a merging experience, with a couple describing an experience of *fusion*, and a further two using the words “*oneness*” and “*sameness*,” but finding it difficult to explain: “Union, a kind of a oneness, but the oneness that gives the security to do it. Very confusing, isn't it. I didn't feel that we were two separate entities” (participant 6, line 780). Some seemed to move back and forth between “union” and “fusion” during their description, finding it difficult to conceptualise the precise nature of the experience.

Category 1.3.6 Shared focus: Most spoke of a shared focus of attention during the moments described, with some describing it as a *shared journey*, an “*in it together*” *collaboration*, and others describing the attention of *both focusing on the inner self of the client*, with the client leading. Some of the descriptions of an “encounter” meeting (above) however, seemed to be describing a moment where the attention of each was on the other.

SUB-DOMAIN 1.4: CLIENTS' EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCE OF THE MOMENT ITSELF

A fourth sub-domain, that of the clients' experiences of the moment itself, arose during the analysis of this study. This sub-domain included all descriptions which seemed to pertain to the overall experience, or to the atmosphere in which the experiences were occurring, and which seemed to be particular to such moments. Categories of this sub-domain are shown in *Table 4.6*.

Category 1.4.1 Different dimension: The concept of the moment itself as *another force* and occurring in a *different dimension or level* was described by most participants. A couple likened it to being in a bubble, as in the following example:

Um, it was really, really strange, it was, er, I don't know . . . it was, it was almost like we were in a bubble. It was kind of, er, we could have been at a train station, or a . . . or a café somewhere . . . we were actually in a proper counselling room. And it . . . and it was just really, really strange.

(Participant 10, line 46)

Some spoke of a *space and stillness*, with a feeling of *timelessness* or *time being distorted*: "I notice that it is a quiet, quiet time, very, slow, lots of space, timing is weird" (participant 6, line 1182), although five also felt that the moment itself was *time limited*, while also seeming to be *free flowing* and with its *own momentum*. For example one participant commented: "But there's an amount that you can be transparent because you can be like a book, because it opens out, of its own accord, it's not even your choice it just unravels that way. Because . . . there is sharing and the sharing's so strong that it just kind of happens" (participant 8, line 505).

Table 4.6: Sub-domain 1.4 Clients' experiences of a moment of relational depth:
Experience of the moment itself

Category	Responses (No. of participants)
1.4.1 Different dimension	9*
Another force/energy	5
Different dimension/level	6
Space/timeless/time distorted/stillness	6
Free flowing/having its own momentum	3
Spiritual/mystical	8
1.4.2 Exciting/wonderful	7*
Exciting	3
Wonderful /brilliant	6
1.4.3 Meaningful/powerful	13*
Meaningful/valuable	8
Powerful	13
Part of a whole	2
1.4.4 Unique/strange	12*
Unique/rare	7
Surprising/unexpected	4
Strange/confusing/difficult to explain	11
Something happened	7
<i>* No. of participants contributing to category</i>	

Six participants felt that it had a *spiritual* or *mystical* quality to it, although they found it difficult to explain: “Almost spiritual depth, in a way, although I’m not talking about religious, it’s as though there’s something deeper within us that does communicate, that understands, and I understand that she wants to help, I suppose” (participant 6, line 566).

Category 1.4.2 Exciting/wonderful: For around half the participants the moment itself was experienced as *exciting* or *wonderful*, sometimes with a feeling of liberation expressed: “I loved it! I’m not sure it was exciting it was more sort of stimulating. No, it was exciting . . . it . . . the power . . . it was such a new way of learning for me” (participant 11, line 534). Expressing the sense of wonder, one participant said simply: “It is a Wow! It really, truly is a Wow! It truly is a Wow!” (participant 3, line 795).

Category 1.4.3 Meaningful/powerful: Around half of the participants described the moment as in some way *meaningful* or *valuable*, and nearly all spoke of the *powerfulness* of the moment, and how strongly they could feel it, sometimes as a physical sensation: “We talked about the experience of the feelings and that was really . . . powerful. Really, really, powerful. I still feel it now actually (grabs chest)” (participant 13, line 124).

For some the moments seemed to be symbolic of what they saw as an enduring deeply facilitative relationship. For a couple it was seen as *part of a whole* experience, a sort of moving in and out again, or down and up again, so that the moment itself was an integral part of the in-session relationship, something that could not be understood in isolation:

We meet outside the door, and, there’s a casualness about how we are. We go into the room and there’s a casualness, but it becomes more focused on me. And then, it becomes even more focused on me, and more focused on me. And subtly, very subtly in that first ten or fifteen minutes, or so, there’s a change, in our communication. And the same things happens when it gets towards the end, when the relationship becomes a little less deep, a little more superficial, as the whole relationship, and I suppose, when we actually converse or communicate . . . or when I communicate to her at those deepest times, and at those most sensitive times, that process, of going down there, actually begins at the door.

(Participant 6, line 889)

Category 1.4.4 Unique/strange: Around half described the moment itself in terms of being *unique* or *rare*, as one said: “That’s . . . I think that’s a one off, I think that’s a one in a life time experience, I’m not expecting that to happen again” (participant 7, line 1071). A couple of participants described it as *surprising* or *unexpected*, and most said it was *strange*, *confusing* or *difficult to explain*. For a couple the moment was confusing because of their previously held beliefs that this was something that was not meant to happen within a therapeutic relationship:

Something’s sort of broken into the room, and it felt helpful to me, and it felt um, it kind of humanised the counsellor and I felt this kind of connectedness or warmth or something in regard to her, but, I didn’t . . . I thought well it wasn’t supposed to happen. . . . So I had experienced it but I thought that that was some sort of [error], yeah. Or some sort of, you know, she’s let down her guard, you know what I mean? Well I think I experienced it as something that’s gone slightly off. Something that’s not supposed to happen, you know, she’s upset now.

(Participant 14, line 659)

Around half were emphatic that *something had happened* in the moment described, although most again struggled to explain precisely what it was:

When I think about it now there was something definitely happened then. . . . And I’d say from there on in, something went on for me . . . it wasn’t just what she said, there was something kind of went on . . . something happened in there. . . . I know she . . . I feel she experienced me different that day as well. I don’t know . . . I guess now it would be interesting to ask her.

(Participant 1, line 453)

DISCUSSION

Experience of therapist

Client's experiences of their therapist during a moment of relational depth bore several similarities to the self experiences described by therapists in Cooper's (2005) study (*see appendix E.1: Therapist-client study: Comparison of therapists' self experiences to clients' experiences of therapists*). These included experiencing them as real, focused, immersed in the moment, open (or as described by therapists, "impacted upon") and fully accepting of the client (p. 90).

However in Cooper's (2005) study there was no mention from therapists of a sense of emotionally holding or supporting clients during a moment of relational depth. This aspect was mentioned by nearly all the participants in this study, and the accuracy of the level of support was seen by most to be one of the most important factors. Mearns and Cooper (2005, p. 42) have written of therapists losing their "external foothold" at such moments, thereby relinquishing control and any guarantee of certainty or safety. However, this study would seem to indicate that clients in receipt of such an act experience their therapists as having an external foothold which in itself gives the client a complete sense of safety. This was evidenced by the various descriptions of the client orbiting the earth with the therapist providing the gravity that prevents them from floating off into space, or with the client diving into the water with the therapist holding the rope which prevents them from being swept out to sea.

While around half of the participants described their therapist as being highly present or focused in the moment described, here was also a sense of the therapist standing behind or walking beside the client, providing a safety net or being ready to catch them should they trip, rather than leading on their journey, bringing to mind Rud's (2001) description of the therapist's role as one of "being rigorously present in the task of being an assistant to the experience of psychotherapy, that is, to the interpersonal encounter" (p. 165).

Participants of this study also talked of being offered something over and above the professional requirements of a therapist, which corresponds with the findings of McMillan and McLeod's (2006) research into clients' experiences. In the present study this was often related to a human element, bringing to mind Lietaer's (2001) view that in an "I-Thou" encounter (Buber 1923/2004), the therapist "almost relinquishes his professional role and encounters the client in a very personal and profoundly human way" (Lietaer, 2001, p. 47). This finding also raises a question which to some extent has been touched on by Thorne (1991, p. 74), who commented: "[I]f tenderness is present, something qualitatively different may occur." Most participants repeatedly spoke of what they saw as an exceptional level of care which they experienced from their therapist, which something that they had seemed not to expect. This sense of truly being cared about also awakened their own sense of care for themselves, and opened the door for them to start to build up their own sense of self-worth. Whether the finding simply highlights the importance of Rogers' sometimes neglected sixth condition, that "the communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved" (Rogers, 1957, p. 96), or indicates something different - as some participants expressed it, something over and above the core conditions - is worthy of further exploration.

Experience of self

Many of the client experiences of self described were similar to the self experiences described by therapists in Cooper's (2005) research (*see appendix E.2: Therapist' client study: Comparison of therapists' self experiences to clients' self experiences*). These included feelings of being opening inwardly towards the other, being present, real, alive, and ultimately with a sense of well being. Some self experiences also correlated to therapists' perceptions of clients in Cooper's study, for example being real, transparent, coming from a place of vulnerability, and acknowledging the therapist's acceptance of them (*see appendix E.3: Therapist-client study: Comparison of therapists' experiences of clients and clients' self experiences*).

However, while in Cooper's study therapists did not talk of inviting clients in, this study suggests that clients might experience a sense of being invited to a deeper level. This element has been discussed by Mearns and Schmid (2006) who, highlighting the importance of mutuality, talk of the therapists' invitation to meet, as opposed to making clients feel obligated.

Although clients spoke of being aware of their vulnerability, which was also the perception of therapists (Cooper, 2005), clients also highlighted the fact that they felt unusually able to be vulnerable. Many described feeling able to be more open both to their therapist and to themselves than they had ever been previously, bringing to the relationship an inevitable vulnerability that accompanied such openness. However the safety that all participants felt at these moments seems to have made this “OK” for the participants, so that the actual feelings of vulnerability were reduced. They then appeared to be describing a situation where they would have expected themselves to feel vulnerable, or where they were willingly making themselves vulnerable, but in which the actual feelings of vulnerability were transformed into a sense of safety and security. This finding might in some part explain why in Wiggin's (2008) factor analysis, the factor of “vulnerability” was present, but ultimately weak and eventually omitted.

Very important to most clients was the experience of feeling understood. It seemed important to them that the therapist was not simply empathising, but was making a real effort to understand how they felt in that moment. They also wanted to feel secure in the knowledge that the therapist knew them well enough to understand the context of what was occurring in the room. While the therapists of Cooper's (2005) study spoke of experiencing perceptual clarity in the moment, they did not mention the depth of understanding, or the desire to understand that was so important to the clients of the present study.

Another additional feature described by clients was the feeling of being real not just in the sense of being honest or congruent, but in the sense of feeling solid or tangible, as they began to “realise” themselves and validate their feelings. An element of this

involved bringing forth feelings and emotions which had previously only been known “at the edge of awareness,” so that they took shape and solidified into something that the participant was able to, as one participant described it, not just sense them but feel, see and touch them. They were no longer simply “wisps and clouds within me” (participant 6, line 229). A second element of this sense of “realisation” was that the participants themselves actually felt like a “real person” for the first time. Somehow, having their feelings acknowledged by another made them feel real as a person. It was as if they were awakening from a dream state to being suddenly and acutely aware of their own experiencing, and of their own acceptance of that experiencing.

Experience of the relationship

Clients' descriptions of the relationship were strikingly similar to the therapists' descriptions (Cooper 2005), as shown in *appendix E.4 (Therapist-client study: Comparison of therapists' and clients' experiences of the relationship)*, with emphasis being given to mutuality, intimacy, openness, a sense of wellbeing, and a co-reflectivity beyond words. For some there was a sense of the moment having been created by both themselves and the therapist, while for others it felt more like something that already existed that they were stepping into. It is possible that this finding reflects the notion of spirituality, religious beliefs or understanding of the world held by each participant, or it might indicate that both experiences can be present in an experience of relational depth. Perhaps the two different aspects contribute to an experience of poeticism, as described by Rud (2001):

As much as the poet is prepared to hear the murmur of things, and in his words it is established the nature of what exists, so in psychotherapy, to put a name to the murmur of coexistence is to found its *resonance* in the encounter. It is to resound with the *poeticism* of the world. (p. 169, [Italics in original]).

The connection was described by clients in terms of being on an emotional as opposed to intellectual level, putting emphasis on a feeling of union, or being part of each other with a sense of blurred boundaries. In contrast therapists had put the

emphasis on both being real with the other and meeting without masks. However both participants of both studies emphasised the aspect of the encounter being beyond words, with an implicit knowing without words, something, as one described it, on a “primal level” (participant 11, line 246). In his description of empathy Rud (2008) has proposed that “it is a question of going forward to seek the original language of organismic experience, which we all possess because of the mere fact of having been children once” (p. 170).

While some participants spoke of a connection which included remaining aware of their own separateness, resembling Mearns and Cooper’s (2005) description of relational depth and Schmid’s (2001; 2006) description of an “encounter” meeting, a few did give descriptions which included a sense of “fusion” or “oneness.” However in these cases the participants also acknowledged the paradox in the various aspects of their descriptions, at times claiming a sense of separateness, and at other times a sense of oneness. These findings perhaps indicate that there is a continuum of relational experiencing, from separateness at one end, to merging or oneness at the other, with the experiences described in this study representing a small range on that continuum, with some experiences including a degree of merging and blurring of boundaries, with others more closely reflecting an encounter meeting, but still remaining separate.

Experience of the moment itself

The additional sub-domain found in this study was that of the moment itself. It became clear from participants descriptions that the moment of relational depth was being described almost as a “thing” in itself, something almost tangible, and yet also very difficult to describe. As participants grappled with words which adequately reflected their experiencing, the themes that emerged floated around a sense of another dimension, something both powerful and meaningful, and which stayed strongly in memory for some time afterwards. Several participants described the sense of being in a bubble, similar to descriptions given by therapists in Cooper’s (2005) study, suggesting that the experience of the moment itself might be similarly

experienced by both therapist and client, and possibly indicating the intersubjective nature of such an experience.

In this study the moment was also seen as exciting, wonderful and at the same time strange, rare or even unique. When conceptualising a moment of relational depth Mearns (1996) pointed to the rarity of such an experience in every day life, which indeed seemed to be the perception of participants of this study. For some, it was seen as something mystical or spiritual, supporting the descriptions of Rogers (1986), Budgell (1995, cited by Rowan, 1998) and Thorne (2001). It also lends weight to Rowan's (1993) assertion that psychotherapy can be seen as a bridge between psychology and spirituality, describing what he calls "Ah" moments in therapy as spiritual experiences.

Conceptualising a moment of relational depth: A flow of experiencing

The changing of experiencing throughout participants' descriptions of an experience of relational depth would suggest that a "moment" of relational depth might better be viewed as an "event" or a series of related moments, possibly with an identifiable pattern and time line, with the experience of vulnerability, for example, as with many of the other described aspects, being present in one part of the overall experience, but absent from other parts. The overall event was described as a single experience, but something like a river with one experiential moment flowing into another, rather than a series of separate moments being experienced one after the other. All were interrelated and part of a whole, but each with their own characteristics. In this sense the descriptions of participants' experiences of a moment of relational depth might be better understood in terms of the Greek "Kairos" understanding of time as suggested by Schmid (1994; 2003).

In most cases, the "river" of experiencing, as shown in *Figure 4.1*, appeared to flow as follows: Participants reported an initial slowing down, delving deeper, coming to the point of allowing themselves to be vulnerable. Feeling safe, they then opened up both to the therapist and ultimately to themselves. There then followed feelings of vibrancy and excitement, which were described almost as a relational "peak

experience” within, and central to, the overall event. This led to feelings of self-acceptance and self-worth, and ultimately a sense of calm and peace.

Throughout the overall experience, each step taken by the client also appeared to be dependent on what the therapist was offering at each particular moment, as shown in *Figure 4.2*. Feeling that the opportunity had been created, the client initially slowed down; sensing a gentle invitation from the therapist they then became acutely aware of their own vulnerability. This appears to have been the crucial moment in which the client’s willingness to open up rested on the therapist’s own openness and genuine care for the client. As the client opened up, they also needed to feel the therapist’s support, and to feel held or grounded so that they would feel safe enough stay with it. On feeling that the therapist was coming with them, accompanying them on their journey, they would go deeper. Here the therapist’s understanding was needed for the client to feel that they could fully connect with their own Self, and having done so the therapist’s acknowledgement and acceptance seemed to bring the whole experience to a peak moment of aliveness and exhilaration. Finally the therapist’s affirmation facilitated the relief, calm and self-validation that the client was left with. The latter part of this pattern supports Kahn’s (2001) assertion that the compassionate acceptance of the therapist can be a pre-condition for the self-acceptance of the client.



Figure 4.1: Client's moment by moment intrapersonal processing

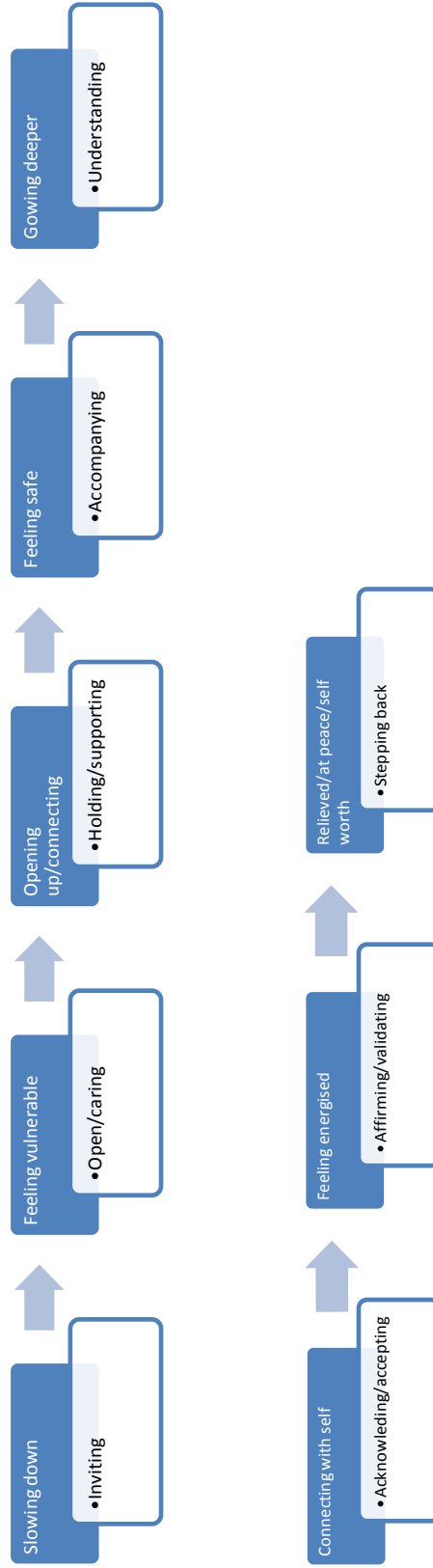


Figure 4.2: Client and therapist interactional moment by moment process (black rectangles denote client; white rectangles denote therapist)

SUMMARY

The findings from this analysis suggest that clients of predominately person-centred counselling do experience identifiable moments of relational depth with their therapist. While several similarities with therapists' descriptions were found, there were also some notable differences warranting further enquiry.

Chapter Five

Findings: Therapist-client study domain 2

Clients' perceptions of the impact and effects of an experience of a moment of relational depth

STRUCTURE OF SUB-DOMAINS

In the process of recalling their experiences of the moments described, most participants went on to speak of the impact and effect of those experiences, often without being specifically asked. The data fell into two sub-domains, as follows:

Sub-domain 2.1 Clients' perceptions of the impact of an experience of a moment of relational depth.

Sub-domain 2.2 Clients' perceptions of the enduring effects of an experience of a moment of relational depth.

SUB-DOMAIN 2.1: CLIENTS' PERCEPTIONS OF THE IMPACT OF AN EXPERIENCE OF A MOMENT OF RELATIONAL DEPTH

Clients' perceptions of the impact of a moment of relational depth are shown in *Table 5.1*.

Category 2.1.1 Facilitating/healing/changing: Most participants described the moment itself as in some way *facilitating* or *empowering*. In some cases this reflected a marked and sudden change in the belief they felt in themselves: "So, for me that day . . . now, thinking about it, I felt I was heard . . . something had gone on . . . something definitely had gone on that day . . . and for me I went from helplessness to empowerment" (participant 1, line 518).

Table 5.1: Sub-domain 2.1 Clients' experiences of the impact of an experience of a moment of relational depth

Category	Responses (No. of participants)
2.1.1 Facilitating/healing/changing	11*
Facilitating/empowering	9
Catalyst/changing	9
Constructive/useful/healing	5
Loss/fading of painful/difficult feelings	6
2.1.2 Positive effect on therapeutic process	11*
Therapeutic relationship changed - deeper/more equal	7
More open to own feelings/able to face/verbalise feelings	9
Able to go there again when needed/wanted	5
<hr/>	
<i>* No. of participants contributing to category</i>	

Most considered it to be a moment of *change* or *catalyst*, a feeling that something has shifted or changed, with participants expressing the feeling that their eyes had been opened. As one said:

And all of that didn't mean anything after I'd had that session with the counsellor. It was all kind of sorted out and, it was there, it was kind of . . . that's . . . that's there, this happened, and it's kind of in the past now . . . it kind of just turned everything around.

(Participant 1, line 318)

Most also described the experience as having been *useful* or *constructive*, with a sense of *healing* being expressed, although participants struggled find words to

explain how this worked. One participant said: “Something’s sort of broken into the room, and it felt helpful to me” (participant 14, line 664). Another described the sense of freedom that the moment gave her: “And it was so exciting, because it kind of gave me a licence to absolutely say, do whatever” (participant 11, line 271).

Around half expressed a *loss or reduction of painful feelings* following the moment described, and those feelings that did remain seemed to have lost their power and were easier to face: “When I’ve actually voiced and felt the feeling and brought it into the open, it can fade . . . it can seem less like the big bad bogey man in the night” (participant 6, line 677).

Some spoke of the power of the moment allowing them to face the unknown, which until then had seemed like a terrifying thing to do. Previously distorted views and fantasies seemed suddenly to be brought into perspective:

Yeah, less scary when you look at it, the big black shadow of it, that’s distorted, disappears when we actually look at it, it isn’t that. But it’s the perception, the projection of the big shadow . . . But when you actually look at the reality, it’s not as scary . . . because it takes a lot of the fear away. I think part of it is the fear of the unknown, if you haven’t been into that . . . depth of emotion, it’s an unknown.

(Participant 6, line 683)

Category 2.1.2 Positive effect on therapeutic process: A frequently mentioned benefit of the experience of a specific moment of relational depth was said by most to be the effect on the ongoing relationship and therapeutic process. Some felt that the *relationship itself changed* from that moment, with a sense that from then on it was *deeper or more equal*. Around half feeling *more open* and able to face *and verbalise their innermost feelings*. As one participant said:

That I was able to . . . to really feel her. That it had an effect on me slowing down. And being able to start the real process . . . the real process – it was almost like the real (own name) stood forward after that. And I experienced the real counsellor.

(Participant 1, line 597)

Some highlighted the fact that having been to such depths with their counsellor, they felt *more able to go there again* throughout the remainder of the therapy. However there was no sense of force or obligation, and a frequently emphasised point was that the choice about whether or not to enter into a moment of relational depth again remained their own:

So that [actual meeting] . . . it's unlocked the door. And I can open it or close it as I want to or need to. And I have this last couple of weeks, there has been something that I've needed to talk to my counsellor about, and needed to work through. And I chose to actually look at things at that level, and I knew before hand that I wanted to work at that level.

(Participant 6, line 375)

SUB-DOMAIN 2.2: CLIENTS' PERCEPTIONS OF THE ENDURING EFFECTS OF AN EXPERIENCE OF A MOMENT OF RELATIONAL DEPTH

Clients' perceptions of the enduring effects of a moment of relational depth are shown in *Table 5.2*.

Category 2.2.1 Connected to self: Around half of the participants talked of remaining feeling *more connected to themselves and their emotions*, with words such as “*real*,” “*human*” and “*whole*” being used to describe the ongoing feeling. One participant said:

Table 5.2: Sub-domain 2.2 clients' experiences of the enduring effects of an experience of a moment of relational depth

Category	Responses (No. of participants)
2.2.1 Connected to self	12*
Remained more connected to self/emotions; felt whole	8
More able to be myself/real/human	4
New knowledge/deeper understanding of self	9
Self acceptance	5
2.2.2 Improved relationships with others	6*
2.2.3 Feeling better	12*
More alive/ energised	4
Happier/good/positive/at ease	6
Confident/empowered/greater self-worth	8
Validated/feelings confirmed	5
2.2.3 Able to move on/remained powerful	11*
Able to move on/turn a corner	7
Able to tackle things more/more organised	4
Enduring memory/remained powerful	10
<i>* No. of participants contributing to category</i>	

It put me much more in touch with my personality. And then when it goes, it's still fine, just having been there, and having had that experience makes it valuable afterwards as well. The kind of awareness, contact with yourself. I was actually feeling inside much more deeply, and it's almost like, it's like it was easier to get in touch with my kind of core, probably.

(Participant 8, line 453)

Some spoke of being more in tune with themselves following an experience of relational depth, with a clarity of thought and integration of experiencing and self-analysing. For others, the sense of being a *real* person or what some described as feeling *human* endured long after the described experience. They were left with greater *self knowledge and understanding*, with the previously overpowering feelings of confusion diminishing:

But to speak the words to someone who accepted me as me, but wasn't me, made me a person with feelings instead of . . . it made me a person with feelings instead of just a being that had a mish mash going on inside. Is that making any sense . . . ? It was as if the emotions were repressed, but actually I knew they were there, but actually the deepest things, they didn't have meaning; but in that relationship, what I said meant something. What I said became real, became alive, became more. I became more.

(Participant 6, line 390)

The feeling of *self-acceptance* which participants mentioned experiencing during the moment itself was for some a lasting feeling, having a positive impact on their lives long after the end of the therapy: “[I became] more accepting of my own emotions, more accepting of you know, my own, um, yeah, more accepting of my problems in life, and just sort of how, I’ve downgraded emotions in my life” (participant 4, line 120).

Category 2.2.2 Improved relationships with others: Some participants also spoke of noticing an improvement in their relationships with family, friends and other people in general, sometimes relating this to a newly found ability to see themselves from the perspective of others. Some highlighted the growing understanding that they themselves developed for others: “Something about, the more you recognise how broken you are, are you able to deal with someone else’s problems, deal with someone else’s brokenness. . . . My relationships have changed, because, I’m not, um, I’m not as self-sacrificing as I was” (participant 4, line 156).

Category 2.2.3 Feeling better: Most participants said that following the described moment they, in several ways, just *felt better*; some feeling *more alive* and *energised*, some feeling *happier*, *more positive* or generally *more at ease*. This seems to happen immediately after the described moment of relational depth, while also having a lasting effect:

There was, that I felt . . . I felt, you know that feeling that you have, when you've done an exam, and there's almost like, for me there's still an adrenaline and you feel like, whoof! It's how I kind of felt when I came out . . . And that, the feeling of sort of energy . . . I want to say elated . . . was kind of with me for a while.

(Participant 1, line 459)

Around half said they felt a greater sense of self-worth and *confidence*, and that they felt *empowered* by the experience, resulting in a positive change in their own way of being with a knock on effect on their behaviour and their effectiveness.

Category 2.2.4 Able to move on/more powerful: Around half spoke of being *able to move on* in their lives, or *turn a corner*, as one put it:

But that experience has helped me to move on, in my career, with who I am. Because I'm more likely to talk about it now . . . if people are not comfortable with it that's up to them, it's who I am, it's a whole part of me. So that did . . . that allowed me to progress to where I am.

(Participant 2, line 282)

Others spoke of the practical benefits of being *able to tackle things* more easily, to *organise* and prioritise. For some it was the letting go of previously held emotions which had been keeping them stuck in the past, with the effect of freeing them to move on. As one said: "And I was almost able to make a fresh start. I didn't feel as angry, somehow, I let go a lot of anger" (participant 12, line 317).

Most also spoke of the *enduring memory* of the moment of relational depth remaining something they could hold on to either in times of difficulty, or purely as a motivational force, a positive memory of a deep connection with another human being, as one put it: “I held on to that for a good long time afterwards . . . I still think about it now, you know, X hundred years on which is really weird” (participant 10, line 68).

For some there was also a sense of joy, freedom and *empowerment that remained* accessible after the end of the therapy. The lasting power of the moment was frequently expressed: “We talked about the experience of the feelings and that was really powerful. Really, really, powerful. I still feel it now actually (grabs chest) . . . I can still feel that feeling” (Participant 13, line 124).

DISCUSSION

This study provides the first empirical evidence that an experience of a moment of relational depth may be seen by clients as having a positive effect both on the progress of the therapy and beyond. The experiences were described as healing and facilitating, not only because of the deeper self-insight or understanding that resulted, but also because of the power of the experience itself. The change that occurred was attributed both to the new self-knowledge that participants were left with, and to the very experience of being open and real to another person, and having that person understand, know and accept them in their transparency. Participants were able to let down their defences, and in so doing, were able to face their most difficult, most painful thoughts and feelings. These findings strongly support the proposal of Van Kalmthout that “the therapeutic relationship and the experiential change process are intrinsically linked” (1998, p. 57).

The fact that the moments of relational depth were seen as moments of change, offering the participants a new insight or new way of relating to themselves can perhaps be understood in terms of Josselon’s (1970, cited by Holdstock, 1993) fourth

dimension of relationship. Her proposal that “being mirrored in another’s validation affords us the opportunity to find oneself” (p. 236) is supported by the findings of the present study. Participants, having felt validated by the understanding and acceptance of their therapist, seemed able to open up not only to their therapist but also to previously hidden aspects of themselves, and their own innermost thoughts and feelings. This finding also bears striking similarities to the description of a successful therapeutic process given by Biermann-Ratjen et al. (1998, p. 109) as one which “enables the client to take up the relation to himself which the therapist offers him.” From participants’ descriptions it is precisely this new intrapersonal level of relating that is facilitated by a meeting at relational depth.

The sense of self-worth and of being something “more” or “bigger,” in addition to the new self-insights described by participants also lends weight to Worsley’s (2006, p. 217) proposition that “When in our empathy we extend out listening to the possibilities in confirming the client, there is the chance that the client will recognise new aspects of their life.” This concept of “confirmation” (Buber, 1947/2002) seems to invite a sense of greater possibilities for the client, and indeed for the therapist as well.

The experience described by participants of feeling whole, or a “joining together of themselves” also corresponds to Thorne’s (1991) description of the healing quality of tenderness allowing clients to find wholeness, as they are no longer satisfied with a fragmented existence. Participants’ descriptions further support Mearns’ proposal that the value of relational depth is that the client “is including the therapist in the moment to moment discoveries he is making about his Self, while he is at the very ‘edge of awareness’” (Mearns, 1999, p.125).

A major impact of such an experience was also described as being on the ongoing progress of the therapy; having been to such depths with their therapist once, participants also described being able to go there again. This finding supports Schmid’s (2006) description of an encounter meeting as the foundation of therapy rather than the goal, creating the potential for further exploration and dialogue.

The participants who described feeling better also gave specific reasons as to how this helped them in their lives. This included feeling sufficiently confident, free and energised to be able to move on positively in their lives. Contrary to Ellis' proposal that feeling better does not necessarily mean that clients are getting better, clients of this study related their changed feelings to identifiable, practical benefits to their lives such as improved relationships with self and others, greater confidence allowing them to move on in their lives, in an organised and positive manner, leaving behind painful, distressing emotions.

As with the described "states of flow" in McMillan and McLeod's (2006) study, participants of this study said that the moments of relational depth were highly memorable events, and seen as significant within their overall therapy.

SUMMARY

This analysis suggests that not only do some clients experience moments of relational depth with their therapists, they may also perceive those experiences to be highly significant moments in therapy, with an enduring positive effect. The findings also provide some initial evidence that a moment of relational depth can be a key element of therapy, with the potential to make a positive contribution to outcome.

Chapter Six

Findings: Therapist-client study domain 3

Clients' perceptions of the relational qualities that are associated with or inhibit moments of relational depth

STRUCTURE OF SUB-DOMAINS

With the aim of exploring which aspects of the therapeutic relationship might have facilitated the described moment of relational depth, participants were asked about the ongoing relationship in which one or more moments of relational depth emerged. However participants were also asked about any experiences of therapy relationships in which they felt there had been no relational depth. Most participants chose to speak about these relationships first, and it became evident that they were generally felt by participants to be relevant to their story, helping them to identify the facilitating aspects of the relationship in which they had experienced relational depth. The descriptions of those relationships are therefore included here to provide both contrast and clarification.

Participants spoke of between one and four relationships each which they felt had been lacking relational depth. Participants' descriptions of these relationships were then analysed in conjunction with their perceptions of the relationships in which they felt there had emerged a moment of relational depth, resulting in the following two sub-domains:

Sub-domain 3.1: Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged.

3.1.1 Characteristics of therapist

3.1.2 Therapist's actions/way of being

3.1.3 Unhelpful but not inhibitive aspects of therapist

Sub-domain 3.2: Clients' perceptions of the therapeutic relationships in which no moments of relational depth were experienced.

3.2.1 Experience of therapist

3.2.2 Experience of self

SUB-DOMAIN 3.1 CLIENTS' PERCEPTIONS OF THE THERAPIST IN A RELATIONSHIP DURING WHICH A MOMENT OF RELATIONAL DEPTH EMERGED

Sub-domain 3.1.1: Characteristics of therapist

The general characteristics of the therapist in relationships in which a moment of relational depth occurred are shown in *Table 6.1*.

Category 3.1.1.1 Similar/matching: 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, *lifestyle* or *counselling 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" (Participant 4, line 34).

The similarities were sometimes as basic as the age, perceived class or accent of the therapist. For some it was the *similarity of beliefs*, either political, or a shared religious faith: "And I'm not sure if that would have happened with somebody who hadn't got the faith. And maybe I'll say her, but, I also chose the organisation because I knew it had counsellors there who had a spiritual dimension. And that for me, I think was very important" (participant 9, line 325).

Table 6.1: Sub-domain 3.1.1 Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged: Characteristics of therapist

	Responses (No. of participants)
3.1.1.1 Similar/matching	10*
Some matching with self	9
Similar beliefs/counselling style/lifestyle	4
3.1.1.2 Warm/lovely	13*
Beautiful/nice/special/charming	6
Gentle/warm/courteous	10
Empathic	7
Vivacious/positive	3
3.1.1.3 Right person	9*
Right person for client	8
Like mother/father I didn't have	3
3.1.1.4 Psychologically sound	10*
Confident/strong/can take it	6
Ability/willingness to relate at depth	5
Comfortable with self	5
<hr/>	
<i>* No. of participants contributing to category</i>	

Category 3.1.1.2 Warm and lovely: Most also described their therapist in terms of being warm and lovely, with around half saying that they were *beautiful, special, charming* or simply *nice*: Most also spoke of them as warm and gentle, with a calmness described, and for some the simple act of smiling was felt to be important, as in the following description: “A smiling, quite a large, smiling, expansive Buddha,

who was just sitting there, and you know, with, a sense of calmness, a sense of calm about it. And just, yeah, smiling and wise” (participant 4, line 167).

Some also appreciated their therapist’s respectful and *courteous* manner, as 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” (participant 6, line 1016).

The consistent *empathy* of the therapists was also highlighted by around half of the participants, with an emphasis on the individualised nature of the empathic responding giving the feeling that they are not just being empathic as part of their job, but that they are feeling genuine empathy for the plight of that particular participant. Comparing her therapist to a previous counsellor, one said: “So I feel that she’s more empathic than the initial counsellor was, who was doing the job, but not feeling the job” (participant 6, line 517).

A few participants described their therapist as *vivacious* or *positive*, with a sort of energy that felt hopeful and forward looking, allowing the participants to feel hopeful themselves for the future: “And there was this youthfulness about her which I liked. And she was always very positive, and I quite liked that, I liked that in somebody to be genuinely hopeful, genuinely able to see that for the future” (participant 5, line 433).

Category 3.1.1.3 Right person: Half felt that their therapist was just the *right person* for them, being the sort of person they might want as a friend, or someone they could connect to in other important ways. Two described their therapist as the kind of *parent they never had* but would have liked to have had, one a mother, one a father. Comparing her therapist to her own mother, one participant said: “And . . . she didn’t . . . she was this joyous, youthful, honest . . . not emotional . . . I suppose, yea, she was emotional, but in a positive sense. So I suppose she reflected everything that my mother couldn’t be” (participant 5, line 886).

Category 3.1.1.4 Psychologically sound: Most highlighted the importance of their therapist being psychologically “sorted” themselves, some describing them as *confident* and *strong*, which in itself seemed to invite the participant to open up and meet with the same courage. The sense of strength also indicated that they would be *able to take the participant’s material*, however traumatic or intense it might be, as one said: “I’m confident that he’s well able to provide me with whatever I might need if did want to [cry] or cried” (participant 4, line 481). This allowed the participants to feel that the therapist was wholly there for them, without the therapist’s own issues intruding into the relationship:

My fantasy was that she was the one who did the most looking after herself and the most personal work and was therefore able to really genuinely give in the relationship without her own needs getting too entangled. That’s how it felt . . . that she could really just be so real and connected because there wasn’t any of her mess in the sessions.

(Participant 12, line 803)

For some it was simply the therapist’s *ability* and *willingness to relate at depth* that made the difference, with some appreciating the fact that their therapist seemed to be comfortable with their own imperfections; it did not matter to the participants that they were not perfect, but it seemed to be important that they were at ease with the person that they were.

Sub-domain 3.1.2 Therapist’s actions/way of being

The perceived actions and intentions of the therapist in relationships in which a moment of relational depth occurred are shown in *table 6.2*.

Category 3.1.2.1 Creating a safe/welcoming atmosphere: Around half also spoke of their therapist as *creating a welcoming atmosphere*, with some highlighting the importance of simple acts such as being greeted at the door in a friendly manner; one participant said simply: “she always seemed pleased to see me” (participant 5, line 46).

Table 6.2: Sub-domain 3.1.2 Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged: Doing/way of being

Category	Responses (No. of participants)
3.1.2.1 Creating a safe/welcoming atmosphere	12*
Welcoming/creating right atmosphere	7*
Welcoming	3
Creating right atmosphere	6
Acting in a reliable/professional manner	6*
Reliable	5
Consistent (including appearance/environment)	7
Professional/boundaried	4
Trustworthy	5
Being patient	7*
Patient/gave me lots of space/time	7
Not previously challenging	2
Holding/making me feel safe	11*
Holding/supporting/giving security	7
Made me feel safe/sensitive to my needs	11
3.1.2.2 Being real/human/offering mutuality	13*
Being real/human	11*
Genuine/honest/real/not faking it	10
Human/personal	11
Offering Mutuality	10*
Not using power/offering mutuality/not patronising	6
Can have fun with me	2
Showing own vulnerability/not perfect	7
3.1.2.3 Offering something over and above	13*
Offering something more than	13*
Over and above/more empathic	6
More than doing job/not just professional/human	8
Extra care/really caring/really likes me	7
Making genuine effort	5
Committed	8
Ongoing invitation	12*
Inviting in	7
Challenging	3
Trusting me	3

3.1.2.4 Being present/open/understanding	14*
Being present/connected	7
With me/present/focused	5
Close to me/engaged/connected	5
Being Understanding/knowing	14*
Generally understanding of feelings	7
Knowing about my life	6
Attuned/responses spot on	5
Clarifying	5
Reflecting	4
Being Open	11*
Open (receptive) to the client	
Few personal disclosures	4
Willing to share felt sense	4
Showed own way of being	4
3.1.2.5 Accepting/acknowledging	7*
Accepting	7*
Accepting/not judging	4
Not judging	3
Acknowledging	3*
Respecting/acknowledging	3

* No. of participants contributing to category and sub-category

Six highlighted the *reliability* of their therapist, and the fact that they were *consistent* (including the environment); even minor differences like a change in hair style some felt could have been disconcerting. One put it:

Knowing she's always the same. Almost as if I can pick her up and put her down again and she'll still be the same when I pick her up again. Do you know what I mean? You know I pick her up and turn her on, and then I turn

her off when I left, and the next week I'll switch her on again, and she'll still be the same as when I left her or she left me.

(Participant 6, line 1059)

Some spoke of their therapist as *holding boundaries* and *maintaining professional standards*. This seemed particularly important to those who had previously experienced an unhelpful therapeutic relationship, or who for those who were just unsure about the whole counselling process. Describing why she felt able to relate at depth with a particular therapist one participant said: "Because the basics were OK. The basic level . . . it was confirmed for me that he was OK and he wasn't going to be . . . wasn't going to live up to my fantasy of the nightmare therapist" (participant 4, line 278).

Most emphasised 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!" (participant 6, line 968).

Most were grateful for the fact that the therapist had been *patient*, 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" (participant 6, line 150). Some had previously thought their therapist to be too patient, but later came to appreciate the space which allowed them to build up the relationship at their own pace and in a safe way.

Nearly all also felt consistently *supported and held* by the therapist, feeling *safe* and *comfortable* in their care, knowing that their therapist was *sensitive to their needs*, as one put it: "And it just created this unbelievably safe environment, that she was there one hundred and ten per cent for me" (participant 11, line 850).

Category 3.1.2.2 Being real/human/offering mutuality: Nearly all described their therapist as being consistently *genuine* and *honest*, feeling that *they weren't faking it*, that this was how they were in their life normally, not just in the therapy room:

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. I know it's not accepting just in the session. I have this sense that he would be the same with me, or with anyone else. He's that kind of person, he isn't just putting it on.

(Participant 4 line 528)

Most felt that their therapist was relating on a *human, personal* level throughout the relationship, not trying to be anything other than who they were. This was manifested in varying ways; for one participant it was simply the way the therapist spoke: "She's a lady who doesn't speak with, um, complicated sentences, she's very, very normal, and very real" (participant 6, line 1003).

Most participants described a sense of *mutuality* being offered by their therapist, some feeling relieved that their therapist was *not trying to use power* or control them in any way. This was sometimes evidenced by their willingness to *share moments of fun* with the participant. Others drew courage from the fact that their therapist was able to share their *lack of perfection* and their own vulnerabilities in general with them over time. One participant was particularly struck by the effect of an imperfect environment on her own acceptance of her own imperfections, making it easier for her to bring them to the relationship:

Sometimes you would see the plants, and they were wilting. And it was qu . . . it 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 of . . . slightly flawed. And I suppose that's how I felt . . . flawed. Myself. You

know I was on the . . . on my knees basically, and I was also feeling very sort of inadequate.

(Participant 5, line 104)

Category 3.1.2.3 Offering something over and above: Most participants felt that throughout the relationship their therapist was *offering them something more than they had expected from a professional relationship*, again described in terms of a *human* element, with the sense that it is *more than just a job*. Some describe the feeling that their therapist was *genuinely caring* about them, rather than simply caring as a professional requirement. A couple mentioned the sense that their therapist would go on caring for them outside the counselling room; they felt they wouldn't be forgotten when they walked out the door. One participant said of her counsellor: "I knew she really cared about me . . . yeah, she felt really, really caring, and really attentive. I just felt like you know if I'd got run over she'd have been deeply distressed and gone to the funeral. I really felt she cared" (participant 12, line 552).

Around half were also aware of their therapist's ongoing *commitment* to them, and some spoke of their therapist's *genuine effort to understand*; indeed the perceived effort made seemed almost as important as the accuracy of the understanding. There was also a sense expressed by most participants that their therapist was continually *inviting them in*, sometimes by *challenging* them, or by demonstrating their *trust for the participant*. This was seen having a cumulative effect leading up to the described moment of relational depth.

Category 3.1.2.4 Being present/open/understanding: Most participants experienced their therapist as remaining *present* and "*with me,*" with a high level of *sustained focusing* described: "She was there one hundred and ten per cent for me . . . I don't think she ever lost concentration" (participant 11, line 882). Most also described them as staying *close, engaged* and *connected* throughout the relationship.

Most additionally described their therapist as consistently *open*, with around half emphasising their open attitude to the participant which was demonstrated both psychologically and physically: “Yeah, she was very warm, and there was something about her open . . . you know her body language being very open” (participant, 3 line 197). However this openness was not in terms of information about the therapist, and some participants emphasised that their therapist made few personal disclosures. However most also said that their therapist openly shared not only their *felt sense in particular moments*, but also more generally *their own way of being*, as one participant put it: “Whereas she was giving me something of herself. Anybody can go and buy a book, or Xerox a poem. But not everybody can actually give of their soul, spirit . . . whatever. And yet whilst being ethical she was about as open as she possibly could have been” (participant 11, line 731).

Nearly all described their therapist as *generally understanding*, both of their feelings, and also taking the trouble to get to know about *their life generally*, as one participant said: “It embraces the whole individual. Care for the whole of my life, not just the person sitting there in front of her” (participant 5, line 996). The therapists’ understanding was also described as something that grew throughout the relationship: “As in our weeks together, she had been aware, slowly, of what was actually happening for me” (participant 6, line 854), and was demonstrated by interventions frequently being “*spot on*,” showing the therapists’ *ongoing attunement* to the client.

Some spoke of the importance of their therapist making an effort to *clarify their understanding*, and *reflecting* their understanding back to the participant, allowing the participant to remain aware that their therapist’s understanding was keeping pace with what was going on for the client, and making it safer for them to move forward in their own explorations.

Category 3.1.2.5 Accepting/acknowledging: Most also felt that the therapist was from the start *accepting* them on some level, *not judging* or *minimising feelings*, or *manipulating* them in any way, thus enabling the client’s trust of the therapist to

develop to a point where they could relate more deeply. Talking of how they gradually became able to say anything, one participant said: “It didn’t matter, because I knew she was going to accept it and work with me through it” (participant 11, line 760). A few participants also spoke of being aware of their therapist’s ongoing *acknowledgement* and *respect* throughout the relationship.

Sub-domain 3.1.3 Unhelpful but not inhibitive aspects of therapist

A few participants described aspects of their therapists which they felt were unhelpful, but which did not damage the relationship irrevocably or prohibit the subsequent emergence of a moment of relational depth. These aspects are shown in *Table 6.3*.

Category 3.1.3.1 Not making client feel comfortable: Some said they were *not initially made to feel comfortable*, and found their therapist *a bit formal*. Two male participants felt that their female therapist appeared to be inhibited by what was described as the “*man-woman thing*” (participant 8, line 556). One described his female therapist becoming uncomfortable when he brought his sexual feelings into the room, having previously been invited by his therapist to do so. However while this initially led him to feel confused, he also went on to describe the benefit of such a reaction: “In a way all of this kind of made her more human, in a way” (participant 14, line 245).

Category 3.1.3.2 Seemed inexperienced/too lovely/protective: Some described their therapist as *too lovely*, too passive or being *overprotective* towards the participant. Some felt their therapist was *inexperienced* or *would let their own stuff get in the way*, although again this sometimes led to a benefit with the participant feeling more powerful in the relationship, as one said: “Maybe it gave me a bit of an edge. I dunno. When you think of the power thing, um, you couldn’t help but have an edge with that (seeing the therapist’s problems) could you? Yeah, yeah. So it probably was empowering for me” (participant 2, line 743).

Table 6.3: Sub-domain 3.1.3 Clients' perceptions of the therapist in a relationship during which a moment of relational depth emerged: Unhelpful but not inhibitive

Category	Responses No. of participants
3.1.3.1 Not making client feel comfortable	4*
Not making client feel comfortable/formal	2
'Man woman thing'	2
3.1.3.2 Seemed inexperienced/too lovely/protective	6*
Therapist seemed inexperienced/too lovely/protective	3
Therapist bringing own stuff	4
3.1.3.3 Not able to understand fully	6*
Not hearing/understanding	4
Different from me	4

* No. of participants contributing to category

3.1.3.3 Not able to understand fully: A couple felt that their therapist was *not always hearing them*, or paying full attention, or in some cases *not fully understanding them*. Four felt this was inevitable due to how different the therapist was from themselves: As one participant put it: "Yeah, and I accepted that there'd be areas that she wouldn't get and that was OK. I thought she was making lots of effort and really was genuinely caring . . . And sometimes she would get things wrong and I felt totally able to challenge her about any thought" (participant 12, line 284).

SUB-DOMAIN 3.2 CLIENTS' PERCEPTIONS OF THERAPEUTIC RELATIONSHIPS IN WHICH NO MOMENTS OF RELATIONAL DEPTH WERE EXPERIENCED

Below are participants' descriptions of previous therapeutic relationships which they themselves felt lacked relational depth. This sub-domain is further divided into the two sub-domains of clients' experiences of the therapist, and clients' self experiences in these relationships.

Sub-domain 3.2.1 Clients' experience of therapist

Clients' experiences of the therapist in relationships in which no moments of relational depth emerged are shown in *Table 6.4*.

Category 3.2.1.1 Not connecting: In relationships where no moments of relational depth emerged, most participants described their therapists as *cold* and *distant*, seemingly *lacking in empathy* or warmth, with a couple going so far as to describe them as *harsh* or *fierce*. Some felt they were *not emotionally present*, relating them to doctors, or to a sort of stereotype of a therapist. Most also considered their previous therapist to be too *professional* or too boundaried, describing them as *clinical* or *overly professional*, relating to the participant's problems rather than to the participant as a person:

It was much more along clinical lines, because also you need to feel that there isn't something wrong with you . . . you need to feel that you are OK. . . .

Because I think that, yes I've got problems but sometimes, can I just be. All the problems, and say, oh, can I just be.

(Participant 8, lines 636; 669)

Table 6.4: Sub-domain 3.2.1 Clients' perceptions of the therapeutic relationships in which no moments of relational depth were experienced: Experience of therapist

Category	Responses No. of participants
3.2.1.1 Not connecting	
Cold/distant	10*
Cold/distant/harsh/fierce	9
Not empathic or emotionally present	6
Clinical/uncaring	8*
Too professional/clinical	7
Not caring/not personal or human	5
Not understanding/misunderstanding	8*
Not understanding me/ not tuned in/not hearing	7
Not clarifying/not trying to understand	4
Misunderstanding/making assumptions	5
3.2.1.2 Unsuitable counselling style/personality	
Counselling style not suit participant	9*
Approach not right for participant	7
Interpreting/pathologising	8
Too different from me:	4*
Personality not compatible	3
Culture/beliefs/life too different	3
Shallow/not inviting depth	8*
Surface level/ too passive/not challenging	8
Too person-centred/purist/misuse of person-centred approach	4
Saying the right words but without feeling/meaning it	4
3.2.1.3 Disrespectful control/Misuse of power	
Misusing power/manipulative	6*
Misuse of power	6
Accusing/judging	3
Negating/minimising	4
Disrespected/offended me	3*

3.2.1.4 Inadequate/unprofessional	12*
Inexperienced/lack of ability	9*
Scared/defensive/limited	8
Therapist's own stuff in the way	6
Rescuing	2
Unprofessional	7*
Strange/unprofessional action	7
Ended suddenly	3
Unprofessional environment	4

* *No. of participants contributing to category*

Some described their therapist as *uncaring, lacking a human, personal element* which sometimes led participants to doubt their sincerity. Around half 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, as one said: "I never felt as though that person really got a handle on who I was or why I was there" (participant 10, line 228).

Some felt that their therapist's *lack of efforts to clarify* their understanding led to significant *misunderstandings*, or to them *making inaccurate assumptions* about the participant:

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 . . .

did not even try to understand where I . . . what it was all for me. She had her own picture about me.

(Participant 6, line 115)

Category 3.2.1.2 Unsuitable counselling style/personality: Most also attributed a lack of connection to their therapist to the *style of counselling* which they felt *did not suit them as clients*, many feeling that their therapist was not person-centred: “I didn’t realise that she was psychodynamic. So she . . . I felt there was a lot of accusation, because she was analysing my parents. So I felt that she was accusing my parents all the time, that you are . . . you are *this* because of *them*”(participant 3, line 606).

The sense of being analysed, *pathologised* or *interpreted* was common to most participants: “There was something wrong with me, that she was trying to analyse it, or explain it in some way, you know” (participant 14, line 35).

A few simply felt that their therapist’s *personality, belief system or lifestyle was too different* from their own for there ever to be any real understanding between them: Most also spoke of their therapists’ interventions as *shallow or not inviting depth*, feeling that while their therapist was reflecting the client’s feelings, they were doing this on a *surface level, not challenging*, and with no perceived invitation to go deeper.

A couple went on to say that they experienced their therapist as being “*too person-centred*” in that they were seen as *too purist* or passive, as one said: “Am I actually getting anything from being here, er, maybe she’s too purist for me” (participant 1, line 80). In addition most 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” (participant 1, line 778).

Category 3.2.1.3 Disrespectful control/misuse of power: Around half of the participants reported experiencing an unhelpful power dynamic in the therapeutic relationship, feeling that the therapist was *misusing their power* or manipulating them in the situation. Examples included one participant having arrived for a session a few minutes early because she was running due to a sudden downpour of rain. When she arrived, she said of her therapist: “I could tell she was really cross with me” (participant 5 line 179). The therapist went on to try to analyse why the participant might have wanted to be early, whereas the participant said she simply was trying to get out of the rain.

Some felt *accused, or judged* or even scolded in some way, and some described their therapist’s interventions as patronising, *negating or minimising*. Describing her therapist’s response to her talking of a bereavement, one participant said:

And he said something that was not I felt, not only was it not really sensitive I felt it was minimising, and I felt he was taking away my grief he was trying to rescue me and he was almost saying what I felt to be patronising rescuing - that something might be alright. I thought I’d rather be on my own than talk to you. I’d rather be in a room on my own crying than with you minimising. And I’ve paid you for that, what a waste of money!

(participant 12, line 425)

A few felt said they felt that their therapist was *disrespecting* or *offending* them 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.

(Participant 11, line 42)

Category 3.2.1.4 Inadequate/unprofessional: Most also talked of sensing an *inexperience* or *lack of ability* to stay with them in their difficult feelings. Some experienced their therapist as *scared*, *defensive* or *limited* in themselves, with the result that they seemed unable to deal with the participant's issues. Others felt that the therapist's *own stuff was getting in the way*. For some this seemed to be done consciously with the therapist intentionally bringing their own stuff because they seemed to be identifying with the participant's issues. One participant said: "I felt we had a lot of similarities, and I felt a lot of the difficulties, with her keeping her issues out of the room . . . almost that- she didn't clear herself of herself" (participant 11, line 87).

Some felt that their therapist was unaware of their own issues, as one put it: "And then, er, once he got really angry with me, and I felt it was his own anger" (participant 12, line 109). A couple reported that their therapist was attempting to *rescue them* rather than allow them explore the depth of their emotion.

For around half of the participants, the realisation that this was the wrong person for them culminated in the therapist taking what was described as a particularly unhelpful, *strange 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" (participant 2, line 781).

This participant also attributed the therapist's handling of the situation to her person-centred approach: "I just got up and walked out, because I didn't know what to do. And that was being so person-centred, 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" (participant 2, line 90).

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

For some participants the *environment itself was seen as unprofessional* and inhibitive of therapeutic work. In one case the therapist locked the door behind them when they went in, and the participant felt uncomfortable being locked in. The other main issue described was the lack of separation from the therapist's own life; participants could see dirty dishes in sink, pictures of relatives on the wall or there were open doors to other rooms including in one case the therapist's bedroom.

Sub-domain 3.2.2 Clients' experience of self

Clients' experiences of self in relationships in which no moments of relational depth emerged are shown in *Table 6.5*.

Category 3.2.2.1 Victimised/unsafe: In relationships where participants said there was no experience of relational depth, around half said they felt *judged, objectified, or pathologised*, 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.

(Participant 14, line 38)

Most also reported feeling *powerless, threatened or unsafe* with their therapist, with a sense of *not being sufficiently held or supported* described. The effect of this is was that most felt unable to address any of the issues between them with their therapist.

Table 6.5 Sub-domain 3.2.2 Clients' experience of therapeutic relationships in which no moments of relational depth were experienced: Experience of self

Category	Responses No. of participants
3.2.2.1 Victimised/unsafe	
Judged/objectified	7*
Unsafe/threatened/powerless	10*
Not sufficiently safe/held	8
Not trusting therapist.	6
Patronised/mockered	6*
Mocked/disrespected/offended	2
Felt patronised/powerless	4
3.2.2.2 Misunderstood/invalidated	
Not heard or understood/invalidated	5*
Invalidated/not acknowledged	4
Misunderstood	2
3.2.2.3 Distant/closed	
Distant/not connected	8*
Distant/not connected/detached	8
Like/worse than being on own	3
Closed/unable to go further	9*
Closed/holding back/unable to share feelings	8
Not able to go further	3
3.2.2.4 Feelings of difficulty	
Confused/shocked	9*
Confused/not understanding	6
Shocked /unnerved	7
Hurt/angry	
Devastated/hurt/rejected	6
Angry/resentful	5
<i>* No. of participants contributing to category</i>	

Around half also felt *unable to trust their therapist* or the counselling process itself. For some this was because of things their therapist said or did, for others it may just have been something as simple as the sound of their voice. One participant said: “Her voice was not gentle, she was harsh, as if, she wasn’t trained yet. And I don’t think I trusted her. It was too harsh” (participant 6 line 503).

Some felt *patronised* or made to feel that they were doing something wrong. One participant said: “And I felt kind of scolded, and, you know, naughty . . . and I said but you did ask me to bring this stuff in, this was what was going on. And again, I remember leaving feeling that I’d done something wrong or whatever” (Participant 14, line 241).

Some felt *disrespected* and *offended* or even *mocked*, while others simply felt *powerless* in the situation, including the practical aspects such as allocation of therapist and duration of the therapy.

Category 3.2.2.2 Misunderstood/invalidated: Some described feeling *unheard, not understood* or *invalidated* as their therapists made interventions that showed a complete lack of understanding. For others a sense of *invalidation* came through their therapist’s lack of any response, so they had no sense of whether they understood or not, as one expressed it: “Because it felt . . . it often felt invalidating . . . not that necessarily it was wrong, but do you listen to me? Is what I’m saying valid? Or not?” (participant 8, line 635). A couple simply felt wholly *misunderstood*.

Category 3.2.2.3 Distant/closed: Most participants described feeling *distant* or *disconnected* from their therapist, with a *lack of intimacy or closeness* experienced, increasing their feeling of helplessness: “Me talking about my problems - blah blah blah blah - as if my person was somewhere else and the two of us were kind of kept in two different places. . . . And it felt detached, sort of kept, you know, you there and me here” (Participant 8, line 27; 56).

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 fifty minute monologue, and it felt detached, sort of kept, you know, you there and me here” (Participant 8, line 42).

Further consequences of the above experiences included participants becoming *closed, distant and detached*. They found themselves *holding back* and most felt that they were *unable to go further or share their feelings*, either in general or about the counselling 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” (participant 9, line 149). Talking about discovering that her therapist had made an incorrect 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.

(Participant 3, line 235)

Several participants left the relationship without ever telling the therapist why they did, as one said: “I felt so distrustful of him . . . I just thought I'm not going to go back and pay you another forty quid to tell you that” (participant 12, line 1089).

Category 3.2.2.4 Feelings of difficulty: Most participants were left with difficult feelings, with some simply left *confused*, or *not understanding* what was going on: “I remember feeling like, look, that's not why I'm here. So I didn't understand what the relevance was or what the kind of theoretical basis of it was, and I kept thinking,

well, I don't understand what you're trying to do" (Participant 14 line 143). One participant said simply: "I didn't really understand most of it . . . I felt too upset to understand most of it" (participant 2, line 44).

Around half described feeling *shocked* or *unnerved* by the experience. One participant said that his therapist reacted inexplicably when he phoned her on her home phone number to let her know at the last minute that he couldn't come for the session. Describing his reactions to her response he said:

And for me I didn't, um, I didn't think there was anything wrong, I thought well I'm being practical, I'm being considerate, and I thought that she's really weirded out, you know so it was a little bit unnerving really, you know . . . I thought, she's really nervous, does she think I'm like a psychopath?

(Participant 14, line 211)

Around half said they were left feeling *hurt* or *angry*. Some participants said that initially they felt *hurt*, *devastated* or *rejected*, with their therapist's actions or behaviour serving only to compound the insecurities they came with. One participant whose therapist suddenly and inexplicably ended with her said: "So I remember I was absolutely devastated, because the week before, I had disclosed stuff I'd never disclosed to anyone. It was like a rejection at the point where I . . . that was the point I really needed her then" (Participant 2, line 36).

A few they also went on to feel *angry* or *resentful*. For some their confusion during the session meant that the anger didn't arise until some time afterwards when they had had a chance to process what had gone on. It was therefore never addressed with the therapist but the effects for the participants were lasting, as one said: "But afterwards, I thought, how dare she actually! That wasn't nice. And I thought Oooh! So I thought Oooh! OK. So it left a little bit of a sour taste in my mouth" (participant 13, line 399).

DISCUSSION

Perception of relationships in which a moment of relational depth emerged

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, Ratto, Clutz, and Karasu (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. These findings have also been reinforced by Perren, Godfrey, and Rowland's (2009) study into the long-term effects of counselling which found that friendliness and respect were among the therapist's qualities which facilitated the client's engagement in the therapeutic process.

Corresponding with McMillan and McLeod's (2006) study, the therapists were also frequently described as real, both in the sense of being honest and genuine, and also in bringing their real selves or personhood to the relationship as opposed to simply playing the role of therapist. In both studies therapists of facilitative relationships were also seen as open, not just to the client but in the sharing of themselves. Moreover in the present study it seemed important to clients that the therapists were able to bring their own lack of perfection to the relationship. Blatt, Quinlan, Pilkonis, and Shea (1995) found that clients with a high level of perfectionism showed less improvement in therapy. It is possible that seeing that their therapist is comfortable with their own lack of perfection may help clients to accept their own lack of perfection, thereby increasing their potential for change.

In the present study there was also mutuality in the relationship described, often in terms of an absence of any power differential, an aspect 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 does correspond to McMillan and McLeod’s finding that in relationships described as inadequate, some therapists were felt to be over controlling. In Cooper’s (2005) study into therapists’ experiences of relational depth, therapists too reported a sense of mutuality. It is possible that the differences between the findings of Cooper’s (2005) and the present study, and those of McMillan and McLeod (2006) can be to some extent understood by viewing an experience of relational depth as a “flow of experiencing” rather than a single moment, as described in chapter 4. In this sense, the moment where the client acknowledges the therapist’s acknowledgment, understanding and acceptance of them might be seen as an inter-subjective experience at a level of relational depth. As these moments would appear to be relatively rare, the focus of the participants in McMillan and McLeod’s study was on the ongoing depth of the relationship. It is also possible that, as indicated by the findings of the first analysis of the present study (see chapter 4), there are two identifiable “types” of a specific experience of relational depth. Firstly, there is the “side by side” moment, where the therapist stands along side the client as the client engages in a deep self- exploration, the type perhaps being described by the descriptions of McMillan and McLeod’s participants. Here the therapist is in the background, sometimes described in the present study as standing “behind” or “along side,” but, in the words of one participant: “Ready to nip round in front of me if I fall” (participant 11, line 392). Secondly, there is a “face to face” encounter, where client and therapist meet each other in a mutual acknowledgement, perhaps of the type described by Mearns and Cooper (2005), Ehrenberg (1992) and Guntrip (1969).

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. This was also a finding of Perren et al.’s (2009) study, in which participants identified the caring, thoughtful and adapting stance of their therapists as contributing to more successful outcomes. The humanness of the therapist was also highlighted, with the client feeling that their therapist was offering something *over and above*; 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. (1992), the therapist's involvement and availability were also mentioned as helpful factors by clients, though again not by therapists. It may be that the importance of this element is more deeply valued by clients than therapists appreciate, or that therapists are even aware that it is something they are providing.

It also seemed important to the participants that their therapist's efforts to understand extended to their life in general, as one participant put it: "not just the person sitting in there in front of her" (participant 5, line 996). 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.

Perceptions of relationships in which no moments of relational depth emerged

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 findings to some extent correspond to Perren et al.'s (2009) study which found that poorer outcomes were related to therapists described as rigid or manual/theory based, and that the communicative style of the therapist was seen by client participants as more important than the counselling approach.

In the present study these perceptions of therapists 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, with several leaving the relationship without ever having felt able to bring any

of these issues up with the therapist. To some extent this finding corresponds to the large amount of unshared experiencing which has been seen to occur in some therapeutic relationships (Knox, 2005; Mearns & Cooper, 2005), even where they are felt to be facilitative. Rennie's (2001) research into clients' recollections of their therapy experiences also highlighted how in an uneasy relationship with the therapist clients used self-reflection to manage both the relationship and impact on themselves; the findings also highlighted how much of this self-reflection was unshared with the therapist. Perhaps this is one aspect that, more than any other, is an indicator of whether moments of relational depth are more or less likely to emerge.

While some of the descriptions of unhelpful actions taken by therapists might simply be seen as poor counselling 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 it was not an aim of this analysis to differentiate between experiences which appear to represent bad counselling 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-centred 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 that 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 counselling 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).

General discussion

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 harbour 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-centred 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-centred counselling 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 those of McMillan and McLeod, raising interesting questions which would

warrant further research with participants whose only experience of counselling is as clients.

SUMMARY

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 emphasising 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 endeavour 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. These findings suggest that in order to facilitate the emergence of a moment of relational depth, therapists do not have to be perfect - in fact it might be preferable if they are not. More important to the client is their humanness, with all the frailties and uncertainties that being human involves.

Chapter Seven
Findings: Therapist-client study domain 4
Clients' perceptions of their own role in meeting
at relational depth

STRUCTURE OF SUB-DOMAINS

During the interview process a pattern of client processing on the part of the client began to emerge. This processing took place over a period of time, often beginning following previous experiences of therapy. It also appeared to be a significant factor in the emergence of a specific moment of relational depth. The data relating to these processes were analysed separately under this domain, and was further broken down into the following sub-domains reflecting the focus of participants' descriptions:

Sub-domain 4.1 The client's historical process:

4.1.1 Processing during previous experiences of therapy

4.1.2 Ongoing processing following previous experiences of therapy

Sub-domain 4.2 The client's in-session experiencing prior to a moment of relational depth

SUB-DOMAIN 4.1 THE CLIENT'S HISTORICAL PROCESS

Most participants related their own process toward a moment of meeting at relational depth back to their previous experiences of therapy where they felt there had been no relational depth, as described in the previous chapter. The initial phase was one of processing during those relationships (sub-domain 4.1.1), followed by their ongoing

processing after the ending of those relationships (sub-domain 4.1.2). Categories relating to these sub-domains are shown in *Table 7.1*.

Sub-domain 4.1.1 Clients' processing during previous experiences of therapy

Category 4.1.1 Coping with unhelpful relationships: Most spoke of their attempts to regain some agency within those relationships, *trying to make it work*, sometimes by making their own assessments in relation to the therapist's strengths and weaknesses, and deciding what work they could do with them, and what would not be possible. On feeling that her therapist was providing conditional acceptance, one participant said:

Yeah I carried on seeing him I thought I'd give it a chance, and I'd never had therapy before and I was really low and I didn't have a lot of money and I couldn't afford to pay a lot, and it was hard to find a therapist that did reduced rates. So I think I maybe . . . at the time I wasn't really sure what to make of it all, and I thought I'd give it a chance. I thought the person-centred approach you accept all the parts of me and if I want to bring positive parts then I'm actually fine one week and I want to bring one strong part of me here and help to grow that and you're judging me as well, I'll go and do that on my own.

(Participant 12, line 127)

Others spoke of giving it more time to see if things could change following an unhelpful experience:

And . . . I came out quite angry, and quite upset with it. You know, I never wanted to go back, but I gave it, as far as I was concerned, a reasonable amount of time to gather . . . um to figure out what was going on, and . . . and whether or not it would work.

(Participant 10, line 208)

Table 7.1: The Client's historical process: Clients' perceptions of their own role in meeting at relational depth

Category	Responses (No. of participants)
<i>Sub-domain 4.1.1 Clients' processing during previous experience of therapy</i>	
4.1.1.1 Coping with unhelpful relationships	10*
Trying to make it work	9
Rationalised it/took responsibility	6
4.1.1.2 Ended relationship	5*
Took decision to end relationship	5
<i>Sub-domain 4.1.2 Clients' ongoing processing following previous experience of therapy</i>	
4.1.2.1 Learning from the experience	11*
Working through feelings of difficulty	7
Realised what I didn't want: coldness/blankness/distance	7
Realised what I wanted: closeness/openness/depth of understanding	8
Gained some understanding of counselling process/approaches	6
4.1.2.2 Made more considered choice of therapist	9*
Some matching with self	8
Felt more comfortable with (gender/setting)	5
Chose by approach/reputation	5
Therapist seemed more genuine	3
<i>*No. of participants contributing to category</i>	

Around half the participants also spent some time *rationalising* the events that took place within the relationship. Participant 14, who had reported his confusion at his

therapist's surprise when he rang her home telephone number, described the process he went through:

I thought well, she's just obviously really highly strung, you know, and I thought well, this was me at the time, I thought she's really nervous, does she think I'm like a psychopath? That she was trying to sort of keep this professional distance, and that nothing crossed over, and it made me feel slightly nervous about myself, because I thought is she seeing something that makes her not, that makes me untrustworthy or something, is she seeing something in our relationship? And I just thought, I had to sort of self-talk a lot and say no look she's obviously just really nervous about this and she doesn't want people to have her home number because she's got family and this is a big city after all, you know.

(Participant 14, line 217)

Some began to *take responsibility* for the relationship and for events within the relationship themselves. The participant whose therapist had suddenly said they had to end described initially being at loss to know what to do or say, but then feeling that she had to be the one clarify what should happen next:

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.

(Participant 2, line 783)

Category 4.1.1.2 Ended relationship: Eventually coming to the belief that the relationship was unhelpful, some participants took control and *decided to end*, usually without any discussion with the therapist, as one participant said:

And I was deeply sobbing . . . [he] interrupted my grief. And I just felt jarred, and that was the last time I saw him. I didn't even end. I didn't feel I needed

to . . . I wasn't going to go and pay him a lot of money to end and say I didn't like the relationship, I'd just find someone else.

(Participant 12, line 440)

Sub-domain 4.1.2 Clients' ongoing processing following previous experience of therapy

Category 4.1.2.1 Learning from the experience: Following previous unhelpful relationships most participants described a period of *working through feelings of difficulty*. One participant spoke of the process she went through when her therapist suddenly and unexpectedly ended the relationship, initially throwing the participant into confusion and despair: "I remember walking out of the room and just wanting to cry, and I remember I went home and just cried and cried and cried. So that relationship ended . . . I just like, counselling's rubbish, you know, if people can do that" (participant 2, line 42).

The above participant went on to talk of taking back some control, and looking at ways of taking forward the learning from the experience and making use of them:

Over the days that followed that, I started to pull myself together. I learnt from that to be responsible for my own feelings . . . and, um, I learnt some self-responsibility as well. What I did learn from it, in the couple of weeks after that, was what not to do . . . I would make sure everything was very clear, the boundaries are very clear, from the start. So I did learn an awful lot from that.

(Participant 2, line 51)

As shown by the above example, such experiences led participants to *realise what they did and did not want from therapy*, initiating a reflection on their own relational styles, and their specific needs in relation to their own lives. Around half *cited coldness, blankness and distance* as the three characteristics which they disliked the most. Reflecting on their own reaction to a previous experience of therapy which was described as unhelpful, one participant said:

You might as well talk to a white sheet of paper, but then, you're not, you're talking to a person, but that person isn't offering you anything back. But I think that's because my preference is not to work like that. My preference is not to be seen by somebody like that. So, for other people, I believe that could be OK.

(Participant 5, line 353)

Some, having had one experience of a relationship which they felt did not suit them, began to focus on what they needed from the relationship itself, with the emphasis for most being on *closeness, intimacy, openness* and deeper *understanding*:

Because I had experienced a different approach which I didn't like, because it made me feel there's more to me than just my problems, would like to bring myself here as well as just my problems . . . I think also was the need for the intimacy . . . intimate contact with somebody else, um, which I think for me is particularly strong.

(Participant 8, line 18; 33)

Some also talked of the positive effects of *gaining some understanding of the counselling process* and of the *different counselling approaches*. Some said that initially they experienced confusion about the therapeutic process and did not understand that intimacy could be an acceptable part of it:

So, when I was talking about things she would keep saying "well that is like this and that, and that is like this and that," you know she kept kind of linking things up, and revisiting it and revisiting it. So I think she was probably psychoanalytic, and she was very much the kind of blank screen . . . didn't really talk a whole lot . . . I talked . . . which at the time I didn't . . . I had no experience of counselling or understand counselling theory or whatever, and I didn't know what she was trying to do. Yeah, I didn't . . . I didn't think of that [relational depth] as being something that is part of counselling, if you know what I mean, I thought that there was, um, you know the idea . . . the

ideas, the professional ideas of being, you know an analytical kind of therapist or a person-centred person . . . therapist . . . as somebody that can enter your frame of reference but doesn't actually . . . come in it . . . you know, or sharing it or something, you know, they can enter your frame of reference but they don't necessarily share in it.

(Participant 14, line 184)

Category 4.1.2.3 Made more considered choice of therapist: This new understanding helped them both in terms of understanding their own role in the therapeutic process and in informing their next choice of therapist. Indeed, to find what they now knew they wanted, nine described taking more control by going on to *make a more considered choice of therapist*. A couple took some control by, as one participant put it, taking “some out for a dry run” (participant 14, line 586). One said: “I went to about five or six, and didn't get on with any of them. And that was because I'd just picked them out of a directory” (participant 4, line 296). Around half chose a therapist whom they felt displayed some *matching with self*, for example, in terms of personality, culture, age, or political beliefs. Following an unhelpful experience, one participant described the additional care she took in finding another therapist:

And I shopped around, and again, this was about I needed to find someone who . . . I didn't want to go to a complete stranger this time, and I actually felt that this was a bit of, like . . . I wanted someone I knew a bit about but I didn't have direct contact with. . . . And I thought a similar type of person and there were certain things about her lifestyle and her identity and other things that I felt, even though there were differences as well. It felt the all important things were in place . . . this is one that I vetted out.

(Participant 12, line 666)

For some it could be a single factor that made the difference, for example the sound of the therapist's voice. A few looked for a therapist *with whom they simply felt more comfortable*, for example, a woman, someone they were paying as opposed to a

volunteer, as one said: “I owned it, because I paid for it” (participant 1, line 535). For others it was the chosen working environment that suited the participant, for example a Church counselling service. Around half selected by *approach* or *reputation* or by recommendation from a trusted friend or colleague. One highlighted the reassuring combination of a recommendation reinforced by the immediate feeling that this therapist was right for him: “The first time I met him, I just thought, yes, this feels right. . . . His way of relating was similar to the way I relate” (participant 4, line 334). A couple looked for therapists whom they felt were *genuine* in terms of being honest and trustworthy.

SUB-DOMAIN 4.2 THE CLIENT’S IN-SESSION EXPERIENCING PRIOR TO A MOMENT OF RELATIONAL DEPTH

Categories of clients’ descriptions of their own processing in the moments leading up to an experience of a moment of relational depth are shown in *Table 7.2*.

Category 4.2.1 Perceived change in therapist: In the moments immediately prior to an experience of relational depth, some participants perceived a change in their therapist, feeling that they were in some way being *different* from how they had been previously. This was expressed in a variety of ways, for example, *more honest*, showing more emotion, reacting differently, or as experiencing the participant differently:

How I experienced her way of being totally changed, because before that I was thinking am I actually getting anything from being here, um, maybe she’s too purist for me . . . that I was aware that she was hearing me, maybe before I just twittered on, and didn’t feel like she was hearing me . . . I really, by her presence, I guess, and maybe she just experienced me differently that day. It was almost indiscernible that changed . . . but it felt very tangible, so something on a very subtle level . . . ethereal almost.

(Participant 1, line 79)

Table 7.2: Sub-domain 4.2 The client's historical process: Client's in-session experiencing prior to a moment of relational depth

Category	Responses (No. of participants)
4.2.1 Perceived change in therapist	12*
Therapist different with me: more honest/open to me	
Therapist inviting me in	7
Therapist challenged me	6
4.2.2 Change in own experiencing of therapist	11*
Felt safer with therapist/trusted therapist	5
Aware of therapist's understanding/acceptance	10
Felt really cared for	6
Realised that therapist isn't perfect	3
4.2.3 Perceived change in relationship	6*
Built up to point where could take to a deeper level	3
Both sharing feelings/co-reflexivity	4
4.2.4 Own readiness	
Own desire/readiness	11*
Own need/preparedness/willingness	10
Had developed own ability to relate at depth	5
Heightened emotions in the moment	9*
In distress/fear/confusion/ vulnerable	5
Aware of/ in touch with difficult/deeper emotions	6
Own decision/action	10*
Took a risk	10
Own choice/decision (to open up/go deeper/let therapist in)	7
Let it happen/no turning back	3
Precipitating event	6*
Occurrence of external traumatic event	4
Impending ending of relationship	3
4.2.5 Spontaneous	2*
Occurred spontaneously following own decision	2

* No. of participants contributing to category

Most felt that their therapist was *more open* to them in terms of sharing their own feelings with the participant or more clearly conveying their empathy, acceptance, and a deeper level of care. Around half felt that their own ability or willingness to relate at a deeper level was awakened by the *therapist's invitation*, manifested by their therapist being more focused or serious in their desire to understand and connect, with some becoming aware that they were being given the opportunity to relate more deeply in quite a subtle, gentle way:

But I didn't feel that she was trying to make her presence felt, she didn't need to make her presence felt. She could allow . . . I felt that I was allowed to be open and embrace her if I wanted to, without her trying to invade me. . . . Almost like . . . come on, we're here to work, get on with it. But I don't mind that, I accept that as being part of that security that she give me, that safe feeling that she doesn't want to run off and play with me, that we're here to do this. And then it's good, it's right to do it, and it feels comfortable to do it. . . . She knows where I'm coming from. She knows what I'm doing. Perhaps she's the one who take my hand and says, come on, in a very subtle way. And waits until I feel ready to do so.

(Participant 6, line 181; 545; 878)

For some the invitation was evidenced by the fact that the therapist had slowed the pace or was making it possible for the participant to go slower, and around half felt that their therapist was *challenging* them to relate at depth, with important element highlighted being the level of understanding with which the challenge was made.

Category 4.2.2 Change in experiencing of therapist: Most participants also felt that their own experiencing of their therapist changed, irrespective of whether their therapist was actually being different. Around half described *feeling safer* within the relationship, having gradually built up *trust*.

Most described becoming *aware of their therapist's understanding and acceptance*, as one said: "That I was aware that she was hearing me, maybe before I just twittered on, and didn't feel like that she was hearing me" (participant 1, line 131). Around

half emphasised the *genuine care* they felt from their therapist: “I’ve felt the warmth, um, the engagement, um, with him, that, er, I want to have, I expect to have, in a relationship where I’m going to have . . . to do deep work” (participant 4, line 43).

A few felt more able to relate at depth following the *realisation that their therapist was wasn’t perfect*, and, now seeing them as human and able to make mistakes, found it easier to engage with them on a more personal level:

So when stuff like that happened was that, um, you know, seeing her being moved, and thinking, well, she was a person, you know, she’s a person like me. And what’s touching . . . what’s moving to me is moving to her, and so I could suddenly . . . that . . . that kind of professional distance was collapsed, if you know what I mean.

(Participant 14, line 45)

This realisation seemed to be connected to the development of a more general acceptance of others and of the world, allowing the possibility of a deeper connection: “I’ve become more accepting, of him. Yeah, yeah I have, because he’s . . . because I’ve changed I’ve become more accepting of him, because things aren’t the way I thought they were, um, the world isn’t the way I thought it was” (participant 4, line 79)

Category 4.2.3 Perceived change in the relationship: Around half felt a change in the relationship itself, some feeling that it had *built up to a point where closer engagement felt possible*, as in the following example: “If she’s really in tune with me, then she’ll know me, and therefore she’ll be able to challenge me in the right way to make me work. And we can unfold whatever might be there. And I think that’s happening, just happening, after a year” (participant 13, line 615).

This was not just about the therapist learning about the client, but also about the client getting to know the therapist, and an emphasis being put on *co-reflexivity* with a dual understanding, *sharing of feelings* and mutual acknowledgement: “Yeah, so

we'd got to that point where we could relate. He could . . . I felt he had some understanding of where I was coming from. And I certainly had an understanding of where he was coming from. I had to know who he was, it had to be two way for me" (participant 2, line 677).

Category 4.2.4 The client's readiness: Most participants felt that a contributing factor to the occurrence of a moment of relational depth was their own *readiness*; it was their *need* and their *preparedness* at that time. Most felt that it was not something that could be rushed, or that could happen before the client's fears had been adequately addressed.

Some spoke of their *willingness* to meet at relational depth in terms of where they were on their own journey of self-development. Another participant attributed the efforts of each in facilitating the emergence of a moment of relational depth as follows: "I think it's, 60% was me, my need, my desire, my . . . and 40% was the environment my counsellor had contributed to, the environment, the trust that we had, the acceptance" (participant 6, line 476).

Some highlighted the fact that they had developed their *own ability to relate at depth*. One participant described the sense that her previous experiences of therapy, which she had found difficult, were all part of the journey bringing her to a point of being able to engage with the therapist with whom she experienced relational depth: "But maybe it's difficult because now, I'm so much on, that is it now that I'm expecting that [relational depth], but really at that time it was fine? I don't think I could have done this level of thinking then" (participant 3, line 303).

Most participants also described feeling ready to be vulnerable and willing and able to open up, not only to their innermost feelings but also to the therapist. One participant reflected on the level of openness in what she initially described as an inadequate relationship:

I certainly couldn't have felt that being as open with the first counsellor. I wouldn't have dreamt of going to that level with her. Perhaps I didn't have a need to at that time. I don't think, regardless of who I had seen I don't think I would have been aware of what was going on very deep while I was aware of the pain of that loss, although it was deep.

(Participant 6, line 466)

This new level of openness on the part of the client was also seen by some participants as initiating a change in the therapist, leading to a mutually deeper level of communicating:

I think it was actually, um, the way . . . maybe because I was more open, too. Perhaps I'd become at the point of being more open. And going back to saying when I was saying what I needed from her, and being honest, I think that opened a way for her, because she was different with me, definitely different with me.

(Participant 9, line 401)

In the moments immediately prior to the described experience of relational depth, most participants described experiencing a *heightened level of emotions*, including *fear, distress, confusion*, or feeling highly *vulnerable*:

One day I was in a terrible, terrible state. . . . I was deeply upset and I felt that she was just so compassionate and warm with me, but something had happened at work that day that really, really upset me, and I actually remember getting so upset and we were actually naming things that were going on for me that I actually felt ashamed to talk about, I felt stupid, but I actually felt safe enough with her to be able to do that.

(Participant 12, line 693)

Around half were *connecting to painful or difficult feelings* which had long been hidden; one participant who had been sexually abused in childhood described an

experience of relational depth being initiated by a sudden realisation: “And the particular instance I was thinking of was that I woke up one morning, and the first thought in my mind was: ‘I’ve been robbed of my first kiss’. And I said this to my counsellor, I said this to my counsellor” (participant 7, line 103).

For some these deeper emotions arose in the session in response to the therapist’s way of being:

So I responded. When I think about it now, I slowed down. When I think about it now there was something definitely happened then. It wasn’t just the words. It wasn’t just the way she looked at me. There was something that she . . . really understood how I felt, and the depth . . . that left me with. . . . That I was able to kind of say, and this is how I feel, and I was able to kind of say how I felt.

(Participant 1, line 140; 219)

Most participants also attributed their experience of relational depth to their own *decision* or action as opposed to that of the therapist. Most participants seemed in no doubt that the *choice* to relate at depth was their own, whether the decision was made prior to the session, or in the moment, as one put it:

On each occasion it’s been my choice. . . . The second time, I think I had a choice in that, I think I probably decided before hand that on that particular issue I was comfortable to go to a depth if circumstances took me there. . . . But this last time, when I saw her, I had decided that, I wanted to . . . to go to that level, I needed to go to that level in order to get to grips . . . and I felt I wanted to do that.

(Participant 6, line 382)

Some felt that they had *taken a risk* themselves, and spoke of the courage it took to take such a risk, and the fear, as one put it: “This abyss that I’m so scared of falling into” (participant 4, line 438), that they had to overcome. The conflicting emotions that arose for participants were frequently highlighted:

Oh my God. Um, there's a part of me that didn't like it and there's a part of me that, you know, I do feel OK, um, because of the environment, because of how she set it up, she explained what she was going to do, but I didn't realise how I would react. It was a challenge for me in that I didn't know how I was going to say to her, because I didn't want to offend her.

(Participant 13, line 130)

Most described *making a decision* to either go deeper, to open up, to relate more closely, or to let the therapist in, as one participant put it:

I didn't let anybody into that inner sanctum . . . nobody went in there. But . . . the meeting, the encounter, was more and more in depth, more and more in depth, and I found myself where it was either, open the door, and let it . . . show it . . . or close the door completely, again. . . . When I felt ready and decided it's my . . . I've got to look at this. . . . But I do think a lot of it's the client . . . lancing the boil.

(Participant 6, line 415; 855; 1121)

For some the decision was a natural progression, as one participant said: "I'd got to a point where I wanted to know more. I wanted to grow, I wanted to take a risk, I suppose" (participant 9, line 532). For others it was a more difficult decision fraught with anticipated danger, as one said: "And also that I thought about . . . if I became angry, how would she see me . . . that's another part of me that she hasn't witnessed. So I was reluctant at first" (participant 13, p. line 84).

In making their decision, A couple spoke of the sensation of just *letting it happen*, describing it as a flow with its own momentum allowing previously hidden emotions to come out:

I got to a point where I was speaking where I thought, yeah, I'm going to do it, I can't go back, and I spoke very openly. But once I'd decided that I was going to speak and touch on things that were so deep and intimate, it was . . .

it just happened, it wasn't something I was controlling. And it was as if . . . as if it was flowing . . . as there was a flow . . . almost like a stream, a river, that, I'd opened . . . I'd opened a gate that allowed the emotions to actually come out rather than me feel them inside. Allowed them to be expressed.

(Participant 6, line 50)

Some described the feeling that, having taken the first step, there was *no turning back*.

For some participants, a contributing to the described experience of relational depth was felt to be a *precipitating traumatic event* in their lives, which acted as a catalyst for taking the relationship to a deeper level. For example, one participant was distressed by seeing a significant person in her life outside the counselling room:

So I felt like, I'd seen him, and I went into the session kind of spinning, a bit. And 'I didn't even know he was here . . . and what does that mean for me . . . and who is he going to tell he saw me here . . .' and I'd gone in, I felt quite angry, agitated, vulnerable. I just kind of felt a bit all over the place and from that day that was it, it just made a . . . in my head it shouldn't have, it should have made me want to run out the door and say you know what, forget it. I was going to say that's it, you know. Because I was I was all like . . . argh. So although I hated having to see him, Rosanne, that fact that he was there, was kind of a catalyst.

(Participant 1, line 306)

Sometimes it was something that had happened during the week that created an emotional turmoil, for example one participant spoke of learning that her best friend was terminally ill, and another spoke of difficulties that had arisen due to changing her job.

For a few, it was the *impending ending of the relationship* which led to the experience of relational depth, with both client and therapist finding the ability to reach a new level of authenticity. For example, it was only on learning that the

relationship would have to end that one participant was able to connect with her own fears around endings, which in turn facilitated a level of openness that had not previously been possible. For a couple, the environment itself played a role, with the atmosphere of the room itself playing a part.

Category 4.2.5 Spontaneous: A couple spoke of the *spontaneous* nature of the experience, but *only after the decision had been made*, as one said: “But once I’d decided that I was going to speak and touch on things that were so deep and intimate, it was . . . it just happened, it wasn’t something I was controlling, it was spontaneous” (participant 6, line 206).

DISCUSSION

Participants’ descriptions of being aware of their own desire or readiness to make a decision to open up to the therapist corresponds to McMillan and McLeod’s (2006) study, which found that clients experienced a willingness to *let go* following a decision to enter into a relationally deep relationship. It also corresponds to Perren et al.’s (2009) study into the long term effects of counselling which found that participants described a readiness to engage in the therapeutic process. In both the present study and McMillan and McLeod’s (2006) study, participants described a sense of flow like a stream or a river, or opening a gate, with the sense of passing the point of no return. Although the participants of McMillan and McLeod’s study were referring to the relationship in general, while participants of this study were talking about specific moments of relational depth, the similarities of these descriptions are striking. Indeed, most participants of this study felt that the decision was their own and that they were the proactive agent in relating more deeply. This strongly supports Bohart and Tallman’s (1999) view of the client as an agentic, active self-healer. This also lends weight to the additional finding of the study by Perren et al. that “the decisions and changes resulting from the counselling had not come from the counsellor but from the person themselves” (2009, p. 245). In addition it also corresponds to Rennie’s (2001) research into clients’ recollections of their therapy

experiences that found evidence of the client's self-awareness and agency, with clients being aware of and taking into account their own wants and needs, and also felt themselves to be in control of much of what was going on in the counselling room.

Clients who were experiencing a heightened level of emotion at what might be described as the apex of the moment of relational depth seemed not only to be aware of their own vulnerability but also willing to be vulnerable, and feeling ready to do so. In this sense, it could be argued that they felt less vulnerable, as any perceived potential threat was reduced or eliminated by their increased awareness of the therapist's provision of the core conditions to a high degree. At this point, participants described making a decision to open up to their therapist, connect with their own feelings, and allow their emotions to come out. This would perhaps also lend some understanding to Wiggins's (2008) factor analysis of data from 343 relational depth questionnaires with items created using raw data from the first of these studies, and a series of training workshops, in which the factor entitled *vulnerability*, although present, appeared surprisingly weak. This finding might also correspond to the proposition of Bohart and Tallman (1999) that change is more likely to occur if a client is process focused rather than outcome focused. Indeed, on talking about their experiences, participants appeared to have strong, vivid memories of their own processing at the time and of their own role as a proactive agent in the deeper exploration of self that the experience facilitated. The specific issue that they were addressing at times seemed less significant than the process of coming to a point where they were able to address it.

It has sometimes been suggested that such moments of intense meeting happen spontaneously, as was a finding of Cooper's (2005) study into therapist's experiences of relational depth; yet although a couple of participants did speak of a spontaneous quality, they also said that the event itself was initiated by their own decision. It is possible therefore that this difference in emphasis is due to the experience of spontaneity being predominately that of the therapist, although the client maintains a greater sense of control over the event. Indeed the participants of this study seemed

to be describing a process of which they were wholly aware; beginning with the client being in a state of heightened emotion, they felt themselves to be ready, and went on to make a decision to take the risk to engage at a level of relational depth. Having made that decision, there was a sense of letting it happen (similar to the descriptions of “letting go” in McMillan and McLeod’s (2006) study, with a sense of flow arising with no turning back.

Perhaps this finding also highlights the need for therapists to be open to such experiences when they arise rather than be aiming for such an experience with clients. As Worsley (2006, p. 216) put it: “In listening within encounter, I am of necessity always open to surprise.” However, it is also worth noting that in the moments prior to an experience of relational depth, participants reported sensing an invitation from their therapist, either to go deeper within themselves or to relate more closely to the therapist, corresponding to Mearns and Schmid’s (2006) emphasis on the importance of inviting clients, not making them feel obligated to relate at depth.

Most participants also indicated that their own process toward the moment described originated some considerable time before the event itself, often related to previous experiences of therapy. Following an experience of an unsatisfactory therapeutic relationship, participants described developing a greater understanding about what it was they wanted or did not want from a therapeutic relationship. Participants reported taking a more active role at the point of selection of their subsequent therapist, by consciously discriminating between therapists and looking for a specific type of person or therapeutic approach. Again, this would correspond to McMillan and McLeod’s (2006) findings, which indicated that the client might make an assessment about whether or not they will be able to enter a facilitative relationship with a particular therapist at the very beginning of the relationship. These findings have clear implications for the way in which counselling organisations allocate clients to therapists and the level of input clients have in this process.

The particular aspects that clients were looking for in a therapist included some similarities to themselves, feeling that they might then be able to better understand them. This finding might suggest that rather than trying to match therapeutic

approaches to client problems, it might be more useful to match therapist characteristics to individual clients. While the Project Match Research Group (1998) found that matched client to therapist life experiences made little difference to outcome, some studies have shown that ethnicity and sexuality matching do make a difference to client improvements and also lead to lower drop-out rates (Cooper, 2008). In addition the emphasis in this study was on matching of general lifestyle, cultural, religious or political beliefs, and for some what seemed more important was that the therapist was simply the right person at the right time. However important these aspects are, what is strongly indicated by these studies is that clients who have the opportunity to be proactive in their own choice of therapist might be more likely to engage at relational depth.

There was no significant difference in the processing described following previous experiences of therapy for different durations of therapy relationships, which ranged from a couple of sessions to a few months. In addition there appeared to be no identifiable age, ethnicity, or gender differences in participants' responses within the different categories, either in their processing and reflections following previous experiences of therapy or in their experiencing in the moment immediately prior to the described moment of relational depth. However, it is possible that these aspects might not have been highlighted due to the small sample. It is also acknowledged that as all the described experiences are from the client's perspective, further studies would be needed to explore more fully the mutuality or synchrony of experiencing.

SUMMARY

Overall, this study highlights the role of the client as a proactive participant in the therapeutic process, with the client's own process and ultimately readiness crucial factors that should not be overlooked. Discussing Rogers' sixth condition involving the client's perception, Whelton and Greenberg (2002) have highlighted the fact that due to inevitable subjective interpretation, perception at least to some extent

determines reality; therefore, to what extent clients might perceive the provision of empathy and unconditional positive regard will depend on their own attention, awareness, and historical learning experiences, all of which constitute a moving process. Whether the moments of relational depth described were precipitated by an actual change in the therapist's way of being with the client, or a change in the client's perception of the therapist, or indeed by the client's heightened level of emotion, or by an external event, from the client's point of view the moment itself was initiated by himself or herself. Having reached a point of readiness, it was the client who made the decision to meet the therapist at relational depth.

The second of Rogers' conditions, which he stated were necessary and sufficient for therapy to take place proposes that the client, is "in a state of incongruence, being vulnerable or anxious" (Rogers, 1957/1990, p. 221). Although the first condition implies a willingness on the part of the client to enter into some level of relationship with the therapist, and indeed the sixth condition requires some level of perception of the client of being in receipt of those conditions, the finding of this study would suggest that, prior to entering into a deeply facilitative relationship involving meeting the therapist at a level of relational depth, the client is also in a state of readiness.

In his relationship inventory, Barrett-Lennard (1986) separated out the two aspects of unconditionality and prizing in the condition of unconditional positive regard. This analysis would seem to suggest that the point at which clients become aware of, and trust in the therapist's empathy, congruence, and, in particular, the unconditionality of the therapist's positive regard, is the point at which they become ready to make a decision to bring their vulnerability to the fore, open up to their own deepest feelings in the company of the therapist, and meet at relational depth.

Chapter Eight
Findings: Client-only study domain 1
Clients' phenomenological experiencing of a moment of
relational depth

OVERVIEW OF FINDINGS

In contrast to the therapist-client study, the therapeutic relationships described by most participants of this study as including an experience of a moment of relational depth were either their first, second or third experience of counselling. For the most part participants were therefore talking solely about one relationship in which they experienced a moment of relational depth.

As with the therapist-client study, having read the information sheet most participants came to the interview with a moment or moments in mind, and it was therefore participants who identified the moments which they felt could be described as a moment of relational depth. Again a couple of participants were less sure of whether the moments they identified could be described as a moment of relational depth, but as their descriptions bore significant similarities to those of other participants they were included in the analysis as moments of relational depth.

STRUCTURE OF SUB-DOMAINS

This domain covered all data relating to experiences of the moments identified by participants as moments of relational depth. In order to provide a comparison to the findings of the therapist-client study, domain 1 was broken down into the sub-domains corresponding to that study as follows:

- 1.1 Clients' experiences of a moment of relational depth: Experience of the therapist:
 - 1.1.1 Qualities/way of being
 - 1.1.2 Action/intention

- 1.2 Clients' experiences of a moment of relational depth: Experience of self:
 - 1.2.1 Interpersonal – in relation to the therapist
 - 1.2.2 Intrapersonal – self experiences

- 1.3 Clients' experiences of a moment of relational depth: Experience of the relationship

- 1.4 Clients' experiences of a moment of relational depth: The moment itself

SUB-DOMAIN 1.1 CLIENTS EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCE OF THE THERAPIST

As with the therapist-client study, clients' experiences of their therapists are divided into the two sub-domains of 1.1.1 Qualities/way of being and 1.1.2 Actions/intentions.

Sub-domain 1.1.1: Qualities/way of being

Clients' experiences of their therapist's way of being, and of the qualities they were displaying during the moment of relational depth are shown in *Table 8.1*.

Table 8.1: Sub-domain 1.1.1 Clients' experiences of a moment of relational depth: Experience of therapist: Displaying qualities

Category	Responses No. of participants
1.1.1.1 Real Real/human	3* 3
1.1.1.2 Empathic	5*
1.1.1.3 Present Present Focused/free from assumptions	5* 4 5

** No. of participants contributing to category*

Category 1.1.1.2 Empathic: Around half of the participants said that their therapist was showing a high level of *empathy* in the moments described, an empathy that was seen on both an understanding and an emotional level: “And it was a moment where she just, it was like, her reading . . . her reading must be associated with her empathy with that feeling, because it doesn’t come from nowhere, and . . . not just because she knows me” (participant 17, line 183).

The qualities of warmth and gentleness, which seemed so important to some participants of the therapist-client study, were not mentioned however. For participants of this study, the value of the therapists’ empathy was seen in the way it enabled them to be in tune with their own thoughts and emotions, rather than a general way of being that they liked.

Category 1.1.1.1 Real: As in the therapist-client study, some participants described their therapist being *real*, in the sense being *human* or like a friend, as one put it: “Um, it just makes me think that’s she’s like a real person, sort of thing. Instead of being professional” (participant 24 line 797). However this was mentioned much less frequently than it was by participants of the previous study.

Category 1.1.1.3 Present/Focused: While around half of the participants did speak of their therapist as being *present*, again it was described more as an ability to *focus* rather than as a general way of being, as one participant said: “And this is where I felt she did a really good job, because she got really involved with it. . . . When we sort of really sort of knuckle in” (participant 24, line 252). Some also described their therapist as *free from assumptions*, or sensing that there was nothing else going on for them at that moment: “And there’s no . . . her investment in it, there’s no other agenda except what happens in that room, really” (participant 17, line 707).

Sub-domain 1.1.2 Experience of therapist: Action/intention

Clients’ experiences of the therapist’s perceived actions and intentions in the moment of relational depth are shown in *Table 8.2*.

Category 1.1.2.1 Creating opportunity: Similar to the therapist-client study, around half of the participants felt that their therapist was *creating the opportunity* for them to relate at depth during the moments described, sometimes just by letting the client know that they were ready:

I mean in the room she sat opposite me, she didn’t try to comfort me, you know her boundaries made me feel that you know, but, being very sensitive to me in the way she was talking, her body language was quite, um, ‘I’m listening, I’m ready to talk to you when you’re ready to talk’.

(Participant 26, line 113)

Table 8.2: Sub-domain 1.1.2 Clients' experiences of a moment of relational depth:
Experience of therapist: Action/intention

Category	Responses No. of participants
1.1.2.1 Creating opportunity	6*
1.1.2.2 Inviting	9*
Challenging me	7*
On feelings/current situation	3
Forward looking /practical	6
Taking a risk	2
Committed/Not let go	4
1.1.2.3 Offering something “over and above”	9*
Not just a role/something more than	3
Caring for me	4
Demonstrated change in self/being affected	4
1.1.2.4 Open	9*
Inward – to me/listening	3
Outward	8*
Sharing self (feelings in the moment)	7
Allows own vulnerability/lack of perfection	4
1.1.2.5 Supporting/accompanying	6*
Providing safety net/grounding/accompanying	6
Supporting/allowing/embracing	2
1.1.2.6 Knowing/understanding	11*
Understanding	11*
Spot on/in tune	5
Understood/got it/recognises it	9
Understands my life generally/impact of this on me	8
Understands whole of me/inside	9
Knowing	10*
Knowing/been there before	5
Giving me what I needed	4
Reflecting/clarifying	7
1.1.2.7 Accepting/acknowledging	9*
Accepting/acknowledging	8
Not rejecting/judging me	8

1.1.2.8 On my side	9*
On my side	5
Encouraging self-affirmation/absolution	3

* *No. of participants contributing to category*

It seemed important that while the therapists were showing that they understood the client's situation, they were not initially trying to add anything to it, rather they were simply allowing the client to sit with it.

Category 1.1.2.2 Inviting: As with the previous study, most participants of the client-only study described a point where the therapist moved from creating the opportunity to relate at depth in more general terms into offering a more specific *invitation* to the client to do so.

Most participants described a *challenge* being made by their therapist which initiated a moment of relational depth. A few talked of the type of challenge described by participants of the therapist-client study, i.e., around feelings on the edge of the client's awareness, or around a current situation. For example one said: "You know, nobody sees you like this. I mean she'll say things like "are you frightened?" And you tell her your deepest, deepest thoughts really" (participant 19, line 1005). For a couple the challenge seemed like a major *risk* for the therapist to have taken: "I realised that being whacked around that head with the blood and the ambulance coming, I'm getting attention. And he said that" (participant 23, line 1345). However while participants of the therapist-client study highlighted the importance of the challenge being at precisely the right level, around half of the participants of this study focused on the value of the challenge being *positive and forward looking*. One

participant, having suffered tragic losses in her life leading her to a point of crisis, said: “She said: “you still could have a good life” . . . and I’m treading on a wire here, a high wire, and I could let it all go, or I can work for the future” (participant 17, line 976). This was an aspect that seemed to be of such importance to participants, some of whom spoke of coming to therapy in a very low state feeling unable to hold any hope for the future.

A couple also saw their therapist as *taking a risk* with them, and for some it was the *practical* nature of the challenge that led participants to engage at a deeper level; they needed to believe that there was something they could actually do to change things. Some also spoke of their therapist’s *commitment* in, as a couple put it, not letting go. This enabled them to stick with it and not retreat before reaching a level of insight.

Category 1.1.2.3 Offering something “over and above”: The feeling of being offered something *over and above* what they had expected was also described by most participants. As found in the therapist-client study, there was a perception of the therapists giving *more of themselves* than would simply be demanded by the role of therapist. One participant described it:

It just feels as if . . . that person . . . that, that is a real person, this is . . . this isn’t just . . . obviously it’s one of their roles, because they’ve got a whole life outside the counselling, but that part of them is very real. It might be the part of them that’s a counsellor, but it’s not kind of . . . it’s coming from something inside, it’s not an act . . . that they’ve put on.

(Participant 16, line 566)

Again echoing a finding of the previous study, around half the participants also highlighted their therapist’s *care* for them: “I know she’s not just doing this in a professional capacity, she’s doing this with huge compassion and understanding, and it’s only through knowing that that I’m able to open as much as I do” (participant 17, line 510).

A sub-category unique to this study was that of the therapists *demonstrating a change in themselves*. Some participants found the fact that their therapist admitted being changed or enriched by their relationship highly empowering, and enabling of relational depth. One said: “And she said this morning, and she’s said this consistently, that I work really hard, during our sessions, and that our sessions have been very enriching to her” (participant 17, line 265). This led the participant to feel “that I’m not just taking, it means that actually it is a relationship” (participant 17, line 270).

Category 1.1.2.4 Open: Most participants described their therapist as open in the moment described, and as with the therapist-client study, they spoke of them being open both *inwardly* and *outwardly*. Some participants described the way their therapist was really *listening* to them as one put it: “There’s a difference between, obviously, between listening and hearing. . . . They (*previous therapists*) weren’t listening. He listens” (participant 23, line 466). Most participants also spoke of their therapist *sharing* their own feelings and reactions, and also their own *vulnerabilities and lack of perfection*, as one said: “Because she’d opened something of herself, I was actually able to share with her my deepest darkest thoughts” (participant 17, line 202).

Category 1.1.2.5 Supporting/accompanying: Around half the participants of the client-only study described their therapist as supporting or accompanying them on their journey, whereas nearly all of the participants of the therapist-client study mentioned this element. The descriptions given, however, were very similar those given that study, with participants talking of their therapist *providing a safety net* at that moment, or, as one said: “Like, kind of, you know, not letting you drown, kind of thing” (participant 23, line 640). Some spoke of their therapist as being along side them:

Almost like a prop, helping you move to the next, almost helping you move to the next stage if you like. Like a prop, and they’re sort of helping you, and

you're leaning on them and they're helping you move forwards, rather than standing still or going round in circles.

(Participant 26, line 384)

Category 1.1.2.6 Knowing/understanding: Similar to the findings of the therapist-client study, all participants of this study spoke of their therapists *understanding* them in the moments described. Therapists were similarly described as being in tune with the client and *spot on* in their responses. Talking of a bereavement, one participant highlighted how his therapist's understanding was more than just a general understanding of bereavement, but felt very personal to the client: "He seemed to . . . in the sense . . . um, it seemed very personal and very individual to my situation" (participant 25, line 99).

Most also spoke of the importance of their therapist not only understanding the situation but also the precise level of the effect on the participant: "And partly just because she totally got what a huge big deal it was for me . . . um . . . that really helped" (participant 16, line 243). Several said simply that their therapist just *got it*.

As with the previous study, most spoke of their therapist as understanding in the moment as contextualised within an *understanding of their life generally*, which was crucial in helping the client to carry on. Most also described their therapist *understanding the whole of them* in terms of the "*inside*" as in the following example: "And it's a very . . . it is it's like they're really in there, and they're understanding that, that there's more to me than what's on the outside" (participant 16, line 939). This participant went on to say: "There's an essence of you, a sort of soul, or whatever, and as long as they sort of get that, the other things are a bit kind of peripheral really" (participant 16, line 872). One spoke of her therapist seeing through what she described as her: "bubbly, I don't need anybody's help sort of individual" (participant 19, line 453). She went on to describe her therapist's reaction: "And obviously she'd seen straight through me. And I was quite shocked that she'd had that feeling, that she'd had that thought. . . . Oh she was totally right.

But also she understood that I just couldn't, I just couldn't function any more” (participant 19, lines 465; 472).

Also very similar to the therapist-client study, nearly all experienced their therapist as *knowing them* in the moments described. Some felt that the therapist understood so deeply because they recognised the feeling or emotion themselves. It was as if they had to *have been there first*, in order to fully understand the experience of the client. Describing a moment of relational depth one participant said:

She suddenly brought up the word . . . she said . . . she said the word ‘alone’, and that was exactly what I was feeling, without having said anything at all. And I think that was the point of connection, but that was only one of the points, but that was her reading . . . reading me internally, very astutely, but I think the only way she’s able to do that is because it’s a feeling she recognises.

(Participant 17, line 115)

The participant went on to say: “I’m sharing this with somebody else who is understanding the depth of that aloneness” (participant 17, line 898). Some additionally spoke of their therapist suddenly knowing exactly what was going on for the client, and *what they needed* in that moment.

As with the therapist-client study, some highlighted the importance of the therapist *reflecting their understanding* back to the client, and letting them know that they got it. Some also spoke of the value of the therapist crystallising the client’s thoughts or feelings, as one said: “To kind of identify what it was that actually I was feeling upset about at that moment in time, so I could actually identify it myself and be able to work with it I guess” (participant 26, line 86).

Category 1.1.2.7 Accepting/acknowledging: Most participants of this study also described their therapist as fully *accepting* them in the moments described, although there seemed to be more of an emphasis on the normalising effect of their therapist’s

reactions. One participant, recalling a moment which began with her verbalising her suicidal ideation and telling her therapist of her specific plan to carry out the suicide, said: “She just made it as a perfectly acceptable thing to say” (participant 19, line 596).

As with the therapist-client study, a big part of the therapist’s acceptance was the sense that they were not judging the client in any way, and not reacting in any way that might make the client feel judged. When asked how her therapist had reacted to her disclosing her precise plans to commit suicide, the participant (above) replied: “Incredibly calmly, with no more reaction than if I’d told her that I was going out for a Chinese takeaway that night” (participant 19, line 584). Another, having opened up to his therapist about traumatic events in his life said: “There was no expression of shock, or surprise, or anything like that, none of the things I told [my therapist] were in any way unsettling to him, well outwardly anyway” (participant 20 line 761).

Category 1.1.2.8 On my side: Perhaps the most striking difference between the findings of the two studies was the addition in the client-only study of the category *on my side*. While they appreciated the lack of any strong reaction to things they had shared, some also said that in the moment of relational depth they were comforted and encouraged by the fact that they felt the therapist was wholly on their side. Simple statements of affirmation, confirmation or even reassurance would feel highly facilitating, as in the following example:

[She said]: “No you’re not being unreasonable, you’re totally in your right to ask that, to expect that from your father, to expect that from the new [family] unit. Um, you are not being unreasonable.” And to me, that was unbelievably powerful. Because I was upset, anyway, upset on so many different levels, and on top of that I was telling myself off, for this behaviour, and she turned round and said: “No, you are not being unreasonable, you are in your right, it’s perfectly acceptable, for you to expect that.” And I think that was the beginning when I felt, this woman is really, really on my side.

(Participant 19, line 399)

For some it was the sense that their therapist was encouraging them in their efforts, and not simply affirming the client themselves, but *encouraging self-affirmation*, or as one participant put it, *encouraging self-absolution*: “And it is, and like a priest she can’t offer me absolution . . . but it’s like when I open myself it’s not that she offers me absolution it’s just that she gives me the space to offer myself absolution. So that is really important. She gives me the support to do that” (participant 17, line 729).

SUB-DOMAIN 1.2 CLIENTS’ EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCES OF SELF

Clients' self experiences are divided into the two sub-domains of 1.2.1 Interpersonal: In relation to therapist and 1.2.2 Intrapersonal: Self experiences.

Sub-domain 1.2.1 Interpersonal: In relation to therapist:

Clients' experiences of themselves in relation to their therapist *are shown in Table 8.3*.

Category 1.2.1.1 Safe: The majority of the descriptions of self experiences also reflected those given in the therapist-client study. Nearly all the participants felt *safe* enough to open up to their counsellor in the moments described. Some emphasised the fact that they knew they could retreat if it got too much for them, as in the following description:

Table 8.3: Sub-domain 1.2.1 Clients' experiences of a moment of relational depth: Experience of self: Interpersonal: In relation to therapist

Category	Responses No. of participants
1.2.1.1 Safe/trusting	10*
Safe/contained/held	9
Trust in therapist	8
1.2.1.2 Open	10*
Outwardly	10*
Able to/need to verbalise difficult feelings	10
Not defensive/open up	9
Inwardly	7*
Not alone/need other person	7
1.2.1.3 Understood	6*
Felt profoundly understood/whole of me	4
Understood at depth	2
1.2.1.4 Cared for/accepted	7*
Respected/valued/important/cared for	4
Accepted	6
1.2.1.5 Feeling compassionate/concern for therapist	4*

** No. of participants contributing to category*

The doors have been opened, I've been able to look in, I've been able to say, I'll go down there or no that's not the place, but I've felt the corridor was substantial enough, for me to stay within it, with choices, and I've never felt

it was a blank wall at the end of it, there wasn't a wall at the end of it, where I'd find myself unable to find an escape route, and I always felt that . . . looking at this metaphor a bit further, I'm trying to do it in my mind, that these doors are open, I may want to go into them, I may not, but [name] has never stood in my way for me to be able to turn round and say I'm going out of here and I'll look in here next time. I'll go away and I'll think about what you've said, and I'll come back and maybe open that door next time.

(Participant 17, line 466)

While participants of this study did not specifically focus on the feeling of being supported, as was the case for participants of the therapist-client study, some participants did express the feeling of being *held or contained*. Most also described feeling *trust in the therapist*, a trust so strong that it enabled them to continue even when their instinct was to back away, as one put it: "But then, but at the same time another voice in my head is saying: you need to do this. And I do trust her and I know it's a safe place, and I can say stop" (participant 21, line 1158).

Category 1.2.1.2 Open: Again, in this study, nearly all participants saw themselves as being open in the moments described, both *outwardly* in the sense of opening up to their therapist, and also *inwardly* in the sense of allowing their therapist in. Recalling the moment where she had disclosed her suicidal ideation to her therapist, one participant said: I was just quite happy to say "I've got this new car, and I'm just going to attempt to write it off. Could you stop me doing that please?" (participant 19, line 495). Another described the feeling of *opening up* to his therapist:

I don't know how to describe this, where for me stripped bare, I felt my heart is open, I . . . I don't know how to put it into words. I felt as though somebody had just . . . um . . . listen I might just say the words that I was going to say, I felt I exposed myself, um, I don't know how to put it into words, but it was the moment for me, when I realised that I didn't feel loved by my parents.

(Participant 23, line 733)

As with the therapist-client study, the *need to verbalise* things that had been deeply hidden was expressed by some, as one put it: “how much more is there . . . that I’ve got to get out of me. So that was the intensity of it. That came right out of awareness that I wanted to get it all out” (participant 20, line 221).

Some participants highlighted that fact that they were able to *stop feeling defensive*, and feeling able to open up to the therapist, and to the possibility of change.

Category 1.2.1.4 Understood: As found in the therapist-client study, some participants spoke of feeling *profoundly understood*, so that it felt like *the whole of them was being understood*, even though rationally such complete understanding seemed impossible. One said:

It does tend to feel that it’s the whole of me, that’s being understood though, I have to say although logically and rationally I can think, it’s not, it’s just one part of my life, and there’s lots of different things. But, it does feel, it does feel as if, if that person understands something that’s so profoundly important, to me, then yeah, they actually get me.

(Participant 16, line 861)

A couple spoke of feeling *understood at a deep level*, or a level that was exceptionally accurate and specific to the client.

Category 1.2.1.5 Cared for/accepted: Some participants described feeling *respected*, valued and *cared for* during the moments described, with descriptions similar to those in the therapist-client study. This seemed particularly important when the participant had fears around the acceptability of their own beliefs. Similarly around half also felt accepted in the moment, which seemed to have the effect of relieving them of a burden; simply the fact that: “somebody else has kind of taken it . . . not taken it . . . but just kind of, heard it, if you like” (participant 26, line 372).

1.2.1.6 Compassionate/concern for the therapist: Another category found only in the client-only study was that of feeling *compassionate towards, or concern for the therapist*. Some participants felt concerned about the effect that the material they were bringing might have on the therapist, and were aware of not wanting them to think that they had done anything wrong, as one said: “And I also felt, that I didn’t want her to feel any . . . blame, either” (participant 19, line 557). Another, who was concerned that her therapist might be going through similar feelings to herself, said: “I put myself in her shoes . . . I mean I probably wanted to give her a hug” (participant 17, line 554).

Sub-domain 1.2.2 Experience of self: Intrapersonal: self experiences

Clients' intrapersonal experiences during the moment of relational depth *are shown in Table 8.4*.

Category 1.2.2.1 Delving deeper: As found in the therapist-client study, most participants of this study described a sense of *delving deeper* in the moment of relational depth. Some similarly described being *in touch with parts* of them that had *previously been hidden or out of awareness*. One participant described suddenly becoming aware of the impact of a traumatic childhood event which he had blocked out until the described moment, when, as he said: “But something triggered it. And it all came, it all came flooding back” (participant 22, line 674).

Some highlighted the *intensity of emotion* they experienced, and most spoke of having a deeper or *new self-insight*, as one put it:

Yeah, and I think that was why I felt like . . . I think I described it several times as like a layer of mist had been on my glasses all my life, and suddenly it was taken off. And everything was clearer or life coming into sharp focus. And that feeling of now I have seen life that way, I can never go back to seeing it the old way because that – this is the new way to see it. There isn’t any other way to see it now I do see it.

(Participant 18, line 740)

Table 8.4: Sub-domain 1.2.2 Clients' experiences of a moment of relational depth:
Experience of self: Intrapersonal: Self experiences

Category	Responses No. of Participants
1.2.2.1 Delving deeper	11*
Out of awareness/in touch with hidden parts	9
Intensity/depth of emotional experiencing	4
Deeper/new insight	8
Turning point/sudden realisation	7
1.2.2.2 Vulnerable	10*
Vulnerable/able to be vulnerable/in touch with difficult feelings	10
Mixed feelings	6
1.2.2.3 Real/connected to self	9*
Aware of the real me/saw things differently	8
Bringing whole of self	3
1.2.2.4 Heightened awareness/alive/energised	10*
Alive/expanded/euphoric/intense	7
Proactive/empowered/in control/brave	9
Present/free/clarity of thought	7
1.2.2.5 Wellbeing/peaceful	8*
Relief/wellbeing/at ease	5
Let go of difficult/felt good	7
1.2.2.6 Self-worth/validated	9*
Validated/affirmed/self-acceptance	8
Made it real	4
Feeling hope/positive	8
<hr/>	
<i>* No. of participants contributing to category</i>	
<hr/>	

Category 1.2.2.2 Vulnerable: Nearly all participants of the client-only study described a feeling of *vulnerability* in the moments described, although just as in the therapist-client study, they also said that they felt unusually *able to be vulnerable*, and able to be *in touch with difficult and previously hidden emotions*. The participant who described disclosing suicidal intentions said:

And, you're sobbing so much that it's very hard to try to understand what you're trying to say. And that person, you allow them to see you in that totally vulnerable state, and probably the only other person in your life that has seen you like that is a parent or a partner. . . . You know, nobody sees you like this. I mean she'll say things like "are you frightened . . . ?" And you tell her your deepest, deepest thoughts really.

(Participant 19, line 999)

Around half spoke of the myriad of *mixed feelings* that arose: "and I don't know what it was but it just sort of triggered something in me, and I literally had to ask her to stop. And it was kind of lovely and it was kind of horrible" (participant 21, line 428).

Category 1.2.2.3 Real/connected to self: Again similar to the therapist-client study, most participants highlighted the feeling of being *real* in the sense of being *connected to their own Self*. One participant described the feeling of knowing herself for the first time:

That I was a blank, and that that there wasn't a me. I was sort of, um, if I can . . . I'm not very poetic, so I'll try. As if I was sort of made from the outside, kind of put together like an empty shell, whereas I wanted to be something that had kind of grown from the inside out. Like um, I don't know I suppose the difference between a tree that's grown from a seed, and an artificial tree, that's been put together, so I needed to know that there was a . . . a something that was me.

(Participant 16, line 920)

She went on to say: “Yeah, sort of for the first time seeing well actually . . . that . . . that is me . . . this is how it feels to be me. Yeah” (participant 16, line 953).

For some, although fewer than in the therapist-client study, the sense of being real was related to *being a whole person*, and being able to acknowledge all parts of themselves, not just the good parts. One described it: “It’s about being a whole person, that the dark side is part of being human. It enables me to appreciate myself as a whole human being, not just part of me being human” (participant 17, line 1058).

Category 1.2.2.4 Heightened awareness/energised: Corresponding to the therapist-client study, the sense of *aliveness* with feelings of *expansion and euphoria* was described by most participants. One participant put it: “I felt suddenly euphoric. It was as though prior to the session, I’d been walking around in darkness and suddenly, the counsellor had switched on runway lights, which highlighted a potentially new path that I could choose” (participant 18, additional information).

Looking back at the diary she was keeping at the time, and also bringing in a spiritual element, the same participant said: “Yeah, yeah. I’ve used that, I’ve used epiphany, and euphoria. Almost like a hippy feeling about life, love all plants and people and just feel at one with everything. I’ve just used that on the heightened spiritual moments” (participant 18, line 1889).

The sense of *empowerment and control* that this engendered was also emphasised by most participants. One put it: “And suddenly I think I felt I had options again” (participant 19, line 620). Most felt *proactive* and *brave*, and participants also spoke of a positive hopeful energy that arose, something that one participant called “a circle of positivity” (participant 22, line 886). A sense of *freedom* and *clarity of thought* was expressed by most: “And so, it was sort of like a revelation, it was like, yeah! That is exactly what I do, and I’ve got to learn to stop doing that” (participant 24, line 1245).

Category 1.2.2.5 Wellbeing/peaceful: Again following the pattern which emerged in the therapist-client study, there then followed a sense of *wellbeing and feeling at ease*. One participant described it: “The anger, the lack of hope that I had was completely gone, I felt happy, relaxed, confident” (participant 18, line 312). Another emphasised the feeling of *relief* as they *let go of their difficult feelings*: “Yeah, totally a release. Totally, phew! Getting rid of something, letting it go, not carrying round these bloody secrets” (participant 21, line 1623).

Category 1.2.2.6 Self-worth/validated: Also like previous study, the overall experience culminated for most in what was described as a sense of *self-worth and self-validation*. Some described the sense of almost being given permission to have the feelings that they were experiencing, as one said: “And it was ‘yes, I might feel sad, but it’s OK, that’s acceptable, it’s normal, it’s OK, it’s normal it’s not strange, it’s not you, that’s what human beings do, they feel sad sometimes’” (participant 22, line 517).

For some this it was a profoundly powerful experience, allowing them to value themselves enough to fight for change: “It’s another affirmation of reasons to carry on living actually” (participant 17, line 662).

As with the therapist-client study, some participants also felt that the experience provided *validation of their feelings*. Such validation also made them seem real: “You can begin to process it, because it becomes a real thing” (participant 26, line 365). Most also felt a sense of *hope for the future*, and discovered a newfound courage to fight for it:

Yeah, yeah, because it would be a part of me, and a loving sort of Being that’s giving me acceptance. Yeah. And that’s how I see it. And at the moment I’m not quite strong enough, and that other voice in me isn’t quite developed enough to get it from me, I have to get it from somewhere else. But one day, it will be.

(Participant 16, line 1075)

SUB-DOMAIN 1.3 CLIENTS' EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCE OF THE RELATIONSHIP

Clients' experiences of the relationship are shown in *Table 8.5*.

Category 1.3.1 Deeper level: Slightly fewer than for the therapist-client study, around half of the participants of the client-only study spoke of a *deeper level* being reached in the moments described, although descriptions of a level that was *beyond understanding* were similar: “And it’s obvious we were in touch with something else, and we were able to take that really quite deeply” (participant 17, line 482). In addition participants of this related the depth of the relating more specifically to the strength of the relationship as a whole.

Category 1.3.2 Mutuality: While participants of both studies spoke of a sense of *mutuality* in the moment, the client-only study participants focused on the sense of equal responsibility, with both client and therapist on a human level, in it together. One participant, having spoken of several moments of connection, said: “I think just a mutual respect, it was always like a human connection, that he’s not some superior person to me, he’s just a person. And I’m just a person” (participant 18, line 976).

Even more than in the therapist-client study, around half of the participants also spoke of an *understanding beyond words*. Typically finding it difficult to describe, one said:

And obviously, obviously you’re relating to them mainly in words, because that’s what it is, isn’t it? But, at the same time, there’s something that’s beyond that, they’ve got that, they’re seeing where you’re coming from . . . it’s more about attitude towards what you’re saying.

(Participant 16, line 884)

Table 8.5: Sub-domain 1.3 Clients' experiences of a moment of relational depth:
Experience of the relationship

Category	Responses No of Participants
1.3.1 Deeper level	6*
Deeper level/beyond understanding	6
1.3.2 Mutuality	6*
Mutuality/partnership	2
Mutual exchange	2
Beyond words	6
1.3.3 Connection	9*
Close/intimate/connected	7
Emotional connection/heart to heart/love	3
Deep understanding	4
Taking it in turns	2
1.3.4 Union/fusion	2*
Part of me/merging	2
1.3.5 Shared focus	4*
Side by side (rather than face to face)	4
<i>*No. of participants contributing to category</i>	

Some participants described a *mutual exchange* in the moments of relational depth, when both are open and sharing their vulnerability. One described it:

Sitting here now I think we drop our armour. . . . But there are times when we are two, very open . . . damaged individuals. She opens up her damage to me

and I open my damage to her. . . . And when we do connect, and when [name] affirms me, when I need that, I am actually contributing to her life, and I know she's contributing to mine.

(Participant 17, lines 420; 510 & 594)

Category 1.3.3 Connection: Around half of the participants described a *close, intimate connection* with their therapist in the moments described. One participant described it as letting the therapist into her “inner sanctum” (participant 23, line 601), and some spoke almost as if their therapist was part of them, reflecting descriptions given in the therapist-client study. Some also highlighted the *emotional* quality of the connection, seeing the therapist genuinely and openly moved by the client. Again similar to the therapist-client study some participants were struck by the *depth of the therapist's understanding* of them that the connection facilitated.

A couple of participants of this study commented on what one described as “the domino effect” (participant 17, line 435) process of connection, with both client and therapist *taking it in turns to move towards* the other.

Category 1.3.4. Union/fusion: Unlike the therapist-client study, where most participants expressed a sense of either union or fusion with their therapist, in this study only a couple of participants spoke of the sense of joining together, one expressing it in terms of union, or a feeling that the therapist was a *part of them*, and the other describing it more like fusion, or *merging* of client and therapist:

I think I felt merged with him as one person. . . . And I suddenly realised myself that this is possible, the reason he's telling me there is hope is because he really believes it, and now I can see there is hope as well because I see things that he does, it was almost like we crossed over, I was him he was me and in that session we became one person, and then as I left the session I could see life the way he could see it as well.

(Participant 18, lines 512; 567)

Category 1.3.5 Shared focus: While some participants did talk of the experience as a moment of shared focus in that it seemed like a *side by side* meeting rather than a face to face meeting, one also highlighted the fact that the former led to the latter, so that feeling that her therapist was sharing her emotions with her, they were both able to face each other openly and come together with their armour down (participant 17).

SUB-DOMAIN 1.4 CLIENTS' EXPERIENCES OF A MOMENT OF RELATIONAL DEPTH: EXPERIENCE OF THE MOMENT ITSELF

Descriptions pertaining to the fourth domain of the moment itself were also given by participants of the client-only study, although this domain emerged less strongly than it did in the therapist-client study. Categories of this sub-domain are shown in *Table 8.6*.

Category 1.4.1 Different/deeper dimension: Although a smaller proportion of participants, some did talk of the moment as being in a *different dimension*, as one put it: "And yet, that the same time, it's um, it's not a real world to me, that's not the real world, that's not how things are" (participant 16, line 30). Some participants, like those of the therapist-client study, described it as a *deep moment*, where they were able to take things more deeply with their therapist. Only a couple of participants of this the study also described a *spiritual* element to the moments, again much fewer than in the previous study.

Category 1.4.2 meaningful/powerful:

Most saw the moment as *meaningful* or *powerful*: "I think that was a very profound moment, and whether it was the closeness, or it sort of just touched something in me" (participant 21, line 414), with descriptions such as *good*, *useful* and *positive* also being used.

Table 8.6: Sub-domain 1.4 Clients' experiences of a moment of relational depth:
Experience of the moment itself

Category	Responses No of Participants
1.4.1 A different/deeper dimension	5*
Different/special	2
Deeper dimension/level	4
Spiritual	2
1.4.2 Meaningful/powerful	7*
Good/positive/meaningful/powerful	7
1.4.3 Strange/rare	4*
Strange/difficult to describe	3
Surprising/rare	2
1.4.4 Part of a whole	6*
Part of the whole process/relationship	6
<hr/>	
<i>*No. of participants contributing to category</i>	

Category 1.4.3 Strange/rare: Also similar to the therapist-client study, some participants of this study described the experience as *strange, rare* or *difficult to describe*. Part of its power seemed to be that it was something they were not used to or had not allowed themselves to experience before. For a couple it came as a complete *surprise*:

And that really, really took me by . . . I mean I . . . if anybody watches the playback . . . I mean they were filmed . . . if anybody watches the playback,

they will realise the look of absolute shock, when I realised . . . when it was . . . and it was about being bullied at school.

(Participant 22, line 657)

Category 1.4.4 Part of a whole: Around half of the participants of this study described the identified moment of relational depth as *part of a whole process*, directly related to and dependent on the depth of the overall relationship. It was as if the moment of relational depth described had been arrived at gradually, throughout the whole relationship, rather than suddenly in that particular session. Some also described the relationship as consistently deep, and the moments described as moments of depth within what felt like an increasingly close relationship, with the moments both depending on the relationship and contributing to its strength.

DISCUSSION

In most areas the findings of this study replicated those of the therapist-client study, adding weight to the possible nature of a moment of relational depth as experienced by clients. However some of the categories appeared less strongly, and there were fewer participants despite a significantly longer period of recruitment. While this could simply reflect the difficulties in accessing clients whose only experience of counselling is as a client, it might also suggest that in this client group a moment of relational depth occurs less commonly than with therapist-clients. It was also the case that there were fewer sub-categories in the client-only study, indicating less of a variance in the finer details of the experiencing. It is possible however that this might also simply reflect a greater ability of therapist-clients to give more finely-tuned descriptions of their experiencing due to their therapy training and language, resulting in a wider range of responses.

Experience of therapist

As in the therapist-client study, therapists were described as being real, present and empathic. They were felt to be creating the opportunity, supporting, understanding and accepting the client, as well as offering them something over and above what they had expected from a professional relationship. Also similar to the therapist-client study, this was described in the sense of them being human and personal, and doing something more than the requirement of the job. While in both studies participants saw their therapist as open in the moments described, some participants of the client-only study also spoke of their therapist acknowledging the effect themselves, and being open about how the experience was not only affecting, but changing them too. This seemed to be crucial to some participants who wanted to feel that it was not all one way, but that it was a two way relationship. In order to feel their own internal power, clients needed evidence of the impact that they were having on the therapist. This finding also supports Stern's assertion that not only do two minds create intersubjectivity, but also "intersubjectivity shapes the two minds" (2004, p. 78), and also lends weight to Bugental's (1978) description of the two aspects of presence, expressivity, therapist's willingness to share themselves in the situation, and accessibility, allowing what happens in the relationship to matter.

One of the most striking differences between the two studies was that in the client-only study, therapists were seen by participants to be "on their side" in the moments described. This is perhaps a somewhat controversial finding, as it implies something other than either empathy or unconditional positive regard. Some participants seemed to have such a low sense of self-worth that they appeared to need the therapist's positive affirmation and encouragement in order to address the balance. It was only when they felt sure that the therapist was genuinely on their side that they felt able to open up fully and relate at depth. In addition some also seemed to need encouragement from their therapist to affirm, or forgive themselves. Kahn (2001, p. 99) has spoken of the frequent objections to the psychoanalyst Franz Alexander's description of therapy as a "corrective emotional experience," often said to imply a gratifying experience preventing the client from coming to terms with the harsh reality of life. Kahn pointed to the reasoning behind such objections as potentially

leading to a critical attitude which sees clients as doing things which hinder their own lives and their own progress in therapy. Being on the client's side, however, would seem to conflict with the underlying epistemologies of most theoretical approaches. The person-centred approach does acknowledge the potential role of the relationship as a corrective experience, with, as Bozarth has described it: "The therapist's unconditional positive regard as the correction for the client's conditional regard introjected by parents and society" (Bozarth, 2001, p. 11). However Rogers' core conditions of the person-centred approach, namely empathy, congruence and unconditional regard, highlight the importance of the therapist not being on any side, rather remaining consistently open towards and accepting of the client, in a way that, as Lietaer put it, "does not fluctuate as a function of either the emotional state or behaviour of his client" (Lietaer, 2001, p. 88). The notion of a therapist being on the side of the client would seem to contradict the non-directive stance of a person-centred therapist, yet this research would seem to indicate that this is one aspect that not only might be associated with relational depth, but also something that some clients seem to need. The question posed by this finding, then, is whether or not there is any occasion for which the therapist going beyond unconditional positive regard and actually indicating that they are on the client's side could be a helpful therapeutic attitude. For example, might a client's own sense of self-worth be so low that there are times when the therapist could usefully go beyond non-directivity in an attempt to help the client to redress the balance? In this sense being on the client's side might perhaps be seen as a form of pre-therapy, bringing them to a point where they are able to benefit from a non-directive attitude.

An alternative perspective might be to suggest that the sense of the therapist being on the client's side does not in itself imply directivity, but simply allows the client to feel that they are worth making the effort, and indeed have the ability to actualise, and restore themselves to a state of emotional wellbeing.

Experience of self

Again similar to the therapist-client study, participants' experiences of self in the moment described feeling safe, understood, cared for and open. They also described

a similar process of delving deeper, feeling able to be vulnerable, connecting to self, feeling alive and energised, then calm, with a sense of wellbeing and self-validation. One difference noted was that participants of the client-only study seemed to put more emphasis on taking responsibility for deciding whether or not to trust their therapist, rather than seeing their therapist as either trustworthy or not trustworthy. It is possible that as non-therapist clients, they may have simply assumed a trustworthiness that therapist-clients did not. However it also seemed to be the case that non-therapist clients were feeling more responsibility themselves for the quality of the relationship and the level of trust they felt for their therapist.

The descriptions of experiencing deeper insights during the described moments were strikingly similar in both studies. However the insights were not stemming from the therapist, rather from the client's own intrapersonal explorations. During a moment of relational depth, it seemed that clients were able to feel and acknowledge those deeply held yet out of awareness experiences which Rogers (1951) described as being prevented from entering into awareness either consciously because they are seen as unimportant or not simply not real, or unconsciously because they conflict with the person's own concept of self. They did not feel directed to engaging with this level of experiencing, and indeed there were no descriptions of therapists leading them through any interpretation of what those out of awareness experiences might be; rather they felt able to do so because of their therapist's unconditional acceptance of them, leading them to an unconditional acceptance of themselves.

Another aspect described in this study was that of feeling concern and compassion for the therapist. For some non-therapist clients, their own empathy and care for the therapist in the moment was crucial. This finding supports Jordan's (1991; 1997) work around mutual empathy, and also the (2008) findings of Murphy that when therapists also perceive clients as reciprocating high levels of the core conditions, the client's perception of therapist provided therapeutic conditions corresponds more strongly to therapeutic change. It may also lend weight to Mearns and Schmid's (2006, p. 260) description of "existentiality," with both client and therapist "touching and being touched" by the other. Moreover Rennie's (2001) study found that clients

not were not only trying to meet their own needs and wants in the relationship, they were also trying to meet what they perceived to be the needs of the therapist. Why this aspect should have arisen more clearly with non-therapist clients than with therapist-clients is unclear. It could be that therapist-clients, and in particular those following the person-centred approach, are more likely to think in terms of it being the therapist's role to offer the core condition of empathy, congruence and unconditional regard, and the client's role to receive those conditions.

Overall the experiences of self described in the client-only study further emphasised the clients' own proactive role in meeting the therapist at relational depth. They took responsibility for their own sense of safety, for trusting the therapist, for caring for the therapist, and ultimately for making the decision to relate at depth.

Experience of the relationship

Participants' description of the relationship was also similar to the descriptions given in the therapist-client study, although the aspect of mutuality and co-reflexivity was, while present, noted by a smaller proportion of participants. This may have been indicative of participants' focus on the relationship as a whole being one of unusual depth, while the moment of relational depth was almost described as a symptom of the ongoing deep relationship. The moment of relational depth was therefore seen as one more surprising aspect of a generally surprising experience. Moreover when giving descriptions of the relationship in the moment, some participants seemed to move back and forwards from descriptions of the specific moment to descriptions of the whole relationship. To the non-therapist participants, some of whom were coming to therapy with relational or interpersonal issues, the relationship was in itself a unique experience, and something very different from their usual experience. The moments they identified were for some seen more as moments of depth within that special connectedness.

Participants of both studies focused on the connection during a moment of relational depth being intimate and personal rather than professional, and emotional rather than intellectual. This emotional intimacy seemed to be the most important factor; such

moments were very much seen as a meeting of hearts rather than a meeting of minds, indicating that there are some circumstances in which some clients might benefit more from an authentic, emotional connection with their therapist than from any intellectual interpretation or technique.

Experience of the moment itself

Similarly, while the descriptions of the moment itself replicated those of the therapist-client study, some aspects came out less strongly. However most participants also saw the moment as meaningful, powerful, and in a different or deeper dimension, strongly supporting the findings of the therapist-client study. Unique to this study, around half saw the moment as part of a whole process, again relating the intensity of the moment to the depth of the overall relationship. One aspect that came out more strongly in the therapist-client study than in the client-only study was the description of the moment as spiritual. One can only speculate on why this should be, but a possible answer is that, given the struggle that non-therapist clients described in understanding the therapeutic relationship (see chapter ten), they might have felt that they were not meant to think of the relationship that way. Alternatively they might simply not have seen the moments as spiritual. Indeed several of the client-only participants presented with a low self-esteem that may have led them to believe that it was their more usual way of relating that was different from the norm, and that a meeting at relational depth was something that was more familiar to others, thus making them more reluctant to describe it in mystical or spiritual terms.

SUMMARY

Overall the results of the client-only study support the findings of the therapist-client study in participants' descriptions of a moment of relational depth. However some of the categories came out less strongly, and there were fewer participants despite a significantly longer period of recruitment. The major differences between the two

studies lay in the emphasis participants of this study put on their own care and compassion for the therapist, and in their perception of the therapist being on their side.

Chapter Nine

Findings: Client-only study domain 2

Clients' perceptions of the impact and effects of an experience of a moment of relational depth

STRUCTURE OF SUB-DOMAINS

Domain 2 included all participants' perceptions, thoughts and opinions on the impact and effects of a moment of relational depth, both immediately and in the long term. As with the therapist-client study, the main focus of the interview was participants' phenomenological experiencing during an experience of relational depth; again, therefore, findings of this domain are unlikely to represent an exhaustive list but should be seen as an indication of the possible value to clients of such experiences. This domain was also broken down into the same two sub-domains to those of the therapist-client study:

- 2.1 Clients' perceptions of the impact of an experience of a moment of relational depth.
- 2.2 Clients' perceptions of the enduring effects of a moment of relational depth.

SUB-DOMAIN 2.1: CLIENTS' PERCEPTIONS OF THE IMPACT OF AN EXPERIENCE OF A MOMENT OF RELATIONAL DEPTH

Clients' perceptions of the impact of a moment of relational depth are shown in *Table 9.1*.

Table 9.1: Sub-domain 2.1 Clients' perceptions of the impact of an experience of a moment of relational depth

Category	Responses (No. of participants)
2.1.1 Facilitating/changing	8*
Catalyst/changing	3
Lessening of painful feelings/relieved	4
Connected to life/reason for living	3
2.1.2 Positive effect on therapeutic process/relationship	4*
Deeper trust/always available	4

** No. of participants contributing to category*

Category 2.1.1 Facilitating/changing: As found in the therapist-client study, most participants spoke of the *facilitating* effect of the described moment in terms of it having *changed* them in some way that felt healing or empowering, like a *catalyst* in their lives. For some the change was instant and dramatic, as one participant described it: “It was as though prior to the session, I’d been walking around in darkness and suddenly, the counsellor had switched on runway lights, which highlighted a potentially new path that I could choose” (participant 18, additional information).

Like the therapist-client study, some participants talked of feeling less panicky, more at ease and with a *lessening of painful feelings* such as guilt or shame. For three, the described moment of relational depth had such a profound impact that they spoke of it as *reconnecting them to life*. Speaking of the very powerful impact of an

experience she had had with her therapist on the morning of the interview, one participant said:

But I've come away today feeling slightly better and able to stand in the garden again and be in the world, and know that I'm not alone and I don't know what makes me know I'm not alone . . . but that empathy that I felt, and that connection that I felt, it gives me nourishment.

(Participant 17, line 918)

Category 2.1.2 Positive effect on therapeutic process/relationship: Again similar to the findings of the therapist-client study, some participants spoke of the described moments as facilitating the ongoing therapeutic process, although a smaller proportion of participants mentioned this aspect than in that study. Those who did, spoke of the moment strengthening the relationship and providing a *deeper level of trust*, with a new level of closeness between them. One participant described it:

Because they kind of . . . they give permission to go a little bit further, and to let the guard down a bit, and start to think around things, and, I wonder why I think like this, I wonder why I do this, yeah, whereas, um, yeah, again because that person, the counsellor has kind of passed the test . . . they've kind of proved that they can handle it.

(Participant 16, line 987)

Others felt that once experienced, such moments were always available, being more easily accessed if needed at any point in the future.

SUB-DOMAIN 2.2 CLIENTS' PERCEPTION OF THE ENDURING EFFECTS OF AN EXPERIENCE OF A MOMENT OF RELATIONAL DEPTH

Clients' perceptions of the enduring effects of a moment of relational depth are shown in *Table 9.2*.

Category 2.2.1 Connected to self: As was a finding of the therapist-client study, nearly all participants of this study reported a *stronger connection to their own self*. A couple spoke of being able to be *their real self*, and of a feeling of *self-acceptance* that came with it: "I would say in tune, in tune with myself, and with life, and much more accepting of things as they unfold" (participant 18, line 2314).

As with the therapist-client study, most talked of having gained *a new insight* into themselves and their lives, often described as an awakening bringing with it a new clarity. One described it:

I think I described it several times as like a layer of mist had been on my glasses all my life, and suddenly it was taken off. And everything was clearer or life coming into sharp focus. And that feeling of now I have seen life that way, I can never go back to seeing it the old way because that- this is the new way to see it. There isn't any other way to see it now I do see it. And another way of describing it to people is like . . . you're walking around in the dark, and some lights come on and you suddenly think 'that's what I'm supposed to be doing! I'm supposed to be over there, that's where I'm supposed to be walking.

(Participant 18, line 740)

Table 9.2: Sub-domain 2.2 Clients' perceptions of the enduring effects of an experience of a moment of relational depth

Category	Responses (No. of participants)
2.2.1 Connected to self	10*
More self-aware/stronger sense of self	7
Can be the real me	2
Self-affirmation/self-acceptance	7
New knowledge/deeper understanding of self	9
2.2.2 Improved interpersonal relationships	6*
2.2.3 Feeling better	8*
Felt changed/different/others noticed	6
Positive/good	5
Confident	4
2.2.4 More able/powerful	10*
Able to challenge own ideas/break pattern of thinking	8
Accept feelings and move on/empowered	7
Back to normality/cope day to day	3
Able to deal with things	3
Valued the journey	2
Would go back to therapist/very grateful	4
* No. of participants contributing to category	

Category 2.2.2 Improved interpersonal relationships: Slightly more than in the therapist-client study, around half of the participants described *improved relationships with others*, including particular people with whom they had difficulties. One commented: “And the other, the other . . . I don’t know if you’d call it an ability, the other happening if you like, is that I can empathise a lot more with other people as well” (participant 22, line 1179).

Category 2.2.3 Feeling better: Most participants spoke of feeling better, and although fewer than in the previous study, around half felt somehow *different or changed*, sometimes in quite a dramatic way, as one put it: “You see before you a truly transformed person” (participant 20 line 31). The same participant later added: “Because I don’t know, I’ve never felt this good before, honestly I’ve never felt this positive about life, even when nothing was going wrong I never felt this positive” (participant 20 line 632).

It was described as a new way of being that a couple reported was *noticed by others* around them: “I came back and I was so different, and I appeared so different to my husband” (participant 18, line 234). As with the therapist-client study, around half of the participants also reported feeling *good* or more *positive* following the experience, as the same participant later said: “It was almost like a negative head and a positive head and I always had a positive head after coming out of the session” (participant 18, line 900). Also like the previous study some also said they found a new level of confidence both in themselves and in their belief that they could change things for the better.

Category 2.2.4 More able/powerful: Although nearly all participants of both studies spoke of feeling more able and more powerful following a moment of relational depth, the descriptions were slightly different. Most participants of this study spoke in terms of being *able to challenge their own ideas* and *break old patterns of thinking*, with a new freedom of thought described. One participant described questioning herself: “Um, how would it be if I, um, if I started to live my life as if I was responsible for it, instead of blaming other people?” (participant 16, line 1020). Another acknowledged that she had the power to make things different: “I’m treading on a wire here, a high wire, and I could let it all go, or I can work for the future” (participant 17, line 977). A third described how having let her therapist in, she had a new hope that with her help they could change her suicidal thoughts: “I don’t think I felt vulnerable, I felt relieved. That now I’d told her, we were going to sort it out together so I wouldn’t have to do it. Because I didn’t want to” (participant 19, line 607).

A greater number of participants of the client-only study talked of feeling able to *accept their feelings or their situation and move on*. One said simply: “And suddenly I think I felt I had options again” (participant 19, line 620). Some described a feeling of *returning to normality*, accompanied by the feeling that they could *cope on a day to day basis*. As with the therapist-client study, some also spoke of feeling *able to deal with things*.

One effect on the participants that was found in the client-only study only was around the *value of the journey* itself, which seemed to a couple of participants to be more important than the insights that arose from it, as one put it: “But actually the thing that’s important is the journey, and that’s what’s been important to us both. . . . It’s not necessarily the dénouement, it’s the journey” (participant 17, line 1010).

Four participants of this study additionally expressed their *deep gratitude* for what their therapist had done for them, and said that they *would go back* to them if they needed to in the future.

DISCUSSION

The impact and effects of the moments described again were very similar to those described in the therapist-client study, supporting the finding of that study that an experience of a moment of relational depth can have a positive effect on the progress of therapy and beyond. Participants spoke of coming away feeling relieved, expanded, at ease and with an immediate lessening of painful feelings. The experience also had a positive effect on the ongoing therapeutic relationship and process, in that it opened up a new level of connecting that was available thereafter. An additional finding of this study was that of the moment described reconnecting them to life, which for some appeared to be exceptionally powerful. This finding might reflect the more critical level of need of client-only clients as opposed to therapist-clients; certainly some had been at a stage of suicidal ideation, impaired functioning or complete loss of interest in life at the time of their experiences.

The effects were also described as lasting, with participants feeling more connected to self and others in similar ways to participants of the therapist-client study. This finding supports Brazier's (1993) assertion that the value of a person's relating to others (in this case the therapist) can serve as a precursor to the way in which they relate to themselves. Most spoke of understanding themselves better, and of being able to develop a stronger sense of Self. Again a new self-acceptance was described, and participants spoke of feeling more confident and generally more positive to the extent that others around them noticed.

As with the therapist-client study, participants spoke of feeling more empowered, with the practical benefits of being able to tackle things and start to move on in their lives. Participants of the client-only study additionally talked of the value of the journey itself, the process of what they had been through with their therapist as opposed to simply the resulting insights. Some spoke of a deep gratitude towards their therapist, and said they would go back to them if they needed further support in their lives, possibly indicating an ongoing pro-active attitude to resolving problems.

As with the therapist-client study, while participants were being asked to give their perceptions of the effect of the described moment of relational depth, some of these findings undoubtedly relate to the therapy as a whole, not just the specific moment. In terms of the enduring effects, distinguishing between the effects of the two aspects was a difficult if not impossible task, and further research with client-only clients would be useful to replicate these findings. However the immediate impact is more easily identifiable, and the way in which the impact relates to the ongoing effects described can also clearly be seen.

SUMMARY

This analysis supports the findings of the therapist-client study that some clients perceive an experience of a moment of relational depth with their therapist as a powerfully significant moment, with an immediate impact and an enduring positive

effect. The moments described appeared to contribute positively to outcome, although distinguishing between the effects of the moment of relational depth and the effects of the whole relationship was more difficult with non-therapist clients than it appeared to be with therapist-clients.

Chapter Ten

Findings: Client-only study domain 3

Clients' experiences during a therapeutic relationship in which a moment of relational depth emerged

OVERVIEW OF DOMAIN AND SUB-DOMAINS

As it was the primary aim of the client-only study to investigate non-therapist clients' experiences of moments of relational depth, the third domain of this study focused solely on the relationships during which such a moment emerged. In addition the non-therapist clients were more commonly talking about their first, second or in a few cases only third therapeutic relationship, as distinct from participants of the therapist-client study most of whom had experienced up to five previous therapeutic relationships.

This difference means that there was not enough information generated to include the sub-domain of "the client's historical process" as in the therapist-client study. However in this study an additional sub-domain of "experience of self throughout the relationship in which a moment of relational depth emerged" was included, as most participants placed a significant emphasis on their own role both in entering and throughout the relationship. Domain 3 of the client-only study was therefore structured as follows:

Sub-domain 3.1 Clients' perceptions of therapist in a relationship during which a moment of relational depth emerged.

3.1.1 Characteristics of therapist

3.1.2 Therapist's actions/way of being

Sub-domain 3.2 Clients' perceptions of their own role in meeting at relational depth.

3.2.1 Experiences of self throughout the relationship

3.2.2 Experiences immediately prior to a moment of relational depth

SUB-DOMAIN 3.1 CLIENTS' PERCEPTIONS OF THERAPIST IN A RELATIONSHIP DURING WHICH A MOMENT OF RELATIONAL DEPTH EMERGED

Sub-domain 3.1.1: Characteristics of therapist

The general characteristics of the therapist in relationships in which a moment of relational depth occurred are shown in *Table 10.1*.

Category 3.1.1.1 Similar/matching: The importance to participants of their therapist being in some way similar to themselves or matching their own self experience came out equally strongly in both studies. Most participants of this study expressed the value of the therapist having experience of some aspects of their lives: "And that is . . . that is all to do with . . . yes I've said about a gay life and that's very important . . . somebody that can relate to you it's got to be somebody who's got the life experience. That is giving you the vibes that they know" (participant 23, line 608). Others spoke of religious beliefs, age, gender, nationality and as having the sort of personality they would want as a friend.

Table 10.1: Sub-domain 3.1.1 Clients' general perceptions of the therapist throughout the relationship: Personal characteristics

Category	Responses (No. of participants)
3.1.1.1 Similar/matching	8*
Some matching with self	8
Similar beliefs	4
3.1.1.2 Good/lovely/warm	8*
Good/genuine/lovely person	8
Calm/gentle	3
Warm/empathic	6
3.1.1.3 Right person/fit	8*
Right person	3
Parental/Like the mother/father I never had	5
3.1.1.4 Psychologically sound	9*
Emotionally strong/sorted	9
Ability/willingness to relate at depth	3
Comfortable with self/experienced	4
<i>No. of participants contributing to category</i>	

Category 3.11.2 Good/lovely/warm: Again as with the therapist-client study, most participants described their therapist as a *good*, *genuine* or *lovely* person, again with some citing the fact that the therapist was volunteering as evidence of their genuineness and goodness. Some also valued the fact their therapist seemed consistently *calm* and *gentle*, and around half also described them as *warm* and *empathic*, as one put it: “warm without being smothering” (participant 16, additional information).

Category 3.1.1.3 Right person/it: Also similar to the therapist-client study, most felt that their therapist was compatible to them – or as some described it, they were the *right person* at the right time. What made the therapist the right person could be something very particular to the client, and remain unknown to the therapist. One participant talked of a time when, as a young man, he had found himself in the position of listening to an old man talking about his life – an experience he had found powerful and meaningful at the time. Now, finding himself in a therapeutic relationship many years later with a younger therapist he said: “And that was my first thought, actually, that this reminds me of the old guy I used to [listen to] . . . but me being the old guy” (participant 22, line 983). For him having a younger therapist completed a very personal cycle that the therapist could not have known about. Emphasising the importance of the particular therapist the same participant went on to say:

I can recommend it . . . you need to be in the right frame of mind, it needs to be the right time for you, and it does need to I think be the right person as well, so I was lucky, all those three things fell into place for me. . . . Yes. Because you know, going back to the [previous] counselling relationship, had I been determined as I was now, you know had I been in the same place I was now, believe me, if I'd got that counsellor, it wouldn't have worked.

(Participant 22, lines 1249; 1289)

While in the therapist-client study only two participants described their therapist as being like the *mother of father they never had*, around half the participants of this study described them in this way, although a couple also emphasised that they were not parental, more like a friend or partner.

Category 3.1.1.4 Psychologically sound: Another virtually identical finding of both studies was the perception of most participants of their therapist as *emotionally strong* and *psychologically sound*. For participants of the client-only study this aspect seemed even more crucial than it did for the therapist-clients of the previous study:

But it's like . . . as long as people don't get something, I'll kind of . . . I won't unpack it, I won't delve into it, because it's like um, some sort of can of worms, there's nobody, there's nobody big enough or safe enough to contain it. And I certainly can't, so therefore I can't let it out. Because I can't handle it, and neither can anybody else. So I just . . . I just bottle it all up. Whereas once, once it feels that someone else is big enough to handle it, then I start to think actually, it's safe to think about this and explore it and actually think . . . what would happen if I let go of some of these, you know, um, rules in my head, and, yeah, and that was good.

(Participant 16, line 602)

It was almost as if the therapists were being assessed by the participants throughout the relationship; the above participant went on to say: "Because that person, the counsellor has kind of passed the test . . . they've kind of proved that they can handle it" (participant 16, line 990). Participants spoke of their therapist as having sorted out their own lives, and, while not having to be perfect, were seen to be sufficiently confident as one said: "And I think that's also because [name] has grown enough in her own confidence, so that I don't have to placate the situation, I don't have to go through the door that she's opened, I know I can say: "perhaps not this one, but maybe somewhere a little bit further on" (participant 17, line 362).

Like the therapist-client participant, some also mentioned their therapist's *preparedness, willingness and ability to relate at depth* themselves, and some felt that their therapist was sufficiently experienced and comfortable themselves, as one put it: "I needed someone with some experience . . . I always had a feeling that he knew what he was doing" (participant 25, line 45).

Sub-domain 3.1.2 Therapist's actions/way of being

The therapists' actions and way of being throughout the relationships in which a moment of relational depth occurred are shown in *Table 10.2*.

Table 10.2: Sub-domain 3.1.2 Clients' general perceptions of the therapist throughout the relationship: Doing/way of being

Category	Responses (No. of participants)
3.1.2.1 Creating a safe/welcoming atmosphere	10*
Welcoming/creating right atmosphere	3*
Welcoming/make me feel at home	2
Creating right atmosphere/ environment	3
Acting in a reliable/professional manner	10*
Consistently reliable	6
Persistent	2
Professional/boundaried	7
Sharing little personal information	3
Being patient	10*
Patient/gave space	6
Just listening/not previously challenging	6
Containing/Supporting	6*
Supporting	2
Makes me feel safe	4
3.1.2.2 Being real/human/offering mutuality	10*
Being real/human	9*
Real person/not fake/who they really are	7
Human/personal	6
Offering mutuality	9*
Equal/give control to me	6
Laugh together	4
Not perfect	3
3.1.2.3 Offering something over and above	10*
Offering something more than	10*
Always remembers things	4
Cares for me	6
More than just a job	6
Adapted to my needs/personal to me	8
Showing genuine interest/commitment	6*
Ongoing concern/commitment	6
Trusting me	3*
Trusted me/confidence in me	3

3.1.2.4 Being present/open/understanding	10*
Open	4*
Open/sharing felt sense	3
Demonstrated changes in self/being affected	2
Connecting emotionally/being present	4*
Connecting with me/close	3
Empathising	3
Understanding	8*
Understands me/showing he understands	8
3.1.2.5 Accepting/not interpreting	7*
Not judging/accepting	6
Not interpreting	2
3.1.2.6 On my side	8*
On my side	5
Affirms me/proud of me	3
Encourages me	5
Holds hope for the future/positive	6

**No. of participants contributing to category*

Category 3.1.2.1 Creating a safe/welcoming atmosphere: As found in the previous study, nearly all participants spoke of their therapists as *creating a safe, welcoming atmosphere*. As with that study, some highlighted the importance of their therapist's initial greeting, and the effort they made to *ensure the participant felt at home*.

Around half also spoke of their therapist being *consistently reliable*, and a couple appreciated their therapist's persistence in not letting go of a particular issue. Most described their therapist as acting *professionally, keeping boundaries*, and as some said, *sharing little personal information*. Around half highlighted their therapist's

patience, particularly in spending so long listening without interruption, and without trying to force any issue. Having disclosed an addiction to her therapist, one said: “Yeah, it’s been really nice that she’s been . . . left it to me to bring up as much of that as I want” (participant 21, line 336).

Similar to the therapist-client study most also spoke of the ongoing *support* provided by their therapist, feeling held in a way that made them feel safe, as one participant described it: “Like someone’s helping you along, I can just see . . . like a broken leg or something . . . hobble along” (participant 26, line 400).

Category 3.1.2.2 Being real/human/offering mutuality: Again like the previous study, most participants highlighted the fact that their therapist was a being a *real, human* person, bringing a *personal* quality to the relationship. One said: “He was a very honest man, and at times I thought he could be quite brutally honest, but I valued that” (participant 18, line 1077). The same participant later added: “Oh yes, he was a real person, that is a word I would use to describe him, he is very real, very present” (participant 18, line 2203).

Also replicating findings of the therapist-client study, around half of the participants also noted *mutuality* and *equality* of the relationship in general, with the therapist actively trying not to create an unhelpful power dynamic. Some talked of being able to *laugh together*, and some appreciated their therapist’s *lack of perfection*. One participant valued the fact that her therapist brought what she described as “her shadow side” to the relationship: “[My therapist] has acknowledged that she has got a shadow side as well. This also helped me to embrace my shadow side as part of me, which verifies me a human being, and also makes her more human” (participant 17, line 1056).

One described the difference between the mutuality of the therapeutic relationship and her previous encounters with medical professionals:

And also to feel that she is intelligent, but not patronising (line 327). A lot of people I think misread me, I've had that in the past in the hospitals because I've got quite a quiet voice and I talk slowly . . . and I get treated like an idiot sometimes. And this . . . this counsellor can see through that really. And this made me feel at ease, you know I don't get treated like . . . like an idiot . . . she treats me as if I'm able to understand the same things she is, and that makes a big difference.

(Participant 16, line 331)

Category 3.1.2.3 Offering something over and above: In the client-only study nearly all participants spoke of their therapists as offering them something more than they had expected. Some participants of this study spoke of their therapist always remembering things the participant had previously said, and like the therapist-client participants, around half were surprised to find that their therapist *genuinely cared* about them, as one said: "That's how the trust started because I thought this lady really does care. I'm not just somebody that goes to her on a Wednesday night, she really does care about me" (participant 19, line 311).

Another similar finding was that around half the participants felt that it was *more than just a job* to their therapist. A couple were surprised that their therapist invited them to phone during the week if they were in crisis. Others said they felt they were seeing the real person. Most also felt that their therapist was *tailoring their way of working to the specific needs of the participant*, making the relationship and experience unique to them, as one said: "He seemed to [understand] in the sense . . . um, it seemed very personal and very individual to my situation" (participant 25, line 99). The sense of their therapist being wholly *committed* to helping them was expressed by around half of the participants, along with the feeling that they had a *genuine interest* and *concern*. Some also spoke of being reassured by their therapist *trusting in them*, and their abilities as a client, as one said: "And also her confidence in me, not just her own confidence in what she's doing. I actually feel she really cares for me, and that's hugely important" (participant 17, line 960).

3.1.2.4 Being present/open/understanding: While some participants of the client-only study described their therapist as being *open* during the relationship, fewer focused on this aspect than in the therapist-client study. Those who did, however, highly valued the fact that their therapist had *shared aspects of themselves*.

A finding unique to this study was that of the therapist *demonstrating how they too were being changed* by the relationship, with a couple of participants highlighting the importance of this to them. Participant 17 also said of her therapist: “And she said this morning, and she’s said this consistently, that I work really hard, during our sessions, and that our sessions have been very enriching to her. And that means that I’m not just taking, it means that actually it is a relationship” (participant 17, line 265).

As found in the therapist-client study, some described their therapist as *connecting with them emotionally, empathising* with them, and being tuned in to them. Most also felt that their therapist was consistently *understanding* them, and *reflecting back* that understanding to the client.

Category 3.1.2.5 Accepting/acknowledging: Most participants of this study, as in the previous study, spoke of their therapists *accepting* them throughout the relationship, with a complete *lack of any judgements*. A couple, both of whom had also been to a previous therapist, noted by comparison a *lack of any interpretation*: “And, without any interruptions or without any judgements or anything, which is what used to happen with the other counsellor” (participant 22, line 563).

Category 3.1.2.6 On my side: Further supporting the similar category found in participants’ experiences of the therapist in a specific moment of relational depth, a category of this study not found in the therapist-client study was that of a sense of the therapist being consistently *on the client’s side* throughout the relationship. Around half spoke of their therapist seeing things the way they saw them, *affirming* their expectations in relation to particular situations as reasonable, or just simply being generally on their side. One spoke of the intensely empowering effect of the sense

that her therapist was, as she put it: “On my side and he could see things the way I see it, nobody else seemed to be able to see it the way I could” (participant 18, line 56).

Some also spoke of their therapist’s *encouragement* and apparent pride them for the work they were doing and the achievements they had made on the way: “And he certainly celebrated that almost like a dad’s pat on the back he would say like the metaphor ‘oh I can see how hard you’ve worked because this is how it’s been, and well done you for getting through that bit.’ So that was really helpful as well” (participant 18, line 637).

Around half also said that their therapist was *encouraging* them throughout the relationship, highlighting the small steps that have been made.

Again relating to the finding of participants’ experiences of the therapist in the moment of relational depth when therapists’ challenges were described as being forward looking, throughout the relationship the therapists were also described as *holding the hope* for around half of the participants. One described it:

As if I’m making that external person that’s all accepting and non-judgemental, and listening to me, and valuing me . . . at the moment it has to come from another person, but one day, when I’ve finished counselling, that other person will actually be assimilated to this part of me. So when I feel this way, I’ve got the resources within me to counter it, and to talk it out, as I would with a counsellor. But in my own head.

(Participant 16, line 1062)

A couple also described their relationship with their therapist as a model for the outside world, holding a possible future for them in which they would be able to work out their own problems and both interpersonal and intrapersonal relationships.

SUB-DOMAIN 3.2 CLIENTS' PERCEPTIONS OF THEIR OWN ROLE IN MEETING AT RELATIONAL DEPTH

Sub-domain 3.2.1: Experiences of self throughout the relationship

Clients' experiences of self throughout the relationship in which a moment of relational depth emerged are shown in *Table 10.3*.

Category 3.2.1.1 safe/open: Most participants spoke of becoming aware quite early on that they felt *safe* talking to their therapist, as one said: "it wasn't actually in the first session, but in the second session I thought actually, I do feel safe enough to talk to you, and to trust you with some of this stuff" (participant 26, line 10). The process involved in gradually finding it easier as time went on was also described:

Because, when I first started seeing them, I was going . . . I was really in a bad state, I thought the world was coming to an end, and I was really down in the dumps, but the more it's got easier to talk about things, the more I've got things off my chest and everything, it's becoming more realistic, that I need to go further in depth with what my problems are.

(Participant 24, line 24)

Around half also said they quickly felt *relaxed*, sometimes unusually so, even where there were anxiety issues around communication and interpersonal skills. A couple of participants talked of the importance of *trusting* their therapist, especially where they held anxieties around others' opinions of their own beliefs:

At first I remember thinking is that going to be a problem, will I be defensive if I talk about something to do with church or . . . but I haven't felt like that actually, no, it's not been like that. And I've felt . . . I thought, 'I believe you, I trust you'.

(Participant 16, line 368)

Table 10.3: Sub-domain 3.2.1 Clients' perceptions of their own role in meeting at relational depth: Experiences of self throughout the relationship

Category	Responses (No. of participants)
3.2.1.1 Safe/open	11*
Felt safe/relaxed	9*
Safe /Ok to say anything	8
Relaxed	6
Felt trusting/understood	4*
Trusting	2
Understood	4
Open/connected	9*
Connected	3
The real me	5
Open	7
3.2.1.2 Prepared/contributed	11*
My preparedness/readiness	8*
Stage I was at/ready to build relationship	5
Had faith in/understood counselling	2
Discriminated in choice of counsellor	6
Ongoing contribution	11*
Committed/persevered/proactive	10
Processing in between sessions	4
Using therapist in between	3
Learning the habit of being open	4
Taking control	4
Coming to terms with the relationship	11*
Aware of/understanding the relationship	8
Want to get better for counsellor	3
Concern for counsellor	5
Giving something back	6

**No of participants contributing to category*

Four participants spoke of feeling safe in the knowledge that they felt *understood*, and most felt a *connection* to their therapist which seemed to be maintained on some level throughout the relationship, not just at particular moments of deeper engagement, as one put it, there was “an intimacy and a closeness from day one” (participant 25, line 268). Most also spoke of being able to be the *real me* in the relationship, in the sense of feeling able to talk honestly and uninhibitedly. One expressed the view that she was only able to be her real self in the counselling room. Most felt that they were able to be open in the relationship, and also realised the need for them to be so.

Category 3.2.1.2 Prepared/contributed: Most participants felt that the success of the counselling relationship was in part due to their own *preparedness* for the work that lay ahead. They described a process of preparing to engage at a deeper level *from the beginning*. Some described coming to a point of being *open to building up a relationship*, often attributing this to the fact that they had reached a point of desperation, and decided to do something about it, as in the following example:

And I was . . . I was literally unable to do anything. I bottomed out, after about a year of feeling pretty crap, I bottomed out, when I came to see [name]. I couldn't stop crying. For no . . . I don't know what the trigger was. Just one morning, I could not stop crying, Whoof! Then I could not get out of bed for about two days. Didn't eat for two days, did not move. You know. I don't know what that was.

(Participant 20 line 107)

One participant described how everything just seemed to come together at the right time: “You need to be in the right frame of mind, it needs to be the right time for you” (participant 22, line 1249).

A couple spoke of having developed *faith in the process of counselling* itself, and around half, as found in the therapist-client study, said they had been discriminating in their choice of counsellor.

Nearly all the participants of the client-only study talked of the importance of their own *ongoing contribution* in both the relationship and in the therapeutic process itself. Nearly all spoke of their own *persistence*, sustaining commitment to the counselling process and a *determined perseverance* in making it work. Some spoke of an initial cynicism that had to be overcome before a real commitment could be made.

The energy needed to maintain a *proactive engagement* in the work was expressed by one:

And as I say, the more positively I was thinking about it, the easier it became, it did become this absolute positive cycle. . . . That's what it was like, it was like a positive energy just gathering pace, it was like a snowball effect. Gathering pace all the way. It was really good. It was brilliant. I must admit, a year ago, I wouldn't have thought I'd be sitting here, talking like this, you know.

(Participant 22, line 1229)

Another contribution highlighted by some participants was the *ongoing processing* that they did themselves in *between sessions*, either thinking about what was talked about in the last session or preparing for the next. Some described *using the therapist between sessions*, thinking about what they said or what they would do in a particular situation. Some also spoke of the sense that they were *learning a new habit*, a way of being open, and that it took perseverance and time to develop.

Four also spoke of working towards a point where it felt more equal, and where they could *take some control* themselves in the relationship, for example feeling able to challenge the therapist's way of thinking, or deciding what to focus on.

All participants of the client-only study spoke of *coming to terms with the counselling relationship*. Most talked of a process of *becoming aware of or understanding the relationship*. Some highlighted the paradox of the relationship

being as close as a friendship, yet not yet at the same time being a professional relationship, while not feeling like one: “It took me a long time to actually get used to what a counsellor was, and yes, it is a professional relationship . . . it isn’t a professional relationship like going to see a doctor or a solicitor, it’s a completely different relationship” (participant 19, line 21).

As they grew closer to their therapist, some found that they *wanted to get better for them*. Another spoke of wanting to make her therapist proud of her because she saw him as a surrogate dad. As time went on some also talked of *feeling concern for their therapist*, feeling responsibility towards them or worrying about how they are taking all the stuff that the participant is throwing at them. One said: “You know I’m sure that when he’s sat there with me for an hour some weeks he probably feels as though he’s done a round with Tyson” (participant 23, line 1261).

Around half also said that they had felt the need to be *giving something back* to their counsellor, and spoke of how useful it was when they felt that they were, as in the following example:

That I’m not just taking, it means that actually it is a relationship . . . I’m not just a leech . . . Um, I don’t mean that generally I’m a leech, but it means that I’m giving something back. And I do see that [name] has grown through the relationship that we’ve had, and her abilities . . . and that is actually . . . that’s empowering, yeah, that’s empowering, isn’t it?

(Participant 17, line 279)

Sub-domain 3.2.2 Experiences immediately prior to a moment of relational depth

Clients’ experiences immediately prior to a moment of relational depth are shown in *Table 10.4*.

Table 10.4: Sub-domain 3.2.2 Clients' perceptions of their own role in meeting at relational depth: Experiences immediately prior to a moment of relational depth

Category	Responses (No. of participants)
3.2.2.1 Perceived change in therapist	9*
Therapist admitted making a mistake	3
Challenged me	8
3.2.2.2 Change in own experiencing of therapist	5*
Had built up trust in therapist	5
3.2.2.3 Perceived change in relationship	4*
Developed to point where could take to a deeper level	3
Reached a state of partnership/through professional relationship	2
3.2.2.3 Own readiness	11*
Own desire/preparedness	9*
Own need/determination	8
Was ready	7
Heightened emotions	10*
Heightened emotion/negative feelings/fear	10
Own decision/action	9*
I was proactive/my decision/in control	8
Let go/no going back	6
3.2.2.4 Spontaneous	2*
Accidental	2
<i>*No of participants contributing to category</i>	

Category 3.2.2.1 Perceived change in therapist: While this category was one that arose in both studies, one aspect that was included by some participants of this study was the therapist *admitting a mistake* they had made. This allowed a deeper connection between therapist and client as both were open about their lack of perfection. As with the therapist-client study, most participants spoke of their therapist *challenging* them in the lead up to the moment of relational depth, for example naming how they were really feeling.

Category 3.2.2.2 Change in own experiencing of therapist: Again like participants of previous study, around half of the participants felt that it was their own perception of their therapist that changed in the moments leading up to the experience of relational depth, rather than the therapist themselves. Around half felt that they had got to a point of *being able to trust their therapist*, even when they were very challenging.

Category 3.2.2.3 Perceived change in relationship: Also replicating a finding of the previous study, some participants felt that the *relationship had developed to a point where they could take it to a deeper level*, and a couple spoke of reaching what one called “*a state of partnership*” (participant 17, line 132), where the therapist became more like an equal partner and less the perfect professional, as one said: “It was kind of, it kind of dismantled some of that . . . you know . . . the professional counsellor in front of me, and . . . not that it was a mistake, she didn’t make mistakes and she didn’t necessarily know everything either” (participant 21, line 499).

Category 3.2.2.3 Own readiness: That the participants were themselves ready to engage at relational depth was a strong finding of this study, just as it had been for the therapist-client study. Most highlighted their *own desire and their own need* for such in depth relating, and their *determination* to engage at that level even when they found it difficult; one participant, having spoken of how she often shied away from such moments of closeness in life, said:

So yeah, in the immediate, I don't want this. I don't like it, I want it to sort of stop. And maybe a hint of anger, of you've pushed me to a place that I don't want to go, but then, but at the same time another voice in my head is saying, you need to do this. And I do trust [name] and I know it's a safe place, and I can say stop. And, um yeah I'm much more driven by that, and that gift of desperation, I need to go and deal with this stuff, so I can get some sort of semblance of life going again. Um, I'm kind of driven by, you know, it's going to get worse before it gets better, I need to go through some things, because I've just been spending fifteen years avoiding them.

(Participant 21, line 1156)

Another finding of first study that was strongly replicated by the client-only study was that of the client being *in a state of heightened emotion* immediately prior to the moment of relational depth, with nearly all participants mentioning this. Participants spoke of being upset, having *negative feelings* or feeling *acute fear*. Some spoke of a fear of being rejected as they opened up about their innermost thoughts and feelings; One, who had experienced several moments of profound connection, said: "But the special connections always followed the hardest times. So whenever I was deep in a hole, I often called it a hole, an emotional crisis, I would need almost the relationship to pull myself back out of it" (participant 18, line 284).

Most also described themselves as being *proactive* in the experience, *feeling in control*, being able to say back out, but *making the decision* to go for it. One participant described the process:

Yeah, shall I, shan't I? . . . I couldn't just make something up then. Essentially I wanted to tell her, because I was getting to the point of realising that . . . it's only through being honest that this is going to work (line 313). And again I was a bit kind of . . . again it was a leap of faith the idea of having him in on this conversation, I don't know what an honest conversation would be with my dad (line 550).

(Participant 21, line 313; 550)

Also similar to the therapist-client study, participants described a sense of *letting go* with *no going back* as they entered a moment of relational depth. As one put it: “It was like an unleashing of something. . . . And then when I felt it I knew there was not going to be any going back from it that, that was it” (participant 18, line 596).

Another said: “It really was, it was like, it was just like opening up a valve, and it all came out then. And I think, during that process, a lot of other unexpected stuff came out as well, you know” (participant 22, line 746).

While in the therapist-client study some participants spoke of a moment of relational depth being initiated by the impending ending of the relationship, only one participant of this study mentioned that as a contributing factor.

Category 3.2.2.4 Spontaneous: As with the therapist-client study, two participants spoke of the spontaneous nature of the emergence of the described moment, but in this study it was described more as natural or *accidental*, and was still something that was more surprising to the therapist than to the client: “I kind of think it was accidental, I think she was a bit surprised, because she was explaining a kind of process, a theory” (participant 21, line 471).

DISCUSSION

Clients’ perceptions of their therapist during a relationship in which a moment of relational depth emerged

Participants’ perceptions of their therapist during the relationship in which a moment of relational depth emerged again bore strong similarities to the descriptions given in the therapist-client study. Again supporting the findings of previous research (Conte et al., 1995; Lietaer, 1992; Perren et al., 2009) therapists were described as warm, lovely, open, and understanding. As with the therapist-client study, they were also seen either as the right person for the participant, or as being in some ways similar to the participant. They were also similarly seen as psychologically sound, giving the

participant a sense of security in the knowledge that they would be able to take whatever was thrown at them. This finding came out even more strongly than in the therapist-client study, perhaps reflecting the higher number of responses relating to their own care and concern for the therapist. As the non-therapist clients were more worried about the impact of their own material on the therapist, it was more important to them that their therapist was psychologically sound themselves, and not at risk from any imagined emotional damage that might result from their engagement with the client.

In terms of the actions and intentions of the therapist, again the similarities between the two studies were striking. The differences lay in the importance given to some aspects over others. For example creating a welcoming atmosphere was a strong finding in the therapist-client study, but only mentioned by three participants of the client-only study. It may be that non-therapist clients simply had the expectation that this would be the case. On the other hand, acting in a reliable, professional manner was mentioned by a greater number of participants of the client-only study than of the therapist-client study. It is possible that the professionalism which was valued so highly by the non-therapist clients was conversely something that was expected by therapist-clients and therefore less notable, possibly because their own therapy training focused more on professionalism than on simple everyday courteousness.

While in the therapist-client study most participants spoke of the importance of their therapists holding them and making them feel safe, again in the client-only study this was only mentioned by a few. However most client-only participants did talk of feeling safe in the relationship. It would seem that, as with other aspects, those clients seemed to take more responsibility for their own sense of safety, rather than look for it as something that the therapist should be offering.

Participants of both studies talked of feeling that their therapist was giving them something over and above what they had expected from a professional relationship, not just in the moment of relational depth, but also in the sense of their ongoing care for and commitment to the client, strongly supporting a similar finding of McMillan

and McLeod's (2006) study. Participants of this study also valued the humanness and personal nature of their therapist's engagement, ongoing acceptance of the client and non-judgemental attitude.

Reflecting the finding of an experience of a specific moment of relational depth, yet not found in the therapist-client study, participants also appreciated the feeling that their therapist was generally on their side. Descriptions included the therapist being proud of them, and perhaps most importantly, holding the hope for the future. This seemed to be a crucial factor for non-therapist clients, who often seemed to be at a point in their lives where they were unable to do this for themselves. Some of them seemed to have lost hope or were treading a very fine line between giving up and working for a better future. It seems that they needed their therapist not only to be encouraging them and drawing attention to their small, step by step achievements, but also to hold fast to the idea that the client could and would succeed in their endeavours and their attempts to change.

For non-therapist clients then, the therapists' role in enabling engagement at relational depth was more to do with their own relational characteristics and the quality of relationship that they offered, than it was to do with them creating or initiating a moment of relational depth.

Clients' perceptions of their own role in meeting at relational depth

While most of the non-therapist clients did not have the same historical journey of so many previous relationships as was the case for the therapist-client study participants, they did talk about their own processing throughout the relationship in which a moment of relational depth occurred. Participants spoke of assessing whether or not they felt safe and could trust the therapist, and took responsibility for doing so. They also said they came prepared and ready to engage in the relationship. While most of them had not been through the same process of seeing several previous therapists, some of them had been trying to access support in other ways, and most had reached a point of desperation and were willing to work hard for change. Like the participants of the therapist-client study, they had, where possible,

been discriminating in their choice of therapist. Moreover most participants of this study emphasised their own ongoing contribution throughout the relationship. Nearly all saw themselves as highly committed and determined to make it work, with an enduring perseverance that took courage and resilience. They also spoke of taking control and learning the habit of being open. As found in McMillan and McLeod's (2006) study participants of this study also said they continued processing in between session, and used the therapist in their absence while they were learning greater autonomy. Their therapists, therefore, were clearly highly significant in their lives during the period of the therapy, both on a personal, human level and as a symbol which the client could use in their absence.

Another finding of this study which was not a finding of the therapist-client study was that of coming to terms with the counselling relationship. It seemed that the non-therapist participants went through a process of struggling to understand the relationship, involving finding ways to make it a two way relationship by having concern for the counsellor and wanting to give something back. It is not clear why this should be the case for these clients more than for clients who are also therapists, but it could be that the training of the therapist-clients led them to be more accustomed to the idea of a relationship which is unusually predominately one way. They may also have been taking any signs that they were positively impacting upon their therapist as evidence of their own increasing sense of power, autonomy and interpersonal abilities.

Participants' experiencing immediately prior to a moment of relational depth was very similar to that of participants of the therapist-client study, with a change in the therapist noted, as well as a change in the way the client themselves saw the therapist. Their own readiness and preparedness also came out equally strongly, although fewer sub-categories arose. The feeling that they were proactive in the experience, making the decision to let go and let it happen, was the same for participants of both studies, although participants of this study did not emphasise the risk taking element as did participants of the therapist-client study. It might be that clients in this study found the whole experience one that required sustained courage,

so that the bravery in engaging in the moment of relational depth stood out less dramatically for them.

While participants of both studies mentioned experiencing heightened emotions in the moments leading up to the experience of relational depth, no participant of this study spoke of the occurrence of a recent external traumatic event. In addition, only one thought that the impending ending of the relationship was a factor. However most of them had experienced traumatic events throughout their lives which they were dealing with in the therapy. As with the therapist-client study, only a couple saw the experience as spontaneous, the difference being that in this study they felt there was an accidental element to it, but like the therapist-client study, it was more surprising to the therapist than to the client. Even where the ensuing process of opening up and relating at such depth was unexpected, the initial decision to do so was the client's. What seemed more surprising to the non-therapist clients was the genuine care and compassion they felt from the therapist, and the fact that they themselves felt able to make such a decision to relate so deeply.

SUMMARY

In the relationships in which there emerged a moment of relational depth, the findings of this study replicated those of the therapist-client study in that therapists were seen as warm lovely people with some similarities to the client. They were also seen as open, understanding and human and offering something over and above what was expected. The clients themselves were both prepared and ready to engage in the relationship, and ready to engage in meeting at relational depth. In this study the client's own determination, perseverance and commitment were seen as contributing factors, and the participants also described a process of coming to terms with the counselling relationship before engaging at relational depth.

Chapter Eleven

Discussion and implications for practice

REVIEW OF FINDINGS

Do clients of individual, face to face counselling experience moments of relational depth with their therapist? If so, what is the nature, and what are the qualities of clients' experiences of relational depth, and how do their experiences compare to previously described therapists' experiences of such moments?

The first and foremost finding of this research is that, like therapists, some clients of individual face to face counselling, and person-centred counselling in particular, do experience identifiable moments of relational depth with their therapist. Such moments may also be seen as highly significant moments in therapy, sometimes representing a catalyst or turning point for the client both within the therapeutic process and in their life in general. In this sense a moment of relational depth would correspond to Schmid's (2003) description of the Kairotic quality of encounter as a moment of responding which is also a source of change, development and decision.

This initial finding emerged strongly in the therapist-client study, with participants who were also therapists or trainee therapists themselves, and was subsequently replicated in the client-only study, with participants whose only experience of therapy was as a client. It also supports the (2006) findings of McMillan and McLeod that clients in deeply facilitative therapeutic relationships can experience moments of connectedness which were described as "states of flow," and lays the ground for all other areas of investigation in an exploration of specific moments of relational depth.

Clients' experiences of the therapist in a moment of relational depth

In both studies therapists were described as real, empathic, present, open and wholly accepting of the client during the moment of relational depth, findings which correspond to Cooper's (2005) study of therapists' experiences of relational depth,

and also bear similarities to therapists' experiences of presence found in Geller and Greenberg's (2002) research. The additional aspect in the client-only study of the therapist making it known to the client that they have been impacted upon, and of demonstrating a change in themselves as a result, may reflect these clients' apparent need for a greater sense of agency in the relationship, as highlighted by Bohart and Tallman (1999). It also brings us back to Buber's (1923/2004) emphasis on the importance of being open to being changed by the other in an "I-thou" relationship, stemming from his belief that he did not have the right to change another person if he himself was not also willing to be changed by them.

Participants of the therapist-client study also saw their therapist as being trustworthy in the moments described, while in the client-only study participants appeared to see the act of trusting as their own responsibility, rather than seeing it as a quality of the therapist. This may be indicative of the non-therapist clients' indicated tendency to take more responsibility for their role in the relationship in general, and their apparent greater need to see it as two way, although participants of both studies experienced themselves as trusting. It may also be that non-therapist clients are more likely to assume the trustworthiness of a therapist, although further research would be needed before any conclusions about this could be reached.

Therapists were also seen by participants of both studies as creating the opportunity to relate at depth, and also to be inviting the client in, most importantly at exactly the right level, and by showing their accurate empathic understanding, aspects which the therapists of Cooper's (2005) study had not mentioned. It is possible that by offering a high level of empathy, congruence and acceptance, the therapists were inevitably giving clients a sense of being invited to relate at depth. The overall effect might then be perceived by the client as an invitation, whereas the therapists, because of their person-centred perspective, broke their experience down into what they felt was an offering of Rogers' (1957) core conditions.

While therapists were sometimes seen by clients of both studies as making a challenge, the non-therapist participants highlighted the importance of the forward

looking nature of the challenge, supporting the existential assertion that humans are fundamentally future orientated (e.g. Rychlak, 1991), and that the essence of consciousness is to make accommodations for the future (cf. Cooper, 2003). However why this aspect should be such a strong part of the non-therapist clients' experiences, and yet not mentioned by therapists or therapist-client participants is again unclear. It could be that their counselling training, having emphasised the need to stay with the client in their present feelings, led them to see a "present moment" as something which did not include the future. Again, the fact that non-therapist clients included an aspect of intentionality and hope in their experience ties in with the kairotic nature of a meeting at relational depth.

Another finding of both of the present studies but not mentioned at all by therapists was that the therapist was holding and supporting the client during the described moment. This would seem to be an aspect that, while highly valued by clients, therapists are unaware of providing. Indeed person centred literature has tended to focus on the therapist letting go of their own foothold (Mearns & Cooper, 2005), or as Rogers described it: "I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes" (1986/1990, p. 137). However this research suggests that from the client's perspective, at a moment of relational depth the therapist is experienced as remaining grounded, acting as a kind of anchor for the client's explorations into the unknown.

Another strong finding of both the therapist-client study and the client-only study was that of the therapist offering something over and above – again an aspect that was not included in therapists' self experiences (Cooper, 2005) or in therapists' experiences of presence (Geller & Greenberg, 2002). However this finding does correspond to the finding of McMillan and McLeod (2006) that in deeply facilitative relationships the therapist is seen by the client as "going the extra mile to care for me" (p. 283). The aspect of genuine, personal care from the therapist would appear to be so crucial for the client, with some participants feeling that they were describing something more than the offering of empathy, congruence and unconditional positive

regard. These findings would seem to lend weight to Thorne's (1991) proposition that when tenderness is present between two people "something qualitatively different will occur" (p. 76). The notion of personal care in therapy, like relational depth as an identifiable experienced moment, has been given scant attention in person centred literature over the years, possibly being seen to be conflicting with the healing potential of non directivity. However it would seem from these studies that Schmid's (2001b, p. 62) description of responding to the Other with authenticity: "It is a question of whether we dare to love our clients," is an aspect that may have a profound impact on the client. Moreover the non-therapist participants of the client-only study also saw their therapist not only as caring for them in the moments described, but also as being on their side, a concept which would seem to stray more distinctly from the requirement of a person centred therapist to maintain a non-directive attitude. There are of course many interpretations possible for such a response. Could the clients themselves have interpreted the therapist's empathy, seeing the world as the client sees it, as being on their side? While this is possible in some cases, it was certainly not the case for all participants contributing to this category. The fact that this was not a finding of the therapist-client study might be a result of the training of therapist-clients which might give them an understanding of this being something that was not supposed to happen. It also begins to make more sense if being on the client's side is viewed as a type of momentary (or possibly ongoing) pre-therapy that brings the client to a point of being able to benefit from a more non-directive stance allowing a safe and genuine exploration of self; it is certainly the case that several of the non-therapist clients had been in a state of acute psychological distress at the time of the moments described, with some describing a critical state of very low self-worth.

Clients' experiences of self in a moment of relational depth

Clients' experiences of self in these studies bore several similarities to therapists' experiences, both of themselves and of the client, during an experience of relational depth. Like therapists, clients described feeling open, real, present, energised, with a sense of aliveness yet also calm and peaceful or satisfied.

As mentioned above, clients of both studies experienced themselves as trusting of the therapist, and also felt safe, grounded and held. Perhaps, not surprisingly, this sense of safety was emphasised by nearly all the participants, with descriptions of the very delicate, precise level of the emotional hold being required from the therapist; a hold that ranged from a secure grip or a supporting arm to a loose but visible safety net to catch the client should they fall.

While participants from both studies felt cared for and accepted, again a very delicate balance of an accepting attitude and a lack of any reaction was described, an aspect which therapists did not mention in Cooper's (2005) study. The precision of the therapist's understanding, containment and acceptance in response to the client's needs at that moment appeared to be crucial, therefore, over and above the fact that that the therapist simply needed to be understanding, containing and accepting.

Why it was only the non-therapist clients who expressed their own concern and compassion for the therapist can perhaps be explained by their lack of experience or understanding of a relationship which is essentially "one way." However it might also reflect their greater need for a sense of agency at that time, again supporting Bohart and Tallman's (1999) work in highlighting the importance of the process of active self-healing.

Participants of both studies spoke of delving deeper in an intrapersonal exploration of self in the moments described, with an intensity of experiencing and connecting with previously hidden parts of themselves. They also described feeling connected to the "real me" and able to bring the whole of themselves to the relationship in that moment. These findings potentially relate an experienced moment of relational depth to a moment of insight (e.g. Elliott, Shapiro, Firth-Cozens, Stiles, Hardy, Llewelyn, & Margison, 1994) possibly suggesting that the one is an inevitable consequence of the other. The question arises, therefore, can one occur without the other? Can a moment of insight be seen as a moment of relational depth within oneself, and if two people share that insight together, does that create a moment of relational depth between them? Whatever the answers to these questions, this research does indicate

some level of connection between a moment of insight and an experience of relational depth, and suggests that to some extent, and in some aspects, the two may be interrelated. A finding of McMillan and McLeod's (2006) study was that in deeply facilitative relationships clients experienced moments of insight and spoke of learning about themselves. This finding appears to relate to recent research that found that around 40% of clients experienced "sudden gains": over half of the improvement of their symptoms in the single period between two sessions (Cooper, 2008). Accounts given by client participants of a study by Carey, Carey, Stalker, Mullan, Murray, & Spratt (2007, cited by Cooper, 2008). similarly included descriptions of sudden insights "like a light going on" (p. 28).

Although insight is generally felt to be a natural element of the therapeutic process, Elliott et al. (1994) have pointed to the lack of clarification of the precise nature of insight, or knowledge of how it might arise, and what the consequences might be. Findings of research relating to insight is varied, for example Llewelyn, Elliott, Shapiro, Frith and Hardy (1988) found that 12% of helpful events in therapy were cited by clients as insights, whereas Elliott, James, Reimschuessel, Cislo, & Sack (1985) found that insight represented 34% of helpful events as rated by clients. Following a subsequent study (Elliott et al., 1994), a sequential model of insight was developed starting with contextual priming, leading on to novel information, followed by a period of initial distanced processing, which in turn leads to connections being made and the insight itself. This is usually communicated to the therapist accompanied by expression of surprise, which was also a finding of the current studies, and ultimately an elaboration of the insight takes place, stimulating further exploration. Another similarity between this and the present studies is that the type of insights found in psychodynamic-interpersonal therapy events by Elliott et al. (1994) involved an awareness that was in some way painful. A difference in the results is that the present studies suggest that a moment of insight leads to closer connection with the therapist, whereas Elliott et al.'s description indicates that following a moment of insight, there is a distancing while the insight is processed internally by the client. Depestele's (2008) description of a therapist meeting a "now" moment with an intention of moving towards, facilitating a moment of

meeting which in turn provides a supportive environment for a client to encounter their own implicit relational knowing and engage in reflectivity, would seem to encompass both processes – that of meeting the therapist, and then engaging in intrapersonal reflectivity.

The incidence of insight and connection to self in the present studies might also relate to the level of congruence that clients described during moments of relational depth, in line with a study by Grafanaki and McLeod (2002) which explored the ways in which congruence is experienced during significant moments of therapy, a major finding of which was that during such moments clients experience congruence as simultaneously intrapsychic and relational, suggesting an experienced potential connection to self and other in the moment. Relational depth in the therapeutic context, therefore, may be most likely to occur when both client and therapist are in close contact with each other, but also both deeply focused on and understanding the person of the client.

The finding of clients being vulnerable is a complicated one, and although mentioned by most participants of both studies, was also described in terms of feeling able to be vulnerable, as opposed to feeling too vulnerable to open up or go further. It is an aspect which has prompted much discussion among researchers of relational depth due to the apparently conflicting findings (cf. Wiggins, 2008). The differing descriptions given in this research, sometimes made by the same participant, strongly indicates a process of experiencing as described in chapter four. Most participants initially came to the moment with a heightened feeling of vulnerability, but it was their sense of it being OK to be vulnerable, and the safety they felt in bringing their vulnerability, that allowed them to meet at relational depth. In Rogers' (1959) description of the effects on clients of being in receipt of the therapist's empathy, he included a sense of reduced vulnerability to threat; it would seem to be this process that participants were describing as they began to relate at depth with their therapist. This finding also supports Warner's (2001) assertion that, while the opportunity for relational depth might be something that a client, in particular a client engaging in a difficult process, might long for, the very prospect also brings forth their deepest

fears. She hypothesises that this is due to previous experiences of attempts to relate at depth having been met with betrayal and manipulation causing extreme hurt and trauma for the client.

The description of most clients of both the therapist-client study and the client-only study around feeling real in the sense of solid and tangible brings a new aspect to previous descriptions of feeling real, more usually explained as honest, genuine or, as the therapists in Cooper's (2005) study perceived their clients, coming from their core. Participants of the present studies almost seemed to be describing a sense of bringing themselves, and their feelings, into being, giving them substance and form.

Clients' experiences of the relationship in a moment of relational depth

The findings of both studies around experiences of the relationship in a moment of relational depth were very similar, both to each other and also to therapists' descriptions in Cooper's (2005) study, particularly in the descriptions of depth and an intimate, emotional connection with a deep understanding and knowing without words. The sense of mutuality, although present, was less strongly described by the client-only participants. Given that mutuality is widely discussed as a relational concept within the world of psychotherapy, and less commonly discussed in relational terms in the wider population, this might not be surprising. It might also be that a sense of mutuality was simply not experienced or perceived by non-therapist clients, potentially indicating that a sense of mutuality does not have to be present for there to be an experience of a moment of relational depth. If this is the case, it also has implications for the notion of intersubjective experiencing; i.e. in a moment of relational depth, is it possible for the therapist and client to be having different experiences simultaneously, or to be going through the same experience but perceiving it differently? If mutuality is understood in terms of each person being fully real with the other, as in Mearns and Cooper's (2005) proposed definition of a moment of relational depth, then undoubtedly it was an experience of the clients of these studies, whether or not they saw this as mutuality. However McMillan and McLeod's (2006) study found that not only did their participants not mention this aspect, they also reported that too much attention on the therapist hindered the

process of their own self-exploration. McMillan and McLeod have suggested that the difference in experiencing between therapist and clients might lie in the fact that while the therapist's task is to focus on the client, the client's task is to focus on the self. They point to Csikszentmihalyi's (1992) theory of flow, which states that when a person is fully involved in a demanding yet achievable task they find it pleasurable, satisfying, meaningful and memorable. In this sense both client and therapist would be experiencing flow in relation to their different tasks. An additional explanation might lie in the descriptions of the relationship in the described moments of relational depth given by participants of the therapist-client study, which appeared to include two distinct types of encounter; one face to face, with the attention of each on the other, and the other side by side, with the attention of both on the client. The client-only study participants, however, seemed predominately to be describing the latter. These differing descriptions might then be of different types of meeting, or possibly of different moments within an overall experience of relational depth, and the experiences which participants of McMillan and McLeod's study were describing may have been those meetings, or moments within meetings, where the therapist was alongside the client with a joint focusing on the client only.

The descriptions of moments of a profound engagement and connectedness being one where each person remains aware of their own separateness (Buber, 1923/2004; Mearns & Cooper, 2005; Rowan, 2005; Schmid & Mearns, 2006) are to some extent borne out by the present studies, with participants of both describing a union rather than a fusion at the moment described. However participants' descriptions varied as to the extent that they remained aware of their own separateness; some described blurred boundaries and a couple mentioned merging or oneness, with the participants of the client-only study tending to emphasise the latter. These studies suggest, therefore, that while it is certainly a feature of a moment of relational depth that each person remains aware of their own separateness, this can easily move into a state of merging. It also suggests that clients may see such a state of merging, oneness, or even sameness as relating at depth and potentially healing and facilitative.

Clients' experiences of the moment itself

This domain emerged strongly out of participants' descriptions that seemed to indicate something more than either experiences of self or therapist alone, or even of the relationship. This was also a finding of Wiggins (2008) who has referred to this aspect as "atmosphere." The moment itself was typically identified as being something different, unique or rare, in a different or deeper dimension, and as a moment of happening. Reflecting the depth of experiencing, most struggled to find adequate words to describe it. There was also a sense of participants wanting to do the memory justice, and not wanting to distort it in any way by bringing it up to a level of language. However several participants also expressed the feeling that talking about it helped them to get back in touch with the empowering feelings that had arisen at the time, and moreover some also engaged in a process of further processing of the experience, which they reported finding very useful. As Warner (2001) has pointed out: "Language simultaneously transforms and organizes the disparate aspects of each individual's lived experiences" (p. 184). It was inevitable that participating in this research would involve participants in both of these processes, and it was perhaps in the descriptions of the moment itself that this was most evident.

A significant difference in the findings of the two studies relating to this sub-domain was that participants of the client-only study put more emphasis on the described moment being an integral part of the whole relationship. For these clients, the whole relationship was on a different level to anything they had previously experienced, and the moment of relational depth was seen not only as an extension of that relationship, but made possible by it. A couple described the moments as moments of depth within an enduring sense of connectedness, rather than moments of connectedness within an enduring deep relationship.

Is there a therapeutic value in an experience of relational depth, and how do clients perceive the impact and effects of such an experience on the process and outcome of therapy?

Perhaps most importantly, these studies give the first indication that moments of relational depth in individual face to face therapeutic relationships can be seen by clients as having a positive effect, both on the progress of therapy and in the long term.

Participants of both studies spoke of the moments as healing, facilitating and enabling. They were seen as a catalyst leading to change, very much in line with Schmid's (1994; 2003) description of encounter above, with an immediate lessening of painful and difficult feelings described. Some participants of the client-only study additionally described feeling immediately re-connected to life, as if the moment of connection had, as Rogers (1986) suggested, alleviated their aloneness, and given them a reason to live.

A major contribution was on the therapeutic relationship, and in turn the therapeutic process itself, both because it took the ongoing relationship to a another level where greater authenticity was possible, and also because having experienced one such moment, clients felt that the door had been opened for them to return to such a level of relating whenever they felt they wanted or needed it during the rest of the therapy. So having taken the risk to meet their therapist at a level of relational depth once, it would remain easier to do so again.

Even more significantly, participants of both studies described a variety of enduring effects of the described moments, effects which were seen as having a positive impact on their lives. Descriptions given included feeling more connected to self and others, being able to be "the real me," feeling more positive with a new self-confidence, and more able to tackle things and move on in their lives. The process itself of reaching a point where they were able to experience a moment of relational depth with their therapist was also seen as valuable.

Overall the above findings indicate that the potential benefits of an experience of a moment of relational depth were varied, often surprising and numerous. On the one hand there was the effect of the insight and self-connection that the experience facilitated. On the other, there was the impact of the connection itself, resulting in a loss of aloneness and isolation, facilitating the client's reconnection to themselves, others, the world and life itself.

Unlike McMillan and McLeod's (2006) study, there were no instances where an experience of relational depth was found to be detrimental or unhelpful to the client. No participant described becoming over-involved in the relationship as a result of an experience of a moment of relational depth. One participant described reaching a point of being too afraid to go any further, but felt able to back off when she needed to. One also described being upset by the fact that the therapist could not recall the details of the insight the client had had the week previously during the described moment. It is the case, however, that all participants actively volunteered to participate in the research; it is possible that they were to some extent motivated to do so by an experience that they perceived as positive. It was certainly the case that none showed any signs of regret that it had happened; on the contrary, most described it with great fondness for the memory, and with such delicacy so as not to distort it in any way either in the recalling or in the recounting.

How might a moment of relation depth arise? Are there any relational conditions in which a moment of relational depth is more or less likely to occur, and how do both the therapist and the client contribute to the emergence of a moment of relational depth?

The therapist's role

This research is among the first to provide evidence of links between the emergence of specific moments of relational depth and an enduring deep relationship. The findings of both studies strongly suggest that specific moments of relational depth are more likely to occur in therapeutic relationships which are perceived by the client as having an enduring depth and closeness. The facilitating qualities of the therapist were felt to be their warmth, empathy, courteousness, gentleness and positive

attitude. It was important to clients that they were in some way similar to themselves, or if not similar then the right person or a good fit. Also very important to clients was the sense that the therapist was psychologically sound themselves, giving a security to the client in bringing their difficult material without risk to the therapist, and also in turn, without further risk to themselves. Talking of trusting in his own vague thoughts and hunches, Rogers spoke of the importance of: “trusting the totality of my experience” (1986, p. 199). The findings of these studies would seem to suggest that the therapist’s ability to trust themselves is also something that the client needs to have some awareness of.

Participants of both studies saw their therapist as being consistently understanding, or as making earnest attempts to understand them, both in the moment, and in the context of their life. While both groups of participants saw an aspect of their therapist’s empathy as forward looking, the non-therapist clients highlighted the need for their therapist to be holding the hope for the future.

A finding of McMillan and McLeod’s (2006) study was that in deeply facilitative relationships over half of the participants saw their therapist as a parent or mother figure. While this in itself was not a finding of the present research (although they did see them similarly as going the extra mile to care for them), a couple of participants of the therapist-client study and around half the participants of the client-only study described their therapist as being like the mother or father they never had, rather than seeing them as parental or maternal in general. Participants of these studies seemed to be putting the emphasis the personal attributes which their therapist displayed, but which they saw as lacking in their own parent. This finding lends weight to Warner’s (2001, p. 184) assertion that: “Therapists who offer relational depth are often presenting clients with something that they longed for throughout their childhoods and were never able to have.”

In terms of the therapist’s actions and intentions during the relationship in which a moment of relational depth emerged, participants of both studies described them as creating a welcoming atmosphere, acting reliably and professionally, and being both

patient and containing. Therapists were seen as being real, human and offering mutuality within the relationship, which included a willingness to show their own vulnerability and lack of perfection. In addition they were described as understanding, emotionally connected, and accepting without judgement or interpretation. More unexpected was the finding of the therapist being seen as on the client's side, not just in specific moments of relational depth, but in an underlying sense throughout the relationship. This was also related to the described need for participants to feel that the therapist developed an understanding of their whole lives, not just the person sitting in front of them, and to see their lives from their point of view.

The aspects of the therapist described in relationships in which no moments of relational depth occurred included the therapist being cold, distant, clinical, uncaring, not understanding, not inviting depth and too different from the client. They were also described as disrespectful, powerful, or in some way unprofessional. All of these descriptions are notable by their apparent opposites to the characteristics and actions of therapists which were cited as facilitating relational depth, that is, warmth, closeness, humanness, caring, understanding, inviting and similar or matching, as well as being respectful, equal and professional. In this sense, participants' descriptions of relationships in which no moments of relational depth emerged further support the findings of both studies relating to clients' perceptions of therapist actions and characteristics and which allow or facilitate moments of relational depth.

The client's role

The client's historical journey which emerged in the therapist-client study was also to a lesser extent present in the client-only study, although most of them reported having experienced fewer (if any) previous therapy relationships. In addition, as the primary function of the client-only study was that of triangulation for the findings of the therapist-client study around experiences of relational depth, less attention was given to this aspect in the interviews. It is possible that those clients who persisted with repeated attempts to find a facilitative relationship were more ready and more

desiring of relational depth at the time of the described experiences. Although the historical journey was a clearer process for the therapist-clients of the therapist-client study, it is also the case that many of them had not started or even thought about becoming a therapist at the time of their experiences. Given also that two of the participants of the client-only study have since contacted me to let me know that they have decided to train as a counsellor themselves, it is also possible that some clients who experience relational depth with their therapist are left with a desire for further similar experiences, or simply a wish to learn more about the process, and are therefore more likely to go on to train as therapists themselves.

A major finding of the therapist-client study, arising even more strongly in the client-only study, was that of the client's perceptions of their own proactive role in initiating the described moments of relational depth. In the therapist-client study, those participants who had experienced previous relationships with no relational depth described going through their own process of dealing with the difficult feelings that arose; deciding to continue with their therapeutic journey despite feelings of hurt, shock and anger; and then making a more considered choice of therapist. Participants of the client-only study also spoke of having reached a state of wanting to engage at depth, having faith in the therapeutic process and, where given the opportunity, selecting a particular therapist, a finding which corresponds McMillan and McLeod's (2006) finding that clients knew from the start whether or not their therapist was right for them.

Moreover, the non-therapist clients also highlighted their own commitment and perseverance during the relationship in which a moment of relational depth emerged. They were proactive throughout and, like participants of McMillan and McLeod's (2006) study, they spoke of their ongoing processing and using the therapist in between the sessions. In this respect it seems likely that the therapists were much more significant in the clients' lives than the clients were to the therapists, making a genuine mutuality in the relationship seem improbable. Indeed it seemed not to be an expectation of the clients that the therapists held them in memory at all, and some expressed surprise that their therapist remembered things that they had said in

previous sessions, highly valuing the fact that the therapist had held them in mind over and above the fifty minutes of the session.

The findings of the client-only study indicate that the non-therapist clients made attempts to redress this imbalance by showing care and compassion for the therapist. They also showed a need and desire to be giving something back to the therapist, so that the relationship was more dualistic in direction, and they felt empowered when the therapist acknowledged that they were learning from, being impacted upon or changed by the client. The fact that this was not a finding of the therapist-client study possibly reflects the fact that the therapist-client participants were also thinking as therapists in their reflections, and more readily seeing the relationships as one way. The client-only study participants, on the other hand, seemed to find the relationship confusing, and also described a process of coming to terms with the form, role and boundaries of the relationship itself.

In the moments leading up to experiences of relational depth described by participants, from the descriptions given it would appear to be the clients themselves who took the leading role. Firstly, most participants from both studies expressed the view that the crucial factor was their own readiness to engage at depth. They had to be prepared, and have come to point of being able to meet their therapists at relational depth, and they had realised their need or desire to do so. Being apparently ever-vigilant, they had also observed a change in the therapist, or a change in their own perceptions of the therapist, and had felt that the relationship itself had reached a state of partnership, and was now at a point where they could take it to a deeper level. While there might have been triggers for the emergence of the moment, for example the therapist admitting a mistake, the occurrence of an external traumatic event, or the client being in a state of heightened emotion, the decision to engage at depth was the client's. While the therapists of Cooper's (2005) study saw the moments of relational depth described as occurring spontaneously, the clients of these studies identified a process of heightened emotion, leading to them making a decision, taking a risk, or as some described it a "leap of faith," and finally letting it happen. Even where the process was described as spontaneous or accidental, they

were also aware of the process and of their own decision making. Once they had let it happen, there was a sense of opening the gates and allowing a flow with no turning back.

MODEL OF AN EXPERIENCE OF RELATIONAL DEPTH

These studies raise the possibility of an identifiable process of experiencing on the part of the client during a moment of relational depth. They also suggest the ways in which this pattern relates to the interactions, way of being and actions of the therapist. This indicates that an experience of relational depth in a therapeutic setting might best be described as a stream of experiencing; a journey travelled by a client but facilitated by the therapist at every stage. Returning to the question of the definition of “moment” in the notion of a moment of relational depth, the emerging sequential pattern of clients’ experiencing would also suggest that the descriptions of an experience of a moment of relational depth might better be described as an event, containing the moment by moment experiencing of relational depth. All the different experiences are interrelated and part of a whole, but each has their own characteristics. The sense of heightened emotion and vulnerability at the beginning of participants’ descriptions was very different from the sense of calm and wellbeing described at the end, and there would seem to have been a whole series of momentary experiencing in between, like the different steps of a delicate dance between client and therapist, bringing to mind the phrase from William Blake’s (1803/2004) poem *Auguries of Innocence* “a world in a grain of sand” used by Stern (2004, p. 172) in his description of a moment. It is also the case that for most participants the event had what might be described as a “peak moment,” with excitement, aliveness, and an almost mystical feeling described, leading to the description of the moment itself including a sense of uniqueness and being in another dimension. The experiences described also varied in length up to about fifteen minutes, although most participants were unclear about the precise timings, which might in part be due to the sense of timelessness described. Mostly, they certainly seemed to represent a longer period than the “the smallest chunks of psychological

experience that have a clinical sense” Stern’s description (2004, p. 135). They might perhaps be more easily understood in terms of an event of the type described by Elliott and Shapiro (1996) lasting for around a few minutes and involving a series of momentary experiences.

The model of relational depth that has emerged from these studies is therefore grounded in the notion of a process of a relational depth event, with a series of experiences along which it can tend to proceed, as shown in *Figure 11.1*.

The process which emerged from these studies therefore looks as follows: First clients are aware of a sense of slowing down, as if time itself is slowing, or as some described it, they were entering a space of timelessness. As they slow, they also feel themselves delving deeper. Being aware of an acute sense of vulnerability, they allow themselves to be vulnerable, and find that they are able to stay in that vulnerability. If they still feel safe, they begin to open up both towards their therapist, and to previously hidden parts of themselves, giving them a feeling of self connection and wholeness.

At this point clients seem to experience what might be seen as a relational “peak experience” within the whole event, with feelings of aliveness, energy and excitement. This experience appeared to be central to the whole event, leading to feelings of self-acceptance and self-worth, and ultimately a sense of relief, calm, wellbeing and peace.

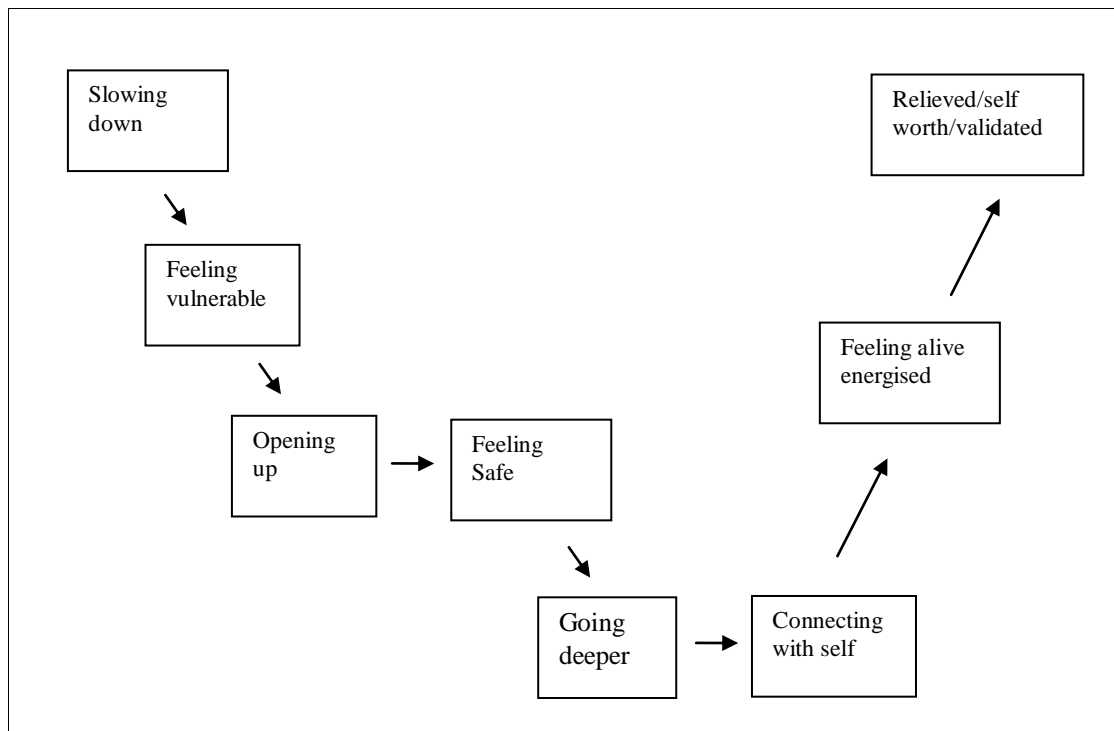


Figure 11.1: Model of a client's experience of a moment of relational depth

This process focuses on the client's own experiencing during an experience of relational depth. While there have now been other studies exploring clients' experiences of relational depth (McMillan & McLeod, 2006; Wiggins, 2007, 2008; Leung, 2008; Omielan, 2009), none has investigated or identified a process of experiencing in this way. Moreover, when undertaking a factor analysis of data from her online study (Wiggins, 2007) in order to explore whether the preliminary 64 items were both unidimensional and associated with relational depth, Wiggins (2008) found that overall the items did appear to be unidimensional. This implies that they appeared to be occurring concurrently. It is possible that this might be explained by the kairotic nature of the experience, with one experience flowing into the other, as opposed to one occurring after the other in independent moments of time. It is also not being suggested here that this is the only process of an experience of relational

depth, it is simply the model that most clearly emerged out of these studies. A close study of the transcripts both vertically as whole events, and horizontally in comparison to each other, revealed that the order in which experiences were described by the different participants were remarkably similar.

The model also describes the interpersonal nature of an experience of relational depth, as each step taken by the client is related to their experience of the therapist at each stage, as shown in *Figure 11.2*. Initially clients sense that their therapist is offering them an opportunity. They make the decision to slow down, which gives them the space to become aware of an invitation from the therapist, gently leading the client to become aware of their own vulnerability. If the invitation is precisely measured, in that the client senses an accurate empathic matching to their own emotional state, the client will appear to find themselves able to stay in that vulnerability. In order to go further, the client has a choice to make about whether or not to open up fully to the therapist, and the decision the client makes appears to depend on whether or not they sense the therapist's own openness and genuine care for the client.

If those elements are present, the client will open up. In order to stay with it, the client also needs to feel held or grounded by the therapist. Aware that the therapist is coming with them, accompanying them on their journey, they are able to go deeper. The therapist's empathic understanding makes it possible for the client to feel that they can fully connect with their own Self, and the client has reached a point where new insights are possible.

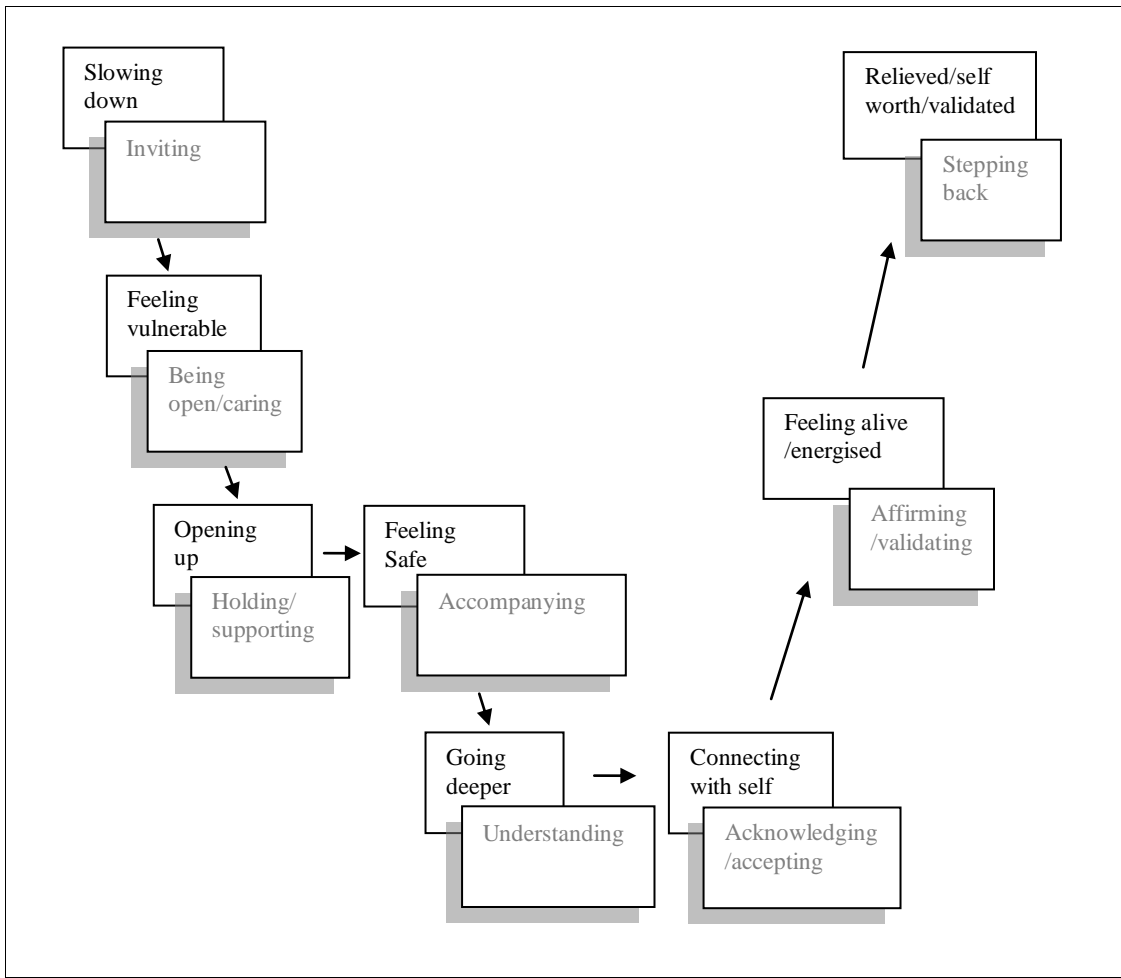


Figure 11.2: Model of client and therapist meeting at relational depth: Shared journey. Rectangles with shadow denote therapists and those without denote clients.

The therapist's acknowledgement and acceptance of the client in their new understanding of themselves opens the door to the peak experience of aliveness, vibrancy, energy and exhilaration. Finally the therapist's affirmation of the client's experience gives the client a sense of relief, calm and self-validation. At this point the therapist can gradually step back, as client and therapist separate and return to a more usual level of relating.

This moment-by-moment process of action, reaction and interaction may go some way to explaining the variety of descriptions of an experience of relational depth that have arisen. It is not proposed as a suggestion for what should be happening in therapy; it is simply an account of what appeared to be the process of an experience of relational depth as perceived by clients. Hopefully it might prove useful for practitioners and trainees perhaps as a reminder of the delicate dance of therapy, and of the potential impact on the client of every small thought, feeling and action. Perhaps it can be used as an encouragement to bring one's own person to the relationship, to allow oneself to care in a very genuine and personal way, and to be open and willing to meet at relational depth if that is what the client wants.

The model of relational depth given in *Figure 11.2*, above, symbolises an experience of relational depth as a shared journey between client and therapist, with the client's steps on the journey being facilitated by the therapist offering different things at the different stages, or perhaps more accurately, being perceived by the client as offering different things at different stages. In this model the client and therapist are travelling side by side as they move toward a moment of depth, and then gradually rise out of it together. Another perspective offers a slightly different view of the experience being a journey in which the client and therapist gradually move towards each other as they both journey deeper, with the shared aim of allowing the client to connect with their inner self, or with previously hidden feelings and emotions. This model, shown in *Figure 11.3*, might more accurately describe the type of face to face meeting that some clients described. Here client and therapist gradually move towards one another in a step-by-step process described by one participant as "the domino effect" (participant 17, line 435). As each takes a step towards the other as the relationship deepens, and both are also aware of communicating at a deeper level.

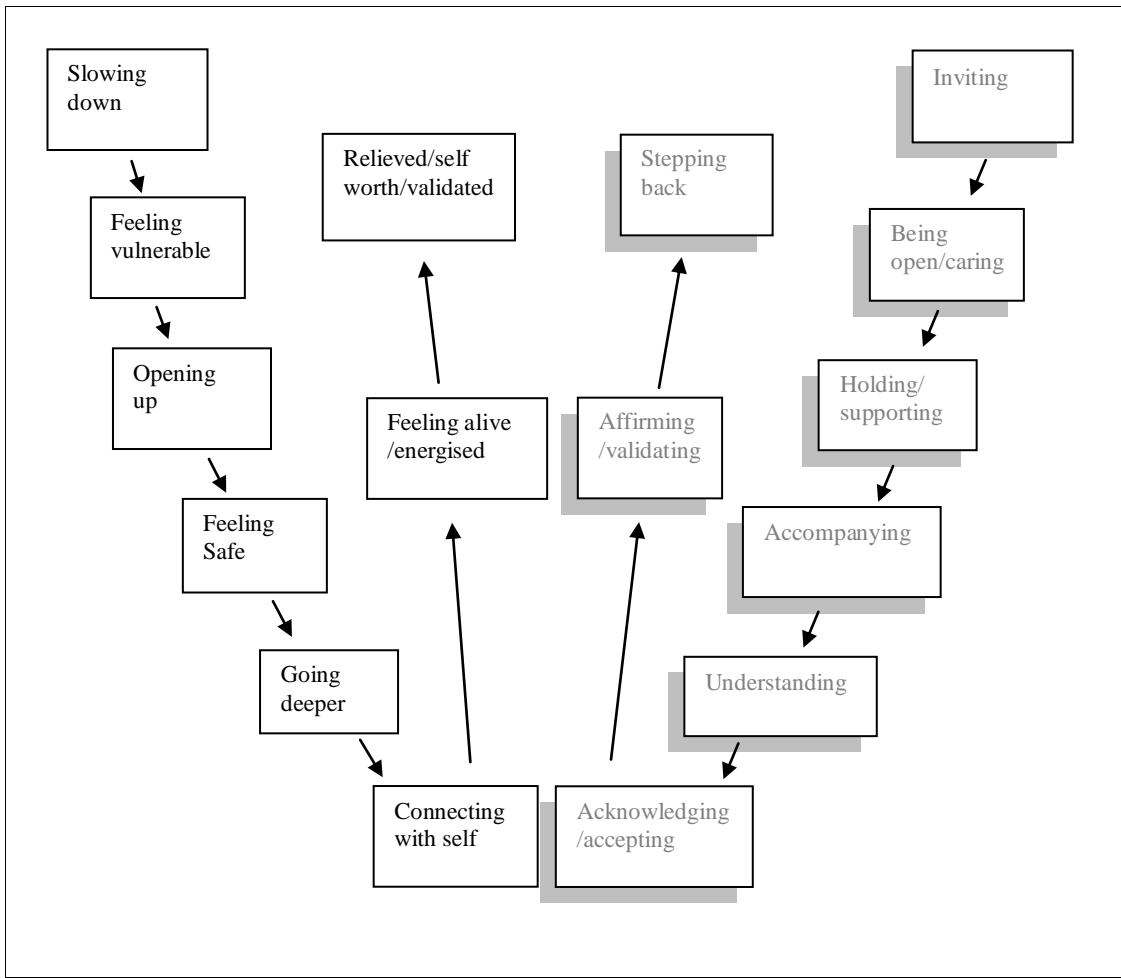


Figure 11.3: Model of client and therapist meeting at relational depth: Moving towards. Rectangles with shadow denote therapists and those without denote clients.

In both models above, the client is aware of the therapist’s invitation, openness, understanding, holding, acceptance and validation. It is the client’s perception of these elements as offered by the therapist that allows them to continue on the path they have chosen to take. It seems likely, therefore, that for an experience of relational depth to unfold, the client must also be to some extent empathic towards the therapist. This would correspond to Murphy’s (2010) findings that client ratings of therapeutic conditions provided by therapists was significantly more strongly

associated with outcome when therapists also rated themselves as providing high levels of the therapeutic conditions than when they reported low levels. If the client does not perceive the therapist's feelings and intentions towards the client, then they do not feel safe, held, heard, understood, accepted or acknowledged enough to continue on their exploration of self. This might also be understood in the light of Rogers' (1957/1990, p. 221) sixth therapeutic condition: "The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved."

This also corresponds to the Depestele's (2008) proposal that the client's reflectivity is facilitated by the level of the therapeutic relationship, when therapy is taking place both in the relational space where the attention of the client is directed towards the therapist, and in the reflective space, where the attention of the client is directed inwardly, towards his or her feelings and experiencing. It is their "shared implicit knowing" (Boston Change Process Study Group, 2005, p. 697) which makes up the intersubjective field, and allows the therapist to move towards a "moment of meeting" as described by Stern (2004, p. 166). The model of relational depth depicted in *Figure 11.3* support's Depestele's (p. 10) hypothesis that when a "now" moment is met by the therapist with an intention of "moving towards" (p. 10), then a moment of meeting can occur, providing a supportive, containing environment for a client to encounter their own implicit relational knowing, and their experiential nuances and difficult feelings.

These models of an experience of relational depth would seem to indicate that the experience is a synchronous one, as it would appear that both client and therapist are aware of the process at each stage, indicating that they may simultaneously be experiencing relational depth. Early indications from Cooper's analogue study (2011) into client and therapist experiences of depth would support this hypothesis, but further research would be necessary to be certain that this is the case. However it is also the case that in Cooper's (2005) study, therapists' descriptions of an experience of relational depth did not include all of the elements of the process identified by clients; for example, they did not mention the aspect of holding or

grounding the client during the experience. This might indicate that while the experience might be simultaneously experienced by client and therapist, their individual experiencing might not be the same.

These models, and the individual stages involved, could usefully be researched further, using a variety of methodologies including systematic case studies to further explore the client's moment by moment experiencing in depth. It should be remembered that the models proposed here are borne out of the experiences of clients only, and further studies would be need to investigate the flow or process from the therapist.

IMPLICATIONS FOR TRAINING AND PRACTICE

These studies provide initial evidence of the possible benefits to the client of an experience of a moment of relational depth, and of a potential correspondence to positive outcome. For practitioners, therefore, it would seem important to be open to such moments when they arise. While the indications are that a moment of relational depth is not something that usually is, or should be, initiated by the therapist, their responses and engagement with the client at such moments would seem to be crucial in allowing the client to take the decision to let go and engage at depth. At such moments the therapist's every move would seem to be under scrutiny by the client, with any indication that the therapist is reacting unhelpfully, not understanding or not accepting of the client or their material being enough to stop the client in their tracks. The primary implication for practitioners, then, is to be aware of the client's efforts to meet them at a level of relational depth, to be open to such a meeting, and to maintain a welcoming, inviting attitude, in line with the assertion by Mearns and Schmid (2006) that therapists should invite, not obligate, their clients to relate at depth. This would also seem to be especially important at moments of heightened emotion for the client, and when they seem particularly vulnerable, as this would seem to be the point at which the decision is most commonly made. Practitioners

might also be vigilant to the impact of an impending ending on clients, as this appears to be another trigger for the emergence of a moment of relational depth.

With the indications from this research being that moments of relational depth are in the main initiated by the client, with the client themselves being aware of the process and taking the decisions, and therapists seeing it as more spontaneous in nature, there is no evidence to suggest any conflict with a traditional client-centred, non-directive way of working. On the contrary, the moments described were very much client-led; perhaps the most client-led part of the whole therapeutic process: Clients described a process of self-assessing their own preparedness and readiness, taking the risk and making the decision to open up and connect both to their therapist and to themselves. Clients spoke of feeling courageous and pro-active and energised in the experiences, and saw their therapist's role as one of providing a space of safety, holding, understanding, accepting and accompanying them on their journey. Indeed for the non-therapist participants, the therapist's role was seen as having more to do with the quality of the relationship as a whole, and the development of mutual trust and closeness, than it was to do with the creation of a specific moment of relational depth. In participants' descriptions there was no sense of the therapist initiating a meeting at relational depth, rather their role was one of measured responses in the moment. Viewed in the light of Bohart and Tallman's (1999) description of the client as an active self-healer, these findings are important in contributing to our understanding of the process of self-healing. It is possible that the identified sequence of the client's processing in relation to the therapist's interactions and way of being during an experience of relational depth could be a useful training tool.

The findings of this research also highlight the potential risks of therapists not bringing enough of themselves, or their own person, to the relationship. Indications are that clients need to see a human, personal and perhaps even vulnerable side of their therapist before they dare to meet them at a level of relational depth. In addition, the sense that their therapist was offering them something over and above was expressed by most as being empowering, creating a sense of safety and encouraging further engagement. This is something that could usefully be taken into

account in training, especially given a sometimes cautious approach which, as Mearns and Thorne (2000) have pointed out, can be mistaken for passivity in the relationship. Kottler, too, has pointed to the mixed messages which training courses can give: “There is always a theme of stifle yourself, juxtaposed with encouragement to be authentic” (1986, p. 52). It might also be usefully considered by more experienced therapists, who may come across as more confident and therefore more powerful to a client with low self-esteem.

This aspect becomes even more important in light of the finding of the client-only study that some participants felt empowered by the therapist demonstrating that they have been impacted upon by the client, and that they have been changed by their experience of meeting them at depth. In Cooper’s (2005) study, the therapist reported having been “impacted upon” during a moment of relational depth. However the potential value to the client may be lost if the therapist does not share this experience of change with the client. As Wosket (1999, p. 51) has pointed out “therapist self-disclosure is integral to the therapeutic process.” It is not simply the therapists reflected empathic understanding of the client that can be useful, but also the impact of that understanding on themselves. The finding that clients were also feeling care and compassion for the therapist also correspond to Rennie’s (2001) finding that the clients were aiming to meet their therapist’s needs as well as their own. Perhaps this also relates to the form of resonance described by Schmid and Mearns (2006) as personal or dialogical resonance, which stems from both client and therapist, and “is born in their relationship person to person” (p. 184). The prospect of teaching such a notion is of course complicated and fraught with danger, as therapists would need an in depth awareness of any personal issues which might intrude onto the process, also emphasising the need for sustained personal therapy during training.

This also ties in with the finding of these studies that the clients liked to feel that their therapist was psychologically sound themselves, allowing the client to rely on their ability to take any difficult material and know that they will not need to distort, defend against or reject it. This highlights the fine line that practitioners need to tread between bringing their human, vulnerable side and not seeming too perfect and too

professional; yet at the same time showing that they are solid in themselves and able to take whatever the client brings, and hold the client while they engage in intrapersonal explorations. Again, the need for adequate personal therapy is highlighted. However the findings also indicate that more than the therapist's clinical expertise or ability to interpret the client's material or presentation, clients appreciate a genuine effort and willingness to try to understand, and a genuine, personal care for the client. The message would seem to be that however talented you are as a therapist, you cannot fool a client into making them think you care for them if you do not, and if you do not genuinely care on a very human level, then they may never feel able to make full use of the therapy.

Another aspect that clients expressed as important during a moment of relational depth was that of their therapist not only understanding them in the moment, but knowing that their therapist possessed an all-round understanding of their lives in general, so that they would know the significance of the emerging material. This might point to the value of ensuring that as full a history as is reasonable is taken, but more than that, to the importance of the therapist's patience in listening to the client's story for however long a period is necessary before the client feels able and ready to engage at greater depth.

The client's readiness to engage in a relationally-deep relationship as they enter the therapy would also appear to be something that can usefully be assessed and considered by the therapist. In addition these findings would suggest that the client's history of therapy experiences is an important factor that could usefully be taken into account when undertaking assessments or in the first couple of sessions. If a client has previously had what they saw as unhelpful experience of therapy, this is may be strongly impacting on their wariness or willingness to relate at depth with their subsequent therapist.

Perhaps even more surprising was the evidence, also found in McMillan and McLeod's (2006) study, that clients assessed their therapists for their suitability for them as a client very early on in the relationship, or even before the therapy began. In

addition, this research provides strong evidence that some clients prefer therapists who are in some way similar to themselves. When participants began to learn about different approaches to therapy some also began to see some type of approaches as more useful to them than other types which they had previously experienced. Moreover most of the relationships where a moment of depth had emerged involved the clients having been proactive in their own choice of therapist.

All of the above findings indicate a potential usefulness in clients being involved in their own choice of therapist. However with the possible exception of clients of therapists in private practice, this probably rarely happens, as highlighted by Cooper and McLeod (2010). Even for those selecting a therapist privately, they are often unclear about the options. It might be helpful, for example, for clients to be given some information about the different approaches on offer and consulted about which one they feel would suit them at that time. While many counselling organisations do ask clients if they have a preference for a man or a woman, this research suggests that it could be beneficial to the therapeutic process for them to be consulted about many more aspects in relation to the type of therapist they would like to see. This might also go some way to meeting the client's apparent need for a greater sense of agency in the whole process. This finding also strongly supports a pluralistic approach as advocated by Cooper and McLeod (2010), underpinned by the belief that there is no single answer to any one question, and with the assumption that, as Cooper and McLeod (2010, p.) put it: "different clients are likely to benefit from different therapeutic methods at different points in time, and that therapists should work collaboratively with clients to help them identify what they want from therapy and how they might achieve it." With this approach Cooper and McLeod propose that therapists can help clients to identify their own goals, and then client and therapist can agree together the tasks that need to be undertaken, and the methods of undertaking those tasks, in order to achieve the identified goals.

Another finding of this research suggests that clients who are dissatisfied with their therapist, or feel they are not able to provide what they need, sometimes find it difficult to disclose this information or leave the therapy even when they are finding

it harmful. This might suggest the usefulness of something like a “client’s assessment period” in long term counselling in particular, where the client is asked for feedback following the first few weeks of therapy. While the notion of attempting to offer a level of mutuality in the relationship is widely accepted in person centred therapy, this research suggests that there might be benefits in a more mutual approach built into the structure of the whole process. Again this finding supports the pluralist approach proposed by Cooper & McLeod (2010), with its use of collaborative dialogue between client and therapist.

The active role of the client and the level of self-healing that was indicated also applied to the weeks between sessions. There appeared to be a great deal of processing that went on outside the therapy room, of which the therapist was not aware. Participants spoke of crying in their car for some time following sessions, or of leaving a session with lasting emotions ranging from excitement and fulfilment to anger and fear. They also spoke of using the therapy, and their therapist (internally, without contacting them) during the week. These findings might suggest that at times it could be useful for therapists to specifically ask about the client’s week, or about how they felt when they left the previous session, so that any processing might be further consolidated within the session. They also might indicate that there might be times when it would be useful to offer perhaps telephone contact during the week if needed, and if the therapist is in a position to be able to offer such contact.

An aspect which might be of use in both training and practice is that of the potential process that participants seemed to be describing throughout a “relational depth event,” with the relationship between each step taken by the client in relation to their moment by moment experiencing of their therapist, as shown in *Figures 11.1, 11.2 and 11.3 above*.

A further finding of the client-only study that relates to the client’s own processing was that of clients having to come to terms with the nature of the therapeutic relationship, which suggests that it could be helpful for clients to discuss this with their therapist so that they are clear from the start about the nature, possibilities,

boundaries and uniqueness of such a relationship, and so that any questions they may have can be identified and answered as far and as soon as possible. In this way the inevitable period of confusion can be minimised, reducing any negative impact and intruding less strongly on the client's processing.

The one finding that does not sit comfortably with the person-centred approach is that of the therapist being seen by clients as being on their side. However bearing in mind that this was a finding of the client-only study, the participants of which were the non-therapist clients, it would seem to be an aspect that warrants consideration. Perhaps there are times in course of therapy when the client's sense of self-worth is so damaged that a slightly directive approach with positive affirmations of the client's feelings and behaviours might be helpful, at least until the client is able to feel those things for herself. This lends weight to Cooper and McLeod's (2010) assertion that different clients need different things at different times. This finding might also become clearer when viewed in conjunction with the finding, also from the client-only study, that some clients needed their therapist to hold the hope for them while they were unable to do this for themselves, making it possible for them to keep going even when the future seemed so bleak. Again this could be a function that it would be useful for therapists to offer in certain circumstances.

Feedback received around the process of the interviews themselves suggests that clients may benefit from further processing of an experience of relational depth. Several participants said that they found the process of reflecting on their experiences extremely helpful. However most also reported that following the experience itself they had not subsequently specifically discussed it with their therapist. It is possible that such reflections might usefully be incorporated into the therapy itself, perhaps in the closing stages of the relationship, or during a pre-arranged follow up meeting.

The participants' perceptions of therapists in relationships in which they felt there was no relational depth are helpful in providing an indication of some of the characteristics that clients may find inhibitive of meeting at such level. While some

might be anticipated, such as cold, distant and unprofessional, there are also some pitfalls highlighted that therapists might fall into accidentally. These include making the client feel pathologised, unsafe or invalidated, and in particular what was described by some as “too person-centred,” in the sense of remaining too passive or neutral, and too shallow in their engagement. The warning here is for therapists to be genuine and not playing a role, or, as participants put it, *saying the right words without really meaning it*. These studies also indicate that different therapeutic approaches suit different people, and that to persist with an approach that does not suit the client is likely to cause more harm than good, a risk that could perhaps be minimised by using a pluralistic approach (Cooper & McLeod, 2010).

VALIDITY AND CREDIBILITY OF THE RESEARCH

Validity, credibility and rigour of the research process is discussed in the context of a range of criteria as an indication of trustworthiness of the research specifically relating to qualitative research, and in particular research grounded in postpositivism and constructionist/interpretive paradigms.

There is inevitably an issue of subjectivity and reflexivity (Morrow, 2005) in qualitative research; in this case the subjectivity of participants in recalling and reconstructing events, and myself as researcher in my frame of reference in interpreting and analysing the data, and of the participants and myself as co-researchers in interpreting and constructing meaning. So while it is acknowledged that subjectivity inevitably contributed to the research process, I also aimed to bear in mind the rule of epoché as described by Ihde (1977), and bracket off my own assumptions, beliefs and hypotheses as far as possible, at all stages: during the interviews, so that I allowed participants the freedom to include all information they felt relevant; and during the analysis, so that I was open to including all relevant data in the process of categorisation. I also applied Ihde’s (1977) rule of horizontalisation during the immersion and categorisation process so that all data was acknowledged and treated with equal importance. This was further supported by the auditing of the

analysis by the research supervisor. I hoped in this way to be “rigorously subjective” (Jackson, 1990, p. 154) in the interviewing process, and in my immersion in and interpretation of the data. I reflected on my own frame reference, my own culture, beliefs and position as a person-centred therapist in order to understand as far as possible my own relationship with the phenomenon, and made self-reflexive notes throughout the process. I have also been clear about my perspective as a person-centred therapist and from my own experiences as a client and have been open about my own relationship with and beliefs around the phenomenon under investigation, with the aim of meeting Elliott, Fischer and Rennie’s (1999, p. 228) criteria of “owning one’s perspective.”

In addition I developed an understanding of a range of perspectives relating to the notion of relational depth so that I would be less likely to maintain a bias in one direction or another. In this way I aimed to ensure a level of “self-awareness and agency within that self-awareness” as described by Rennie (2004, p. 183), so that I was aware of my own perspectives, and chose to set them aside or use them if it felt appropriate. Critical discussions with fellow researchers into relational depth, and with colleagues and research supervisors also served to minimise potential bias in the analysis and to ensure what Morrow and Smith (2011, p. 255) called “fairness” in terms of fairly and accurately representing participants’ contributions. This also contributed to the adequacy of conceptualisation of the data (Stiles, 1993) by providing a theoretically broad background on which to lay my perceptions and interpretations.

The criteria for trustworthiness of qualitative research as described by Morrow and have also been satisfied in the following ways:

Adequacy of data: The number of participants was dictated by the point at which it felt data became redundant. That is, the data gathering process of the first study continued until a point of saturation was assessed to have been reached. At this point it was felt that all data that was being gathered from further interviews could be subsumed into the existing categories. The second study with client-only participants

then introduced some new data which was also then felt to be saturated when there was no new data being produced from interviews which could not be subsumed into existing categories.

While the first study consisted of clients who were also therapists or trainee therapists themselves, the primary aim of this purposeful sampling was to produce a rich descriptive dataset; it was an initial exploration into clients' experiences of relational depth. However in order to broaden the representative nature of the participant group, and to meet Elliott et al.'s criteria (1999, p. 222) of "providing credibility checks," this was then followed by clients whose only experience of counselling was as a client, providing an element of triangulation (Patton, 2002). In addition the auditing of the data by the research supervisor helped to verify the data.

Adequacy of data was also maximised by the length of the interviews, usually over an hour in length, in which participants were given space to recount their experiences and reflect on both the experiences and the recounting of them. Descriptions were refined by participants as they delved deeper into their own memories and reconnected with their experiences. Questions were open-ended and encouraging of long, in-depth answers (Kvale, 1996). Several interviews continued much longer than the approximate hour anticipated, as participants willingly continued to explore their experiences at greater depth. Demonstrating their own ongoing processing, several participants voluntarily sent me further information following the interview. There was little opportunity for multiple sources of data within the research process, however several participants also referred to journals they had been keeping at the time of the experiences described.

Situating the sample: As far as possible, demographic information about the participants has been given, along with the settings in which they were seeing their therapists. Information about the therapists involved has also been given where it was known by the client. It has been made clear whether or not participants had any other relationship to counselling, in terms of also being therapists or trainee therapists themselves. This, along with an openness about my own perspective as researcher,

also helps readers to judge the level of transferability (Morrow, 2005) to other clients.

While the focus of the research was around specific events in therapy, that is moments of relational depth, the descriptions of the moments were contextualised by participants in a historical process both prior to and following the moments described. This ranged from a few weeks to months or years, covering the time span of a period before entering therapy, to the relationship itself and frequently beyond. Often the historical journey of participants spanned a period of many years, both before and after the moment, including previous experiences of therapy. Positive contributions relating to experiences of relational depth were further validated by participants' descriptions of therapeutic relationships which they felt had lacked relational depth.

Dependability across time, researchers and techniques: All elements of the research process were undertaken by myself, and procedures were consistent and recorded. The second study followed the same processes as the initial study, other than in the way participants were recruited. Interviews changed only in that they were informed by previous interviews. The analysis for each study followed the same process, and the second study began in the same way as the first, putting the initial categories to one side and starting as a completely new study with a new process of categorisation. For both studies, the aim was to undertake what was in Patton's words: "A systematic process, systematically followed" (2002, p. 456).

Confirmability: As an experienced person-centred therapist and using a person-centred approach during improved the likelihood that he participants were not being led by my own beliefs as researcher. As stated above, every effort was made to bracket of any assumptions or beliefs I held about an experience of relational depth. Transcripts were sent to participants for checking prior to analysis, at which point some amendments were made. The analysis of the data was not sent to participants for comments as it was felt that such a prolonged engagement with the study might not be appropriate for all participants, many of whom had simply responded to flyers

or requests from individual therapists asking them to take part in interviews, and several of whom were still involved in the therapeutic relationships. The data analysis was audited by the research supervisor Professor Mick Cooper, resulting in some amendments being made prior to finalising the core and sub-categories.

Adequacy of interpretation: There was prolonged period of immersion in and reflection on the data by myself as researcher throughout whole process over a period of four years. This began at the start of the interview process, and continued throughout the transcription of interviews, all aspects of the data analysis, and during the writing of papers for publication and ultimately writing the thesis. All interviews were recorded, and listened to by the researcher several times. All interviews were transcribed verbatim by the researcher, and the transcripts were read in entirety at least three times each. The process of transcription itself provided perhaps the best opportunity for immersion in the data, involving the playing and re-playing of small time-periods as they were typed and checked. Often a new sense or meaning would arise as I replayed sections of the interview, or from the silences or speed, sound and tone of voice, all aspects which can be missed or forgotten when simply reading the transcript.

A grounded theory approach as described by Strauss and Corbin (1968) used to analyse the data allowed the emergence of a range of domains and categories best suited to this initial investigation of clients' experiences of the phenomenon of relational depth. The interpretations of meanings were supported by multiple quotations from participants to minimise potential distortion, which also serve to capture the very personal and human experiences of participants' stories with the aim of "resonating with readers" (Elliott et al., 1999). While many quotations are included in this thesis, further examples of participants' quotations under each sub-category for both studies are available from the author¹. This original data also satisfies the criteria of "grounding in examples" as specified by Elliott et al. (1999, p. 222), and the extended example of one participant's overall experience of a moment of relational depth further demonstrates authenticity and integrity of the interpretation.

Disconfirming data: As this was the first research with the focus exploring clients' experiences of specific moments of relational depth, there was at that time little evidence of what an experience of a specific moment might look like from a client's perspective. However there was some data from McMillan and McLeod's (2006) study, and there hypotheses around the experiencing of the phenomenon from the therapists' view point from Cooper's (2005) study. In addition the starting point for this study was the description of such a moment given by Mearns and Cooper (2005). I endeavoured to remain open to disconfirmation of these aspects in clients' experiences, and some significant and unexpected differences did arise in both studies. I also endeavoured to give systematic consideration of competing explanations or interpretations of the data (Stiles, 1993), being open to identifying apparent contradictions and differences, and looking for explanations.

Coherence: Findings have been presented under domains, core categories and sub-categories and summarised in tables. A model of relational depth has been given a step by step description and symbolised through temporal diagrams. In terms of what Patton (2002) described as "consequential validity," or the goals of social and political change, it was an aim of this research to give the client a voice as we develop our understanding of relational depth as therapists. The studies have also addressed the issue of any potential relationship to outcome of a moment of relational depth, as perceived by clients. In exploring previous relationships which were felt to lack relational depth, as well as the relational context in which a moment of relational depth emerged, the research also tells us what some clients may find helpful and unhelpful in therapy and in therapeutic relationships.

Efforts were also made to ensure the authenticity of the data as described by Guba & Lincoln, (1989). Participants' constructions of their identified experiences were facilitated by a person-centred approach, using open questions and reflections, in order to achieve fairness. Breaking the initial transcripts down into meaning units also facilitated a process of categorisation that took account of small individual

differences. The ways in which the different criteria described by Guba and Lincoln (1989) for achieving and demonstrating authenticity are discussed below:

Ontological authenticity: It was clear that as participants delved deeper into their own memories of their experiences, their understanding of those events developed and expanded. Many of the quotations given demonstrate the struggle participants had to find the essence of the experiences they were describing. This was also evidenced by the fact that several participants sent me additional information following the interviews, indicating a process of ongoing reflection on the experiences themselves.

Catalytic authenticity: Most participants expressed the view that they had found the interview process useful in itself, in facilitating further processing of their described experiences, and in helping them to understand them in a deeper way. Several continued their reflections after the interview.

LIMITATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

In giving a definition as a starting point, participants are likely to have come to the interviews with some notion of a moment of relational depth, even if their only experience of therapy was as a client. This in itself might have influenced their responses and descriptions in the interview. Certainly the qualities of “real” and “profound engagement and connection” included in the definition could be expected to be found in the results. However it is the descriptions of how these qualities were described and experienced that potentially validates the given hypotheses and adds most to current knowledge. In addition, it was not the aim to ascertain a likely incidence of moments of relational depth, simply to investigate whether clients experience them at all, and if so, to explore clients’ experiences of the nature and qualities of such moments in comparison to therapists’ previously described experiences in Cooper’s (2005) study. The findings of McMillan and McLeod’s

(2006) study also indicate that some clients can identify such moments even when not directed to look for them.

There were undoubtedly limitations in the therapist-client study in interviewing clients who were also therapists or trainee therapists themselves, and the importance of the client-only study in providing triangulation for the results from the therapist-client study is clear. Even the memories of those participants of the therapist-client study who had not entered into training at the time of the experiences would have been in some way affected by their subsequent training and experiences as a therapist. Their memories of their experiences might also have been reframed in newly acquired therapeutic language and theory. In addition, they might not have wanted to admit to a fellow person-centred therapist that they did not experience relational depth in their own personal therapy. However it is the case that participants of the therapist-client study, possibly because of their therapeutic training, were able to provide very detailed, fine-tuned descriptions of their moment by moment experiencing. It is significant that most of the substantive categories which emerged in the therapist-client study were replicated by the findings of the client-only study.

The impact of the length of time between participants' described experiences and their interviews as part of this research has only minimally been addressed, and is an area that could usefully be researched further. The lengths between the two events varied from several years to a few hours, with the only real difference noted by the researcher was the level of raw, active emotion that was experienced by participants recounting more recent experiences. There was also a gentle nostalgia noticed in the descriptions of events that were in the more distant past, and perhaps even a sense that they were more highly valued, having remained as a significant memory for several years, and having been more easily identified as a moment of directional change in terms of the participant's life.

These studies were not designed to explore or identify any specific correspondence of the occurrence or effects of a moment of relational depth to specific client presenting issues or specific needs. However there were some indications that clients

who expressed relational difficulties in their lives, and also those who had some level of suicidal ideation, benefited most from the loss of isolation and aloneness that they experienced in a moment of relational depth with their therapist. It would also seem that those clients who came to therapy with particular issues from their past, or were trying to address particular recurring patterns in their lives, emphasised the benefits of the new self-insights and connection to self that the moment of relational depth produced. However these distinctions are the researcher's impressions only, and further research would be required to explore this area in depth.

The question of an experience of a moment of relational depth being an intersubjective one could not be answered by this research, as this was an exploration of clients' experiences only. However these studies, in conjunction with Cooper's (2005) study into therapists' experiences, do point to the intersubjective nature of such moments, as participants of all three studies spoke of a mutual understanding and knowing without words. Murphy's (2008; 2010) study into mutual empathy also lends weight to this assumption, although that research focused on relationships as a whole rather than specific moments. A study specifically designed to explore the simultaneous experiences of therapy dyads would be needed in order to confirm or disprove this hypothesis.

It was sometimes difficult to distinguish between descriptions of the identified moment of relational depth, and the depth of the relationship as a whole. This was particularly the case for the client-only study, where there appeared to be more overlap between the perceived qualities and nature of the specific moment and those of the whole relationship. For some participants of the client-only study, the relationship itself was so unusual and different from any other that they had experienced, that the specialness lay as much in the context of the relationship as it did in the identified moment of relational depth. It seems likely that this reflects their greater psychological distress at the time of the therapy, and perhaps also their lack of expectations around the nature of a therapeutic relationship, especially where their previous experiences of mental health care had been gained within a more problem focused medical model. However the distinction and relatedness between a specific

moment of relational depth, and the enduring sense relational depth experienced within a whole relationship is also an area that could be researched further.

It is also acknowledged that attributing the enduring effects solely to the moment of relational depth is not wholly realistic as, even where participants did so themselves, separating this out from the effects of the relationship as a whole is impossible. How the participants felt after the therapy ended would have depended on a multitude of factors, including extra therapeutic events, as found by Lambert (1992). Further research into the enduring effects of an experience of a moment of relational depth would be useful at this stage. However it is clear from the perspective of the clients themselves that the ongoing positive effects described were at least in part attributable to the experienced moment or moments of relational depth, and there is no doubt about its relevance regarding the immediate impact and effect on the ongoing relationship and therapeutic process.

SUMMARY

This research indicates that some clients of person-centred therapy do experience identifiable moments of relational depth with their therapist, and that they see them as valuable, significant moments in therapy with enduring positive effects. Clients' descriptions of their experiences bore some similarities to those of previously described therapists' experiences, including feelings of aliveness, realness and openness. Clients additionally described feeling safe, held and real in the sense of validated. Perceptions of their therapist similarly included being real, open, understanding and present, but clients also saw them as holding, inviting, creating a welcoming atmosphere and offering something over and above what they had expected from a professional relationship; this included bringing their human, personal and even vulnerable side to the relationship. Significantly, these findings which emerged in the therapist-client study, with client participants who were also therapists or trainee therapists themselves, was for the first time replicated by a study with participants whose only experience of counselling was as a client. The

relationship in the moment was seen as having a close emotional connection, with a mutual understanding beyond words, and the moment itself was described as unique, mystical, healing, with a sense of timelessness and in another dimension.

These studies also provide the first evidence of the possible benefits of an experience of a moment of relational depth, as perceived both by therapist-clients and non-therapist clients. These included improved connection to self and others, feeling better, increased self-confidence and sense of self-worth, and more able to tackle things and move on in their lives. The described moments were often described a catalyst or turning point in their lives, and for some facilitated a reconnection to life itself.

While therapists tended to see moments of relational depth as arising spontaneously, the clients of these studies were aware of the process they were going through and of their own decision making and to some extent control in allowing them to happen. Far from being something that therapists initiate, it would seem from these studies that a moment of relational depth is very much initiated and led by the client. Indeed the clients of these studies, and of the client-only study in particular, put great emphasis on their own proactive contribution to the therapeutic process, with their own preparedness, commitment and readiness to engage in the moment being the crucial factors. This research also identified a potential process of client experiencing during an experiencing of relational depth, and the importance of the therapist's reactions at every step within that process.

¹Interested parties seeking access to additional data relating to each category should contact Rosanne Knox via the University of Strathclyde Counselling Unit.

Post Script

One finding of this research was that in a moment of relational depth between two people, both are open to being changed. I believe the same is true for a researcher; in order to engage fully with the subject, with the data and with the participants themselves, the researcher too must remain open to change.

Looking back over the last four years, there is no doubt that this enterprise has changed me in many ways. First, and perhaps most straightforwardly, has been my learning in the realms of therapy and in particular the person-centred approach. My own understanding has expanded and deepened both in terms of the therapeutic process, and in terms of the theoretical beliefs that underpin a wide range of therapy approaches. More than that, and contrary to my expectations at the start of this research, I have come to more of a pluralistic way of thinking in terms of the values of different counselling approaches. I had thought that, should it transpire that clients can identify moments of relational depth, and further, do find them useful in the therapeutic process, I would see this as an intrinsic part of the person-centred approach in particular. While this may indeed be the case, I have come to believe that moments of relational depth can usefully contribute to any therapeutic approach. Furthermore, I have come to be somewhat less precious about such an experience in the sense that I see its relevance to life in general. I realise that I now have a greater willingness to relate at depth in all areas of my life, and with anyone I meet in whatever context. However I also feel that in a therapeutic setting, such a moment can be especially powerful.

I have learnt so much from the openness and honesty of my participants in this research. Although I always believed in the need to be open and honest as a therapist, I have come to a deeper understanding of what this really means. I have become more comfortable with my own lack of perfection, my own vulnerabilities, and my own lack of knowledge. I am more at ease as the facilitative companion, and no longer have a need to be seen as the knowledgeable expert. I have been surprised, or

more accurately, “blown away” by the perseverance of clients, and their determination both to engage in the therapeutic process, and to relate at depth with their therapist. My sense of awe and respect for the honesty and the efforts of clients has grown continuously over the years; and somewhat surprisingly to me, so has my passion for my work as a therapist. Having been witness to the immense power of a facilitative therapeutic relationship, and of an experience of a moment of relational depth, I find that my faith in the process has been renewed. This has also had a perceivable impact on my therapy practice, which has not only been increasingly busy, but has given me a greater sense of satisfaction, hopefully as a result of more effectively helping the clients I have been privileged to work with.

Finally, engaging in this research has contributed to my personal and professional development in terms of an increased level of skills, abilities and confidence, as a practitioner, student, researcher, collaborator, and as an author, presenter and reviewer of papers.

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Appendix A.1

LETTER TO COUNSELLING AGENCIES AND TRAINING ORGANISATIONS

Rosanne Knox
Counselling Unit, University of Strathclyde
76 Southbrae Drive, Glasgow, G13 1PP

To Counselling Agencies and Training Centres

Dear

I am a PhD student at Strathclyde University undertaking research into contact at relational depth. As part of the overall research project I am currently researching clients' experiences of contact at relational depth with their counsellors.

To help me with this study I am looking for 15 qualified or trainee counsellors who have undergone their own personal counselling with predominately Person-Centred counsellors, and who would be willing to be interviewed about their experience of contact at relational depth with their counsellor. I will only be asking them about the relational depth they experienced with their counsellors and not about other aspects of their therapy.

I wonder if it would be possible for me to briefly address your Diploma or Masters groups about this project. I will not, of course, approach any person individually, and it will be made clear that participation in this study is entirely voluntary. Alternatively I wonder if the enclosed flyer could be put up on a students'/counsellors' notice board asking counsellors and trainee counsellors if they would be interested in participating in this research?

I also enclose a copy of the information sheet which will be given to volunteers prior to their participation. I would be happy to offer any more information if required.

Thank you for your attention. I look forward to hearing from you.

Many thanks,
Yours sincerely,

Rosanne Knox
PhD Student University of Strathclyde
Tel: 07890 505 813 Email: rosanneknox@aol.com

Appendix A.2

FLYER SEEKING THERAPIST-CLIENT PARTICIPANTS

Request for research participants

*How is contact at relational depth
experienced by clients?*

*What does it mean to clients to be working
at relational depth?*

*Is it as important to clients as it is
to counsellors?*

These are just some of the questions I am addressing in my research as a PhD student at Strathclyde University. As part of my overall research project into Contact at Relational Depth I am researching clients' experiences of the deepest sense of connectedness they have experienced with their counsellors within individual Person-Centred counselling.

If the questions above also interest you, perhaps you would like to be a participant in my research. Did you experience contact at relational depth with your own counsellor? Or perhaps you felt that such an experience was lacking in your own counselling?

Whatever your experience I would very much like to interview you about your own experience, or lack of experience, of contact at relational depth with your counsellor.

I am looking for 15 qualified or trainee counsellors who have undergone counselling with a predominately Person-Centred counsellor. I will be asking you about your experiences as a client in relation to your sense of connectedness with your counsellor. I will then be investigating the correspondence between participants' descriptions and descriptions of experiences of contact at relational depth given by counsellors in previous research conducted by Mick Cooper (2005), with the overall aim of exploring the synchrony between clients' and counsellors' experiencing of contact at relational depth.

If you are interested please contact Rosanne Knox on 07890 505 813, or email rosanneknox@aol.com.

Appendix A.3

EMAIL TO BAPCA GROUPS

Dear BAPCA group organiser,

I am a PhD student at Strathclyde University undertaking research into Contact at Relational Depth. As part of the overall research project I am currently researching clients' experiences of contact at relational depth with their counsellors.

To help me with this study I am looking for 15 qualified or trainee counsellors who have undergone their own personal counselling with predominately Person-Centred counsellors, and who would be willing to be interviewed about their experience of contact at relational depth with their counsellor. I will only be asking them about the relational depth they experienced with their counsellors and not about other aspects of their therapy.

I wonder if any members of your group would be interested in participating in this research? I have attached a flyer and an information sheet for participants which gives more information, and would of course be happy to send hard copies if that would be useful.

If you would like any further information please email me or give me a ring on 07890 505 813.

Many thanks.
Yours sincerely,

Rosanne Knox
PhD Student
University of Strathclyde
Email: rosanneknox@aol.com

Appendix A.4

ADVERTISEMENTS IN JOURNALS

Person-Centred Quarterly

Did you experience contact at relational depth with your own counsellor?

If so, what did it feel like as a client? Or perhaps you don't feel you had such an experience with your counsellor? Whatever your experiences, if you are a counsellor who has also had Person-Centred counselling and would like to participate in research into clients' experiences of contact at relational depth, I would love to hear from you. Contact: Rosanne Knox, PhD Student, Counselling Unit, University of Strathclyde. Tel: 0141-950-3361 or email: rosanneknox@aol.com. Thank you.

Therapy Today

Relational Depth from the client's view. Seeking counsellors/trainee counsellors who have been clients of Person-Centred counselling. Contact: Rosanne Pearce, PhD Student, Counselling Unit, University of Strathclyde. Tel. 0141-950-3361 or email: rosanneknox@aol.com

PCT Scotland website

Researching Contact at Relational Depth

Seeking volunteers for research into clients' experiences. I would like to interview counsellors/trainee counsellors who have themselves been clients of Person-Centred counselling. Contact: Rosanne Pearce, PhD Student, Counselling Unit, University of Strathclyde. Tel: 0141-950-3361 email: rosanneknox@aol.com

Appendix B.1

CONSENT FORM

Rosanne Knox
PhD research student
University of Strathclyde

An exploration of clients' experiences of contact at relational depth within individual counselling

Consent Form

I have read the information sheet and understand the purpose, principles and procedure of this research to my satisfaction. I understand that I may request further details and information should I wish.

I am aware that my participation is entirely voluntary and that I have the unconditional right to withdraw from the research project at any stage.

I confirm that any questions I have had have been answered satisfactorily.

I understand that I will be interviewed about my experiences as a client with regard to my relationship with my counsellor, and that I can refrain from answering any question.

I agree for the interview to be tape recorded and transcribed by the researcher and for the material to be used in the preparation of the thesis and accompanying papers.

I am aware that should I decide to withdraw, the tape recording of the interview and all the notes relating to information given by me will be destroyed.

I understand that every effort will be made to ensure anonymity and the protection of my identity, that my name will not be disclosed at any point during this research, and that all information provided by me will be stored in a secure location, and kept confidential within the framework of this research.

I (please print name) _____ have read and understood this consent form and agree to participate in the above research project which aims to explore clients' experiences of contact at relational depth with their counsellors.

Signature (Participant) _____ Date _____

Appendix B.2

INFORMATION SHEET

Rosanne Knox
PhD research student
University of Strathclyde

An exploration of clients' experiences of contact at relational depth within individual Person-Centred counselling

Information for Research Participants

As part of an overall research project into Contact at Relational Depth I am undertaking research into clients' experiences and perceptions of the deepest levels of contact they have experienced with their counsellors within individual counselling.

Studies which have been undertaken into experiences of contact at relational depth have so far primarily investigated counsellors' experiences of their sense of connectedness with clients. This study will be focusing on the experiences of clients with the aim of discovering whether clients experience contact at relational depth with their counsellors, and if so, whether or not it is experienced by clients in the same way as described by counsellors. I will also be exploring clients' perceptions of the impact of such an experience on themselves, on the therapeutic relationship and on the therapeutic process and outcome, and also of what factors they feel might have contributed to or prevented an experience of contact at relational depth.

For the purposes of this study I will be using the following definition of an experience of relational depth:

“A feeling of profound contact and engagement with the other, in which each person is fully real with each other.”

Should you decide to participate in this research I will interview you around your own experiences of contact at relational depth with your counsellor, and the deepest levels of relational contact which you feel you experienced during your counselling. The interview will last for approximately one hour, and if you agree I would like to tape record the interview. I may also take notes during the interview. The interview will take place either by phone or at a mutually agreed location where confidentiality can be maintained, and any travel expenses incurred by you will be reimbursed.

I would like to emphasise that your participation in this study is entirely voluntary, and that you are completely at liberty to refuse to take part, to refuse to answer any questions, or to withdraw your participation or any information you have provided at any time during the study. You are also free to ask for any information you have provided to be destroyed at any time.

Page 1 of 2

I will be transcribing the interview myself for use in this research study, and you will be given the opportunity to see the transcript to confirm its accuracy, and to make any amendments, additions or deletions which you would like at this stage.

On completion of my overall study into contact at relational depth all notes and tape recordings will be destroyed. My thesis will remain the property of myself and the University of Strathclyde, but will also be available for public viewing.

As an accredited member of the BACP I intend to follow its Ethical Guidelines for Researching Counselling and Psychotherapy (2004), and adhere to the Code of Practice for Investigations on Human Beings, University of Strathclyde (2005) in all areas of my research. This research has been approved by the University Ethics Committee of the University of Strathclyde. Information given to me will remain confidential within the framework of this study, and the tape recordings and transcripts will only be heard/read by myself. All information will be kept in a secure location separately from any identifying details, and I will use a reference code to identify each interview. I will ensure that anonymity is maintained, and will not at any stage during this research project disclose your name or the name of your counsellor, or any identifying information.

It is anticipated that this research study will continue for a period of one year, with the overall research project into Contact at Relational Depth lasting for approximately four years. If you agree to participate you will be interviewed within four weeks of your agreement. I will offer to show you a transcript of your interview within two months of the date of the interview, so that you can make any comments, amendments, deletions or additions which you would like at this stage.

Should you have any questions regarding your rights or treatment as a participant, please do not hesitate to contact me on 07890 505 893, or email me at rosanneknox@aol.com. Alternatively you can contact my research supervisor Mick Cooper, email mick.cooper@strath.ac.uk. In addition should you have any concerns or be left with any difficult feelings following your interview, then you are welcome to contact me and I will offer to arrange appropriate support. Alternatively you can contact Person-Centred counsellor Susanna Harrison (MBACP Accred) for confidential support on 07973 627 398, email susanna@reflectivelife.com.

Should you feel that you would like to talk to an independent person about this research study, please contact the Secretary of the University Ethics Committee of the University of Strathclyde, Gwen McArthur, email McArthur@mis.strath.ac.uk.

Thank you.

Rosanne Knox
Researcher

Page 2 of 2

Appendix C.1

INTERVIEW GUIDE

Rosanne Knox

University of Strathclyde

Research into clients' experiences of relational depth with their counsellors

Interview guide

Introduction and space for questions.

Read out description of relational depth

Question 1

Can you tell me about any experience that might be described as a moment of relational depth that you had with your counsellor during your own personal counselling?

Some possible follow up questions:

How did you feel?

Can you remember what you were thinking?

Can you describe how you were experiencing your therapist at that time?

What was your experience of the relationship between you and your therapist at that moment?

How long did it last?

Question 2

Can you tell me anything about what you felt was happening in the session that led up to this experience?

Question 3

Do you feel that the experience you have described had any impact on the remainder of the session or on the ongoing relationship between you and your therapist?

Possible follow up questions:

If so, can you describe any changes?

Would you describe any changes as helpful or unhelpful?

Question 4

Do you feel that the experience had an impact on the progress of the therapy?

Possible follow up questions:

Would you describe any aspect of the impact as helpful or unhelpful?

Question 5

Were there any effects, either immediate or long term, of the experience described?

Possible follow up questions:

Can you describe the immediate impact?

Can you describe any enduring effects?

Question 5

Was the experience you have described a one off, did it happen again, or was it a frequent occurrence within the relationship?

Some possible follow up questions:

What were the similarities?

What were the differences?

Question 6

How would you describe your relationship with your therapist in general?

Question 7

Have you been a client in any counselling relationship where you did not experience relational depth with your counsellor? If so, can you tell me about your experience of that relationship?

Thanks, space for questions and opportunity for debrief.

Appendix D.1

LETTER TO ORGANISATION MANAGERS (REQUESTING PERMISSION TO DISTRIBUTE LETTERS)

Rosanne Knox
Counselling Unit, University of Strathclyde
76 Southbrae Drive, Glasgow, G13 1PP

The Manager

Dear Counselling Service Manager,

I am a PhD student at Strathclyde University undertaking research into clients' experiences of relational depth in individual counselling. As part of the overall research project I would like to interview clients about their experiences of the counselling relationship, focusing on any times when they have felt a deep connection with their counsellor.

I wonder if it would be possible for counsellors to be permitted to give out the enclosed letter about this research to any of their clients? This would of course be at each counsellor's discretion only clients who are not thought to be in acute psychological distress should be given the letter.

Interviews would take place either at a professional setting agreed by both the participant and myself, or by telephone. Interviews will be confidential within the confines of the research project and every effort would be made to ensure participants' anonymity at all times. No information would be passed on to the counselling organization or to participants' counsellors. In the unlikely event that a participant should experience any difficult emotions as a result of taking part in this study they would be offered additional support if appropriate. All participants would be given a detailed information sheet prior to the interview, and be asked to sign a consent form. This research has been approved by the University of Strathclyde Ethics Committee.

I would be very happy to offer any more information if required.

Many thanks,
Yours sincerely,

Rosanne Knox
PhD Student, University of Strathclyde
Mobile: 07890 505 813 Email: RosanneKnox@aol.com

Appendix D.2

LETTER TO ORGANISATION MANAGERS (REQUESTING PERMISSION TO PUT UP A FLYER)

Rosanne Knox
Counselling Unit, University of Strathclyde
76 Southbrae Drive, Glasgow, G13 1PP

The Manager
Counselling agency/organisation

Dear

Research into clients' experiences of relational depth

I am a PhD student at Strathclyde University undertaking research into clients' experiences of contact at relational depth in individual counselling. As part of the overall research project I would like to interview clients about their own experiences of their relationship with their counsellor.

Interviews could take place either at the agency or at a professional setting agreed by both the participant and myself, or by telephone. Interviews will be confidential within the confines of the research project and every effort will be made to ensure participants' anonymity at all times. No information will be passed on the agency or to participants' counsellors. In the unlikely event that they should experience any difficult emotions as a result of taking part in this study participants will be offered additional appropriate support. All participants will be given a detailed information sheet prior to the interview, and be asked to sign a consent form. This research has been approved by the University Ethics Committee of the University of Strathclyde.

I wonder if it would be possible for the enclosed flyer about this study to be put up in the clients' waiting area?

I would be happy to offer any more information if required.

Many thanks,
Yours sincerely,

Rosanne Pearce
PhD Student,
University of Strathclyde
Mobile: 07890 505 813 Email: RosanneKnox@aol.com

Appendix D.3

FLYER SEEKING NON-THERAPIST CLIENT PARTICIPANTS

Have you experienced times
of deep connection with
your counsellor?

Dear Clients of (agency name),

Have there have been times when you have felt particularly close or connected to your counsellor?

I am a PhD student at the University of Strathclyde conducting research into clients' experiences of counselling, and their relationships with their counsellors. If you would be willing to meet me for about an hour or talk to me on the phone about your experience of your relationship with your counsellor, I would love to hear from you.

Please contact me using the email address or phone number below, or leave your own phone number or email address in the envelope provided and I will contact you to arrange a time that suits you.

Anything you tell me will be kept confidential within the confines of the research project. Your counsellor will not be told that you have participated in this research and no information will be given to them or to (agency name).

Thank you,

Rosanne Knox

Tel: 07890 505 813 Email: RosanneKnox@aol.com

Appendix D.4

LETTER TO THERAPISTS IN COUNSELLING ORGANISATIONS

Rosanne Knox
Counselling Unit, University of Strathclyde,
76 Southbrae Drive, Glasgow, G13 1PP

To all Counsellors and Supervisors
Counselling agency/organisation

Dear Counsellor (Supervisor),

Research into clients' experiences of relational depth

I am a PhD student at Strathclyde University undertaking research into clients' experiences of contact at relational depth in individual counselling. As part of the overall research project I would like to interview clients about their own experiences of their relationship with their counsellor.

The management of the (name of organisation) has given me permission to put up the enclosed flyer in the client waiting area. It is possible that clients may refer to this research in their counselling sessions, especially if they have volunteered to participate in the study. It will be made clear to participants that no information will be passed on either to the (name of organisation) or to their counsellor.

Interviews with clients will take place either at the agency or at a professional setting agreed by both the participant and myself, or by telephone. Interviews will be confidential within the confines of the research project and every effort will be made to ensure participants' anonymity at all times. In the unlikely event that they should experience any difficult emotions as a result of taking part in this study participants will be offered additional appropriate support if required. All participants will be given a detailed information sheet (enclosed) prior to the interview, and be asked to sign a consent form. This research has been approved by the University Ethics Committee of the University of Strathclyde.

With all therapies coming under increasing pressure to provide evidence of their efficacy, such research is vital in order to ensure a secure future for the counselling profession in the UK. If you have any concerns or would like further information about this study, please do not hesitate to contact me.

Many thanks,
Yours sincerely,

Rosanne Knox
PhD Student,
University of Strathclyde
Tel: 07890 505 813 Email: RosanneKnox@aol.com

Appendix D.5

LETTER TO INDEPENDENT THERAPISTS

Rosanne Knox
Counselling Unit, University of Strathclyde
76 Southbrae Drive, Glasgow, G13 1PP

Dear therapist,

I am a PhD student at Strathclyde University undertaking research into clients' experiences of relational depth in individual counselling. As part of the overall research project I would like to interview clients about their experiences of the counselling relationship, focusing on any times when they have felt a deep connection with their counsellor.

I wonder if you would be willing to give the enclosed letter to any of your clients? This is entirely at your discretion of course and I would only wish to interview clients who are not in an acute stage of psychological distress. Please note I am only looking for clients who are **not** also counsellors or trainee counsellors themselves.

Interviews would take place at a professional setting agreed by both the participant and myself, or by telephone. Interviews will be confidential within the confines of the research project and every effort will be made to ensure participants' anonymity at all times. No information will be given to you about your clients' participation or non-participation in this study. In the unlikely event that a participant should experience any difficult emotions as a result of taking part in this research they will be offered additional support if appropriate. All participants will be given a detailed information sheet prior to the interview, and be asked to sign a consent form. This research has been approved by the University Ethics Committee of the University of Strathclyde.

I would be happy to offer any more information if required.
Thank you very much.
Yours sincerely,

Rosanne Knox
Mobile: 07890 505 813
Email: RosanneKnox@aol.com

Appendix D.6

LETTER TO NON-THERAPIST CLIENTS

Rosanne Knox
Counselling Unit, University of Strathclyde
76 Southbrae Drive, Glasgow, G13 1PP

Dear Client,

Research into clients' experiences of counselling

Have there been times when you have felt particularly close to your counsellor, or felt deeply understood by them?

I am a PhD student at the University of Strathclyde conducting research into clients' experiences of their relationships with their counsellors. I am looking for clients who would be willing to meet me for about an hour or talk to me on the phone about their experiences.

If you decide to participate in this study, anything you tell me will be kept confidential within the confines of the research project. Your counsellor will not be told that you have participated in this research and no information will be given to them or to the counselling organisation. Your counselling contract will not be affected in any way by your participation or non-participation in this research.

If you would be happy for me to contact you about the possibility of arranging an interview, please tick the box below, write your preferred method of contact and either post it directly to me or return it to your counsellor next week sealed in the envelope provided.

Alternatively, or if you would like more information, please contact me at the email address or on the mobile number below.

Thank you very much.

Rosanne Knox

PhD student, University of Strathclyde
Mobile: 07890 505 813 Email: RosanneKnox@aol.com

I would be happy for you to contact me with a view to interviewing me about my experience of my relationship with my counsellor: YES NO

Only if YES: Name: _____

Tel: _____ Email: _____

Appendix E.1

Comparison of therapists' self experiences of clients' experiences of therapists

Therapists' self experiences	No. out of 10	Clients' self experiences	No. out of 15
High level of empathy	6	Warm/empathic	8
High level of empathy	6	Empathic understanding in the moment	12
High level of empathy	6	Understanding whole of me (life empathy)	10
High level of empathy	6	Inviting: at right level or time/ with accurate empathic understanding	5
High level of empathy	6	Sensitive to my needs/attuned	7
Greater perceptual clarity	5	Clear/focused	4
High level of congruence	8	Real	13
Impacted upon	5	Open - inwardly	13
High level of acceptance	6	Acknowledging/accepting	11
Sense of immersion	6	Present/immersed	6
Free from distractions	5	Present/immersed	6
Immersed in the moment	3	Present/immersed	6
Like altered state of consciousness	4		
Sense of aliveness	5		
Feeling of satisfaction	6		
		Allowing/creating opportunity	12
		Offering something 'over and above'	12
		Supporting/accompanying	13
		Inviting: challenging/taking risk	7
		Calm/gentle	8
		Trustworthy	10
		Different	4
		Open – outwardly	10
		Knowing me better than I know myself	7

Appendix E.2

Comparison of therapists' self experiences to clients' self experiences

Therapists' self experiences	No. out of 10	Client self experiences	No. out of 15
High level of empathy	6	Heightened awareness/energised/Present	13
Greater perceptual clarity	5	Honest/real/congruent (with self)	9
High level of congruence	8	Open to/give voice to hidden parts of self	8
High level of congruence	8	Open to negative/painful/angry/disliked parts of self	7
High level of congruence	8	Being seen/can't hide/transparent	8
Impacted upon	5	Open: Inwardly	13
High level of acceptance	6	Open inwardly: Allowing therapist in	7
High level of acceptance	6	Aware of therapist's presence/as part of me	10
Sense of immersion	6	Delving /searching deeper	
Free from distractions	5	Present/focused	7
Immersed in the moment	3	Intensity/depth of emotional experiencing	9
Like altered state of consciousness	4	Vibrant/alive/energised/heightened awareness/excited	6
Like altered state of consciousness	4	Spontaneous/free	2
Like altered state of consciousness	4	Spiritual awakening	2
Like altered state of consciousness	4	Sense of space/timelessness	4
Sense of aliveness	5	Vibrant/alive/energised/heightened awareness/excited	6
Feeling of satisfaction	6	Calm/peaceful/wellbeing	6
Feeling of satisfaction	6	Felt wonderful/positive/spiritual/OK	6
		Self worth/real/validated	13
		Whole/joining together (of self)/connected/ with body	8
		Known/understood	14
		Strong/empowered/fearless	8
		Feel bigger/more/different	4
		Safe/supported	15
		Cared for/accepted	13

Appendix E.3

Comparison of therapists' experiences of clients and clients' self experiences

Therapists' Experiences of clients	No. out of 10	Clients' self experiences	No. out of 15
Transparent and real	7	Real/connected to self	12
Transparent and real	7	Honest/real/congruent (with self)	9
Coming from the 'core' of being	7	Whole/joining together (of self)/connected	8
Transparent and real	7	Open to/give voice to hidden parts of self	8
Transparent and real	7	Open to negative/painful/angry/disliked parts of self	7
Coming from a place of vulnerability	7	Vulnerable	12
		Allowing oneself to be vulnerable/afraid	7
		Able to stay in discomfort	6
		Slowing down	4
		Delving deeper	12
		Safe/supported	14
Transparent and real	7	Open – outwardly	
		Open - inwardly	
		Heightened awareness/energised	12
		Present/focused	7
Client knows therapist knows them	3	Known/understood	13
Client acknowledges therapist's acknowledgement	6	Being accepted /received/not judged/reacted to	10
Client acknowledges therapist's acknowledgement	6	Acknowledged/not ignored/dismissed/minimized	5
Client acknowledges therapist's acknowledgement	6	Felt special/respected	4
		Being cared for (genuinely, whole of me, really cared for)	7
		Calm/peaceful	7
		Self worth/real/validation	12

Appendix E.4

Comparison of therapists' and clients' experiences of the relationship

Therapists' experiences of the relationship	No. out of 10	Clients' experiences of the relationship	No. out of 15
Closeness/intimacy	4	Close/intimate/ human to human	10
Closeness/intimacy	4	Emotional/spiritual contact/heart to heart/love	5
Closeness/intimacy	4	Intense meeting/connection/encounter/engagement	9
		Taking in turns to move towards	2
		Just being/good/positive/complete	7
Mutuality	8	Mutuality/co-reflectiveness	1
Co-openness	5	Both open/openly sharing	4
Without masks	3	Therapist - Human/personal as well as professional	11
Without masks	3	Client - Open - Allowing therapist in	7
Without masks	3	Client - Being seen/can't hide/transparent	8
Co-acceptance	4	Mutual acceptance/acknowledgement	4
Client acknowledges therapist's acknowledgement	6	Therapist Acknowledging/accepting	11
Client knows therapist knows them	3	Knowing me as well as or better than I know myself	6
Client knows therapist knows them	3	Sensitive to my needs and feelings/attuned	7
Client knows therapist knows them	3	Conveys understanding	7
Client knows therapist knows them	3	Reflecting/mirroring	8
May be manifested non-verbally	5	Knowing what I was going to say/ what I'm not saying	7
		aware of each other's feelings	6
May be manifested non-verbally	5	know what each other is going to say/ things don't need to be said	5
May be manifested non-verbally	5	Mutual understanding	4
		Different level	13
		Union	6
		Fusion	3
		Jointly focused on client	6
		Face to face meeting (focused on each other)	3