Working at relational depth in psychotherapy: What the research is telling us

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Special thanks to all colleagues who contributed work to this presentation:

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Aim of presentation

• To provide a state-of-the-art review of research into moments of *relational depth* in therapy
But isn’t research the very anathema of something as subtle and ineffable as depth of relating?

• ‘There's a fear of, you know – it’s like kind of butterfly catching, isn’t it? – there’s a fear of catching something very beautiful and trying to define what it is. And then, and in that process, losing what it is.’ (participant in Connelly study)

   Yes
   but….

• Research is not about pinning something down and defining it indefinitely
• About exploring and being willing to challenge our assumptions – an openness to the world
• Just one means of finding out what’s going on (alongside theory, client experience, intuition, etc.): neither the royal road to the truth, nor something to discounted out of hand
Relational depth

- Term coined by person-centred therapist, Dave Mearns, in 1990s

- Developed by Mearns and Cooper (2005): Working at Relational Depth in Counselling and Psychotherapy (Sage)
Definition

‘A state of profound contact and engagement between two people in which each person is fully real with the Other, and able to understand and value the Other’s experiences at a high level’

(Mearns and Cooper, 2005, xii)
Moments of relational depth vs. in-depth relationships

- Relational depth can be understood both as:
  1. An experience (i.e., a moment of intense contact)
  2. A quality of a relationship (i.e., an in-depth, enduring bond)
- Focus of talk is on first aspect
Closely related concepts

- Buber: ‘Dialogue’/‘I-Thou attitude’
- Bohm: ‘Dialogue’
- Stern: ‘Moments of meeting’
- Jordan: ‘Mutual intersubjectivity’
- Laing: ‘Co-presence’
- Rowan: ‘Linking’
Q1. Do therapists experience relational depth with their clients?
Therapists’ experiences I

• 97.9% of 140 therapists reported some experience of RD
  (online survey: Leung, 2008)
• Frequency: 4.06 on 7-point scale
  (1 = not at all, 7 = all the time)
Therapists’ experiences II

- 100% person-centred therapists could identify one or more experiences of RD (qualitative interviews: Cooper, 2005)
- 90% of therapists working with learning disabled clients had experienced RD (qualitative interviews: MacLeod, 2009)
Differences across therapists

- No significant differences across orientation or gender
- Therapists with greater years in practice report greater frequency of RD: 3% of variance

(Leung, 2008)
Q1. Limitations

• Respondents to questionnaires and interviews self-selected: more likely to have experienced relational depth

• Demand characteristics: Therapists may want to ‘prove’ capacity to relate
Q1. Summary

- Some therapists have definitely experienced relational depth with clients
- Not clear, overall, what percentage, but possibly quite a lot
Q2. Do clients experience relational depth with their therapists?
Clients’ experiences I

- 78.2% of 119 clients had experienced RD
  (online survey, Leung, 2008)
  – Significantly less than therapists
Percentage of therapists and clients who could identify moments of RD (Leung, 2008)
Clients’ experiences II

- Frequency (for those who had experienced RD): 3.87 on 7-point scale (1 = not at all, 7 = all the time)
- Not significantly less than therapists (Leung, 2008)
Clients’ experiences III

• 100% of 14 clients could identify at least one moment of RD (qualitative interviews, Knox, 2008)

• However: ‘Most participants described up to five relationships with other therapists in which they had no experience of relational depth’
Client experiences IV

- Descriptions of moments of RD ‘relatively rare’
  
  (qualitative interviews, McMillan and McLeod, 2006)
Differences across clients

- Trend towards clients in psychodynamic therapy reporting less RD than in humanistic therapy (p = .065) (Leung, 2008)
Q.2 Limitations

• All ‘clients’ in Knox and McMillan, and most in Leung, studies were therapists
  <<< investment in/knowledge of RD?
Q2. Summary

- Some clients do experience moments of RD
- Not clear, at all, how frequent – possibly less frequent/much less frequent than therapists
Q3. Do clients and therapists experience relational depth \textit{at the same time}?
Synchrony

• Critical test of intersubjectivity:
  – Is the experiencing of relatedness a relational or individual phenomenon?

• Psychotherapy research suggests clients’ and therapists’ experiences/perceptions often very different
Analogue study (Cooper, in press)

• 20 min ‘counselling’ sessions
• Trainees (i.e., ‘analogue’ sessions)
• *In situ* ratings: Participants asked to rate level of contact every minute during session
Findings

• Therapists’ ratings significantly predicted clients’ ratings
• Female therapists showed significantly more match with their clients’ ratings of connection
• Mean correlation: .67
Variance explained

- Based on mean = .67, overlap between clients’ ratings and therapists’ ratings = 45%
Q3. Limitations

- Only analogue research conducted so far
- Both parties have therapeutic training
Q3. Summary

• Preliminary evidence suggests that relatively high degree of synchrony in experience of connectedness
Q4. What is the experience of relational depth like?
Four facets of relational depth

• Considerable overlap across studies in description of moments of relational depth

• Both quantitative (Wiggins) and qualitative research (Knox, Connelly, Cooper, MacLeod) suggest four, inter-correlated domains:
1. Intrapersonal: Present

- Exhilarated, empowered, revitalised, alive
- Immersed, free of distractions
- Authentic, real, open
- Spontaneous, in the moment
- Feeling OK with self, self-worth, safe
- Understanding, accepting of Other
- Satisfied
- Physical, embodied, electrifying, tingly
2. Experience of Other: Other as open

- Other as genuine, authentic, real
- Other as understanding
- Other values, acknowledges, accepts me
3. Relational: Connectedness

- Closeness, intimacy, togetherness
- Love
- Encounter, meeting of minds
- Flowing together, synchronicity
- Bi-directional, reciprocal
- Blending, at one-ness, union
- Mutuality, equality
- Trust
- Respect, empathy for other
- Interconnectedness: ‘I know you know I know...’
- Can be non-verbal
4. Atmosphere: Transcendent

- Timelessness
- Magical
- Still
- Altered state
- Spiritual
- Powerful
Q4. Summary

- Commonalities in descriptions of relational depth suggest that it is a real and distinctive phenomena:

  A sense of connectedness and flow with another person that is so powerful that it can feel quite magical. At these times, the person feels alive, immersed in the encounter, and truly themselves; while experiencing the other as open, genuine and valuing of who they are.
Q5. What is the effect of an encounter at relational depth?
Relation to outcomes

- Wiggins (2011): Clients invited to identify a particular helpful moment in therapy
Subjective perceptions: importance for change

• ‘How important do you think moments of relational depth are for personal change/outcomes of therapy?’

(online survey, Leung, 2008)
Subjective perceptions: enduring impact

- ‘To what extent do you think that these moments of relational depth have had an enduring impact?’
  (online survey, Leung, 2008)
Subjective perceptions: interviews

- Moments of relational depth ‘were seen by participants as highly significant with an enduring positive effect, both on the therapeutic process and long after the therapy had ended.’

(qualitative interviews, Knox, 2008)
Immediate effects of a meeting at relational depth
(qualitative interviews with clients, Knox, 2011)

• Moments experienced as facilitative, healing and changing:
  – Empowering
  – useful catalysts for change
  – ‘turned everything around’
  – lessened painful feelings

• Positive effect on the therapeutic process itself:
  – deepening and equalisation of the relationship
  – greater trust in their therapist
  – being able to be more open and to verbalise their innermost feelings
  – sense that they could go back to these moments of in-depth contact again
Long-term effects
(qualitative interviews with clients, Knox, 2011)

• Increased sense of connection to their own selves (85%)
  – greater self-knowledge and self-understanding
  – enhanced self-acceptance
  – greater ability to be their ‘real selves’

• Feel more able and powerful (80%)
  – to move on
  – tackle things more
  – break their patterns of thinking

• Feeling better

• Improved relationships with others (50%)
Limitations

• With subjective perceptions, may be strong response bias:
  – Relationally-orientated therapists may want to see relational encounter as very important

• But Wiggins’ research shows connection between RD and outcomes may be striking – though needs replication
Q5. Summary

- Some therapists, and some clients, believe that moments of relational depth have an enduring, strongly positive effect.
- Some clients have experienced this.
- Is experience of RD causative of good outcomes, or a corollary of helpful factors?
- No data on actual impact of RD on outcomes.
- Some evidence that, in a few cases, experiencing RD may lead to negative outcomes.
Q6. What facilitates a meeting at relational depth?
Therapist factors

- Therapists need to be experienced as:
  - Genuinely caring/ offering something ‘over and above’/ a ‘lovely compassionate person’
  - Warm (vs. cold/distant)
  - Open and adaptable
  - Competent/safe/trustworthy
  - ‘Really’ real

(Client interviews, McMillan and McLeod, 2006; Knox, 2008; Knox, submitted)
The ‘really real’ therapist

“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 expected to receive from her professional self.... [I]t felt like she was giving from her core.”

(Client interview, Knox, 2008)
A relaxed warmth

- Therapists’ perceived “neuroticism” seems to inhibit deepening of connection (Cooper, in press)
Client factors

• Clients need to:
  – Know what they want from therapy/more considered choice of therapist
  – Be ready to engage
  – *Choose to relate at depth*/Make leap of faith
  – Open up to therapist/allow self to be vulnerable

(Client interviews, McMillan and McLeod, 2006; Knox and Cooper, 2011)
Choosing to relate at depth

“[I]t was a very definite thing within myself, that happened, that I allowed myself be so open, and let my defenses down enough...it was almost as if, I'd got to the point...of no return and I thought, 'I'm going to go for it.'”

(Knox and Cooper, 2011)
Q6. Summary

- Clients report that therapists can facilitate the emergence of RD through being genuinely caring and real.
- But the principal predisposing factor is the client’s choice to open up to the therapist.
Overall summary

• Some therapists, and some clients, experience moments of RD in therapy; and they seem to experience them at relatively similar times.

• Both clients and therapists report that this experience is associated with positive outcomes, although there is no objective evidence for this.

• For RD to take place, therapists need to be experienced as genuinely caring and real, but the client needs to choose to open themselves up to the therapist.
Areas for further research

• Links between *moments* of relational depth and RD as *enduring connection*

• Links between moments of DEEP relational depth and everyday contact/dialogue
Thank you

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To join the relational depth research network, email Sue Wiggins at:
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