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Working at Relational Depth

Relational depth has been defined as ‘a state of profound contact and engagement between two people in which each person is fully real with the other, and value the other’s experiences at a high level’ (Mearns & Cooper, 2018). Our relation to our self comes from how we have learnt to relate and experienced relation to others, such as our parents. Many elements are thought to be involved in creating a depth of relating such as congruence, authenticity, unconditional positive regard, and empathy. However, what is paramount is that these contributing factors are not seen as individual and separate elements, especially when in therapy, but rather recognise they are all merged. The focus of relational depth seems important as qualitative research shows feeling cared about matters to clients, yet therapy has been professionalised over the years resulting in detached and under involved therapists. Buber’s thoughts of how dialogue differs from monologue were explored to demonstrate the concept that relational depth is achieved in therapy interpersonally **with** someone, rather than **to** someone. For instance, it can be described as two vulnerable human beings looking at one’s vulnerability rather than one human being with a statue. It is also important to discern that relational depth is not a process of transference or projection on the other in order for them to understand and experience one’s self but a genuine sense of the other as they are. Importantly having a deep connection in therapy cannot be a goal or a technique but rather be something to let emerge. As figure 1 shows, connecting to someone deeply is experienced in moments.

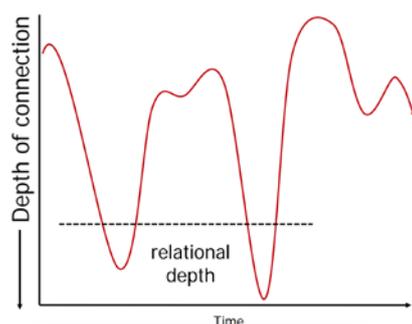


Figure 1. Graph to show when moments of relational depth occurs.

When delegates were asked to describe how it would feel to relationally connect with someone at a deep level they expressed these words: ‘exciting, supported, risky, welcoming, channel opening, unbearable, warm cave, compassionate, togetherness’. From this, it is evident the experience may not always be positive. Cooper’s research found participants also described relational depth being an embodied experience and it is more likely to be experienced when someone is speaking of an experience for the first time; similar to Buber’s dialogue, compared to monologue explanation.

Disconnection can also occur in therapy and delegates described the experience of disconnection to be: *shameful, lonely, death, peace, relief, dry, bored, lost, painful and pain free*. Again demonstrating for some it is a distressing experience and for others disconnection

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is a positive experience at times. Disconnection is a common issue, or even the issue, in one's life and the reason for attending therapy, for instance, when one is lonely. Depression is said to involve a sense of disconnection to others and anxiety has been linked to a lack of connection I.E when people feel unsafe or scared to deal with issues on their own. People disconnect for various reasons and we have strategies to do that, for instance talking fast so no one else can engage in our conversation, making jokes, listening to music, using substances, walking away. The opportunities may be there but they are not made use of by the individual.

Measuring relational depth

Whilst acknowledging that measuring therapeutic aspects can potentially lose the essence of such aspects, it also needs to be acknowledged that measuring what happens in therapy is necessary for it to be recognised by establishments such as commissioners.

Mick Cooper spoke of two types of quantitative tools to measure relational depth, the Relational Depth Inventory (RDI) and the Relational Depth Frequency Inventory (RDFI). These measurements suggest interesting results. Both clients and therapists report a deep connection happening less in short-term therapy. Out of a score of 5 (highest frequency score possible denoting to a deep connection), clients report an average of 3.4 and therapists an average of 3.7. Young children often do not report a connection, which may be due to other influencing factors such as the struggle to articulate a connection language, their cognitive maturity, they see the therapist as a teacher so relate to them in a way that does not allow for the possibility, or they simply do not experience a deep connection with their therapist. There is no difference with age, gender or therapeutic orientation for therapists to experience a deep connection with their clients. However there has been feedback from clients that they do not like the concept of relational depth as they report they are not in therapy for a deep connection. A possible thought is that there is shame associated with wanting a connection with a therapist. Interestingly, the experience of having a deep connection has not only happened during face-to-face therapy but when doing homework between sessions.

Additionally, the RDI scores correlated to CORE-OM scores suggesting the more relationally depth the client feels in therapy with their therapist the better their general wellbeing scores are. This impact was reported to have an enduring effect such as having a deep connection with the self and others as well as immediate effect such as the therapeutic relationship and being open and trusting.

References:

Information obtained from the NeuroScience Conference 'working at relational depth' on 2nd March 2018 by speaker Mick Cooper.

Mearns, D., & Cooper, M. (2005). *Working at Relational Depth in Counselling and Psychotherapy*. London: United Kingdom. SAGE Publications

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