

Touchstones of Connection: A Concept Mapping Study of Counselor Factors That Contribute to Relational Depth

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The purpose of this study was to use concept mapping to explore counselor factors that create moments of relational depth with clients. Results support the use of Rogers's (1957, 1980, 1989) core conditions of empathy, genuineness, and unconditional positive regard and more specific counseling skills and approaches.

Keywords: relational depth, counseling relationship, concept mapping

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The therapeutic relationship has factored significantly into effective therapeutic outcome (Lambert & Barley, 2001; Norcross & Wampold, 2011; Orlinsky, Rønnestad, & Willutzki, 2004). After exploring over 1,000 studies, Orlinsky et al. (2004) concluded that the bond between the counselor and client consistently contributed to therapeutic outcome. Horvath, Del Re, Flückiger, and Symonds (2011) conducted a large-scale meta-analysis of more than 14,000 treatments and found the therapeutic alliance to be a predictor of treatment outcome. Thus, it seems clear that the therapeutic relationship is an important component of effective therapy.

One unique aspect of the overall therapeutic relationship is the experience of *relational depth*, or deeper moments of profound connection between counselor and client. More specifically, 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 able to understand and value the Other’s experiences at a high level” (Mearns & Cooper, 2005, p. xii). After controlling for pretherapy effects, moments of relational depth have been shown to contribute to therapeutic outcome over and above the therapeutic alliance (Price, 2012; Wiggins, 2013). Furthermore, in qualitative studies of relational depth, clients have stated that these experiences

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have positively affected relationships with self and others, contributed to progress in counseling, facilitated healing (Knox, 2008), promoted greater insight and a sense of the counselor's presence (McMillan & McLeod, 2006), and provided clients with courage to face their issues (Knox, 2008; McMillan & McLeod, 2006).

It is believed that clients initiate these deeper moments of engagement when they are ready and willing to open to such a vulnerable experience (Knox & Cooper, 2011; McMillan & McLeod, 2006). This initiation is thought to be predicated on some perceived invitation from their counselor (Knox, 2008, 2013; Knox & Cooper, 2010, 2011). However, we do not yet know *how* counselors invite and facilitate these deepened experiences of connection.

On the basis of the relational depth literature, researchers could infer certain counselor factors that may contribute to these relational depth invitations. First, our understanding of the theoretical background of the construct informs knowledge in this area. Relational depth is grounded in the tenets of Rogers's (1957, 1980, 1989) person-centered therapy, which emphasizes the core conditions of empathy, genuineness, and unconditional positive regard. Thus, relational depth is inherently humanistic. It is interesting, though, that relational depth is believed to exemplify an "upward extension of the working alliance" (Wiggins, Elliott, & Cooper, 2012, p. 140), emerging from the powerful synergistic effects of the core conditions (Knox, Wiggins, Murphy, & Cooper, 2013; Mearns & Cooper, 2005). Based simply on this theoretical background, it can be inferred that any attempts to cultivate greater empathy, genuineness, and unconditional positive regard and communicate these to the client could serve as a relational depth invitation. However, such a conclusion still lacks specificity and direction with regard to counselor development and thus provides little direction for training.

To better understand the developmental trajectory of cultivating the capacity to invite these deepened moments of connection, we turned to Rowan and Jacobs's (2002) three positions of the therapist's use of self. Rowan and Jacobs asserted that therapists journey through three ways of being: instrumental, authentic, and transpersonal. In the instrumental position, therapists work in a more mechanistic manner, specifically focusing more on the technique aspects of the encounter. Moving to the authentic realm, therapists are more able to use their genuine selves to create deeper levels of engagement with clients. Finally, Rowan and Jacobs described the transpersonal position as a therapist's engagement with "what is passing *between or beyond* the therapist and client, in one way not attending to anything, neither self nor the client; but still open to feelings, thoughts and experiences that appear to come from nowhere" (p. 121). Rowan and Jacobs hypothesized that moments of relational depth occurred within the transpersonal way of being. Although this conceptual model is somewhat helpful, it does not specify explicit counselor factors that contribute to the ability to invite and facilitate moments of relational depth.

Researchers (Cooper, 2013b; Mearns, 1996, 1997; Mearns & Cooper, 2005; Mearns & Schmid, 2006) have conceptualized possible counselor factors that contribute to relational depth. These factors include counselor presence (Mearns, 1996, 1997; Mearns & Cooper, 2005); transparency and immediacy (Cooper, 2013b; Mearns & Cooper, 2005; Mearns & Schmid, 2006); self-awareness (Cooper, 2013b; Mearns & Cooper, 2005); care for the client (Cooper, 2013b); fearlessness (Mearns, 1996, 1997); ability to create a safe environment, ability to forgo preconceived notions of clients or the desire to fix clients, ability to let go of specific techniques, and ability to listen deeply (Mearns & Cooper, 2005); acceptance of the client (Cooper, 2013b; Mearns & Schmid, 2006); willingness to be affected by the client and invite this deeper encounter (Mearns & Cooper, 2005; Mearns & Schmid, 2006); and commitment to the client, openness to the experience, existential-level communication, emphasis on the relationship, willingness to have an impact the client, and awareness of the environment and the power differential (Mearns & Schmid, 2006). Qualitative studies of therapists' (Cooper, 2005; Macleod, 2013) and clients' (Knox, 2008, 2013; Knox & Cooper, 2010, 2011; McMillan & McLeod, 2006) experiences of relational depth also shed some light on this question. However, there remains a dearth of empirical research exploring the specific counselor factors that contribute to the ability to invite and facilitate these moments of relational depth. In essence, what counselor factors (both what they do and who they are) contribute to these experiences of profound connection?

Taken together, it can be generally inferred that in order to invite and facilitate these deeper levels of engagement, counselors need to embody Rogers's (1957, 1980, 1989) core conditions of empathy, genuineness, and unconditional positive regard; have some capacity to work within Rowan and Jacobs's (2002) transpersonal position; and begin to assume some of the conceptual factors posited by relational depth researchers (Cooper, 2013b; Mearns, 1996, 1997; Mearns & Cooper, 2005; Mearns & Schmid, 2006). The purpose of this study was to examine and empirically validate the counselor factors that contribute to the ability to invite and facilitate moments of relational depth. In this process, we did not seek to establish causal inferences; rather, we sought to explore counselors' conceptualizations of the factors they believe help invite and facilitate these moments of deepened connection based on their experiences. From there, we sought to examine how important counselors believed factors were in contributing to these experiences and how often they used these factors in their work with clients.

METHOD

To explore the aforementioned factors, we chose the mixed-methods approach of *concept mapping* outlined by Trochim (1989) and Kane and Trochim (2007). "Concept mapping is a generic term that describes any

process for representing ideas in pictures or maps” (Kane & Trochim, 2007, p. 1). Our intention in choosing this method was to (a) qualitatively provide participants with a voice in each stage in the process and (b) quantitatively substantiate their conceptualizations using rigorous multivariate analyses. In other words, with concept mapping, participants individually organize their ideas, and then researchers use multivariate analyses (multidimensional scaling and cluster analysis) to pictorially represent aggregated conceptualizations across participants. According to Kane and Trochim, concept mapping is composed of six steps: preparing for concept mapping, generating the statements, structuring the statements, representing the statements, interpreting the concept maps, and utilizing the concept maps. We did not use the sixth step in this process because we did not intend to engage in any type of policy planning, outcome evaluation, or measure development. To simplify the steps in our process, we present the methodology and findings within the framework of the three phases of data collection: (a) generating the statements, (b) sorting and rating the statements, and (c) interpreting the concept maps.

To be included in the study, potential participants needed to be at least 18 years of age, work within a 30-mile (approx. 48 km) radius of the research site (to improve the likelihood that they would participate in the face-to-face focus group), possess at least a master’s degree in a mental health discipline (representing various disciplines such as marriage and family therapy, mental health counseling, etc.), and respond affirmatively to a relational depth screening question. We asked eight counselor educator faculty members from a university in the southeastern United States to nominate up to seven counselors who they believed may have experienced these deeper levels of engagement with clients. Our intention in using a peer nomination process was to further ensure that individuals who were nominated possessed the capacity for relational depth. The subsequent relational depth screening question that potential participants were asked to complete further reinforced the plausibility that they had indeed experienced these moments. From there, we also used snowball sampling by encouraging nominated individuals to nominate other counselors who they believed might qualify for the study. All of these individuals were invited to participate in the three phases of data collection, which are described in further detail in the Results section.

RESULTS

Participant Demographics

Twenty-one individuals initially expressed interest, and 20 of them participated in the first round of data collection. The average age of the participants

was 43.05 years (range = 24–64 years), and the average years of experience was 14.28 years (range = 0.5–35 years). Most of the participants identified as female (80%), heterosexual (85%), and White/Caucasian (95%). The majority of the participants stated that they worked in private practice settings (55%), used a blend of theoretical approaches (30%), and identified in some way with the Christian religion (65%). Of these individuals, 18 participated in the second phase, and nine participated in the third phase of data collection. A detailed outline of participant demographics at each phase of the study is included in Table 1.

Phase 1: Generating the Statements

Potential participants who expressed interest in the study were directed to a Qualtrics website (www.qualtrics.com), where they were asked to consent to participate, complete a brief demographic form, provide their contact information for subsequent phases of data collection, send the information to other potential participants, and, finally, generate the statements. To help participants generate the statements, we first defined and described the construct of relational depth. From there, the following prompt was provided:

Please take a moment to reflect on your counseling career thus far and the clients you have counseled. Identify one or more times when you feel as though you and a client have experienced a moment of deep connection. How did you do that? What do you believe contributed to your ability to invite and facilitate this moment of deepened connection with your client? You may consider who you are and/or what you do before and/or during these therapy sessions.

Our goal was to exhaust the breadth of the topic; thus, we provided participants with 100 spaces to generate as many statements as possible. Together, the 20 participants who responded to Phase 1 of data collection generated 452 statements. We edited and synthesized these to a manageable statement list of 90 items (see Table 2).

Phase 2: Sorting and Rating the Statements

After editing and synthesizing the statements into a list of 90 items, we prepared the sorting and rating materials (sets of statement cards and 5-point Likert-type rating sheets). We sent these items to participants via mail services and asked them to (a) sort the cards in a way that made sense to them, (b) rate the statements based on how important they are in contributing to moments of relational depth, and (c) rate the statements based on how frequently they use these factors in their work with clients. Eighteen of the original 20 participants returned completed materials (90% response rate). The participants sorted the 90 statement cards into an average of nine groups, ranging from four to 15.

We then used multivariate analyses to represent these statements and prepare materials for the interpretation task. First, we entered the sorting

TABLE 1
Demographic Information

Variable	Phase 1	Phase 2	Phase 3
Number of participants	20	18	9
Mean age (in years)	43.05 ^a	44.67 ^b	48.11 ^c
Gender			
Female	16	14	6
Male	4	4	3
Race/ethnicity			
Caucasian	19	17	9
Hispanic	1	1	0
Sexual orientation			
Heterosexual	17	15	7
Gay	1	1	1
Queer	1	1	0
Bisexual	1	1	1
Spiritual/religious background			
Christian	9	9	5
Catholic	2	1	0
Quaker	1	1	1
Christian (open to other religions)	1	1	1
Spiritual	2	2	1
Agnostic	2	2	1
Nature	1	1	0
"Complex"	1	1	0
Did not identify	1	0	0
Theoretical orientation			
Theoretical combination	6	6	4
Person-centered	3	3	1
Cognitive behavioral	3	3	2
Emotion-focused	2	2	1
Psychodynamic	1	1	0
Experiential	1	1	1
Adlerian	1	0	0
Solution-focused	1	1	0
Social constructivist	1	1	0
Interpersonal	1	0	0
Practice setting			
Private practice	11	10	5
Schools	3	3	1
Private practice and agency	1	1	1
Cancer center	1	1	0
Hospital	1	1	1
Doctoral student	1	1	0
Did not identify	1	1	1
Not employed	1	0	0
Mean years of experience	14.28 ^d	15.33 ^e	18.89 ^f

Note. Phase 1 = generating the statements; Phase 2 = structuring the statements; Phase 3 = interpreting the concept maps.

^aRange = 24–64 years. ^bRange = 27–64 years. ^cRange = 27–64 years. ^dRange = 0.5–35 years.

^eRange = 2–35 years. ^fRange = 3–35 years.

data into a sort table, transformed the table into a dissimilarity matrix, and used this to perform nonmetric multidimensional scaling and create a point map (see Figure 1). The multivariate analyses were performed using R editor (R Development Core Team, 2011). The point map allowed us to

TABLE 2
10-Cluster Solution and Associated Ratings

Cluster and Statement	Average	
	IR	Freq.
Cluster 1: Tuning In		
35. Following intuition	4.61	4.44
27. Pausing when I feel reactive	3.94	3.76
15. Having confidence in ability to treat the client's issues (focus group changed to "being confident")	3.67	3.78
56. Being still—inside and outside	4.06	3.61
31. Listening—not just with ears but with whole self	4.72	4.39
38. Sensing energy and energetic shifts	4.39	4.00
36. Remaining curious	4.06	4.28
41. Being transparent	4.22	4.17
42. Being totally honest with the client	3.86	3.78
Average	4.17	4.02
Cluster 2: Offering Genuine Connection		
78. Entering as profoundly as I can into an experientially felt sense of the client's world	4.61	4.33
40. Connecting with and listening from the depths of my soul	4.24	3.94
67. Being genuinely myself with clients	4.56	4.36
39. Offering/sharing with the client my energy when the client lacks the energy to go deeply	2.76	2.89
51. Staying open to the client's experience	4.61	4.44
Average	4.16	3.99
Cluster 3: Practicing Presence		
13. Praying	2.65	2.76
62. Remembering other experiences of relational depth and what that felt like to me	3.22	2.78
28. Attending to my breathing	3.65	3.67
17. Possessing self-awareness	4.83	4.56
64. Practicing self-care	4.28	3.67
49. Grounding/centering myself before sessions	4.44	3.89
53. Practicing mindfulness	4.28	3.89
60. Embracing my own suffering	3.56	3.56
Average	3.86	3.60
Cluster 4: Being Emotionally Present		
50. Opening my heart center	4.11	3.56
89. Attending to the internal emotional processes happening in me	4.44	4.22
46. Being vulnerable	3.83	3.50
83. Being open with my own emotional experience (e.g., crying with the client)	3.61	3.33
43. Being humble—seeing the client as similar to me in the most profound human ways	4.33	4.06
77. Being unafraid of the intensity of emotions	4.89	4.61
58. Being fully present	4.83	4.41
3. Conceiving of myself as a conduit for transformation	3.50	3.11
12. Letting go of all expectations	3.22	3.39
Average	4.09	3.80
Cluster 5: Using Engagement Skills		
69. Using the client's words	4.00	4.17
87. Using facial nonverbals with the client (e.g., mirroring expressions, conveying empathy through facial expressions)	4.17	4.39

(Continued on next page)

TABLE 2 (Continued)
10-Cluster Solution and Associated Ratings

Cluster and Statement	Average	
	IR	Freq.
Cluster 5: Using Engagement Skills (<i>Continued</i>)		
88. Using body nonverbals with the client (e.g., tilting head, opening posture, leaning in, mirroring body language)	4.11	4.39
33. Sustaining intentional eye contact	3.83	4.06
34. Using gentle confrontation	4.00	4.06
47. Using immediacy	4.33	4.33
48. Exploring interpsychic relational dynamics	3.50	3.24
54. Using metaphors/imagery	3.89	4.00
82. Reflecting and summarizing content	3.44	3.89
85. Using tentative language	3.78	4.00
37. Exploring with the client what's happening in client's body	3.72	3.44
80. Intentionally reflecting meaning	4.33	4.39
8. Attacking shame	2.78	3.06
76. Probing gently to create more depth	4.06	4.22
Average	3.85	3.97
Cluster 6: Bringing Immediacy		
90. Intentionally using self-disclosure	3.83	3.61
52. Being comfortable with and using silence intentionally	4.06	4.11
57. Speaking softly	3.67	3.61
19. Being willing to "name the thing"	4.06	4.00
20. Taking risks	3.89	3.83
16. Resisting temptation to focus solely on goals	3.17	3.56
59. Making my presence in the room very quiet	3.56	3.67
Average	3.75	3.77
Cluster 7: Structuring Intentionally		
55. Initiating conversations around existential issues (e.g., death, isolation, freedom)	3.28	3.33
66. Slowing down the pace of the session	4.17	3.89
5. Structuring within and across sessions	2.94	3.67
86. Setting process/relational goals	3.11	3.39
73. Setting the clinical environment (e.g., quiet yoga music in background, indirect lighting)	3.33	3.28
74. Preparing for the session (e.g., reviewing notes, reflecting on previous experience)	3.72	3.67
Average	3.43	3.54
Cluster 8: Facilitating Intimate Connection		
44. Expressing understanding	4.50	4.67
45. Validating the client's experience	4.72	4.83
61. Establishing a safe space	4.72	4.72
75. Communicating empathy	4.78	4.83
81. "Touching" and reflecting emotions	4.44	4.50
63. Assuring the client that I will not leave her or him, that I will walk with her or him	3.83	3.56
7. Providing nurturance	3.89	4.06
23. Conveying warmth	4.39	4.56
6. Providing support	4.22	4.61
4. Giving hope	4.11	4.33
25. Providing support	4.22	4.44
30. Establishing trust	4.89	4.72
10. Collaborating with the client	4.17	4.33

(*Continued on next page*)

TABLE 2 (Continued)
10-Cluster Solution and Associated Ratings

Cluster and Statement	Average	
	IR	Freq.
Cluster 8: Facilitating Intimate Connection (<i>Continued</i>)		
18. Acknowledging the client's strengths	4.11	4.39
2. Establishing a strong relationship/rapport	4.83	4.72
65. Communicating real compassion for the client	4.72	4.44
21. Staying close with the client's emotional experience	4.61	4.22
32. "Speaking" through my eyes to the client's eyes	3.58	3.33
Average	4.37	4.40
Cluster 9: Attending With Focus		
1. Caring deeply for the client	4.28	4.28
9. Noticing the little things about the client	3.53	3.61
11. Focusing completely on the client	3.89	4.18
29. Attending to my client's breathing	4.00	3.56
14. Honoring cultural differences ^a	4.39	4.39
79. Attuning to the client	4.67	4.56
22. Attending fully	4.94	4.56
70. Being nonjudgmental ^a	4.89	4.67
Average	4.32	4.23
Cluster 10: Honoring the Client		
71. Accepting the client as she or he is	4.89	4.64
72. Honoring the humanity of the client	4.61	4.72
68. Respecting the client's boundaries	4.39	4.33
84. Empowering the client	4.06	4.06
24. Viewing the client holistically	4.28	4.39
26. Respecting the client	4.78	4.78
Average	4.50	4.49

Note. Values are rounded to the nearest hundredth of a decimal, and may not add up perfectly across columns. IR = importance rating; Freq. = frequency.

^aFocus group moved item to Cluster 10.

see which statements were more often grouped together by participants based on the relative distances between the points. The associated stress value for the procedure (0.251) fell between Trochim's (1993, as cited in Kane & Trochim, 2007) recommended range: 0.205 to 0.365. From there, we performed agglomerative hierarchical cluster analysis (using Ward's method) to create conceptual clusters around the points. We decided on an initial 10-cluster solution based on the natural groupings of items (see Figure 2).

Finally, we calculated the mean average importance and frequency ratings by cluster and statement number (see Table 2). Any individual missing values were not averaged into total scores. The lowest average statement based on importance was Statement 13 (praying), with the highest average importance rating statement being Statement 22 (attending fully). The lowest rating cluster by importance was Cluster 7 (Structuring Intentionally), and the highest was Cluster 10 (Honoring

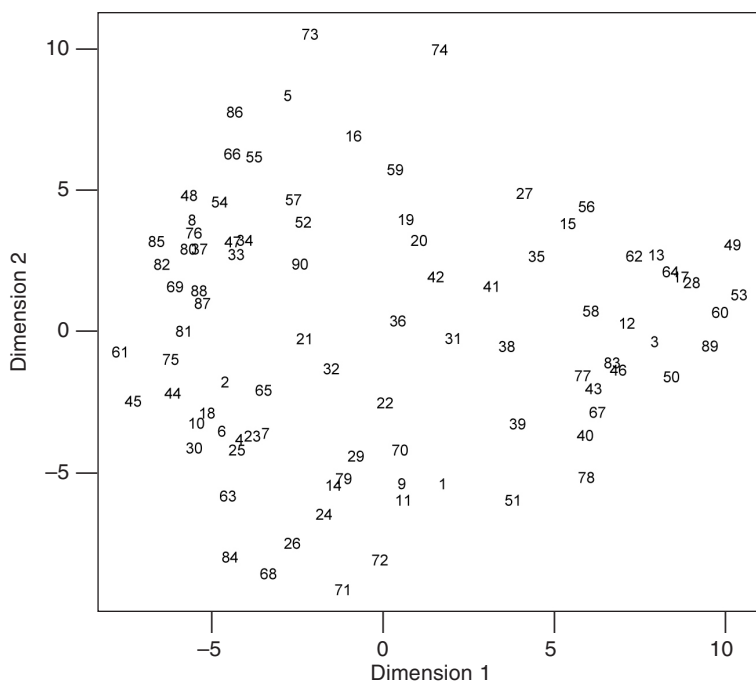


FIGURE 1
Point Map

Note. Participants' aggregated sorting data. Number represents statements.

the Client). With regard to frequency ratings, the lowest average frequency statement was Statement 13 (praying) and the highest ratings were shared between Statement 45 (validating the client's experience) and Statement 75 (communicating empathy). The lowest rating cluster by frequency was Cluster 7 (Structuring Intentionally) and the highest was Cluster 10 (Honoring the Client). Participants' importance and frequency ratings often coincided.

From these analyses, we prepared the following materials for the third phase of data collection: (a) point map, (b) cluster map, (c) table of statements by cluster and their associated rating averages, and (d) bar graph of average ratings by cluster.

Phase 3: Interpreting the Concept Maps

For the final phase of data collection, we invited all 18 participants from Phase 2 to a focus group in which they would have the opportunity to name the clusters, provide general impressions regarding the statement and cluster rating averages, and respond to follow-up questions. Nine individuals participated. After much discussion, the nine participants

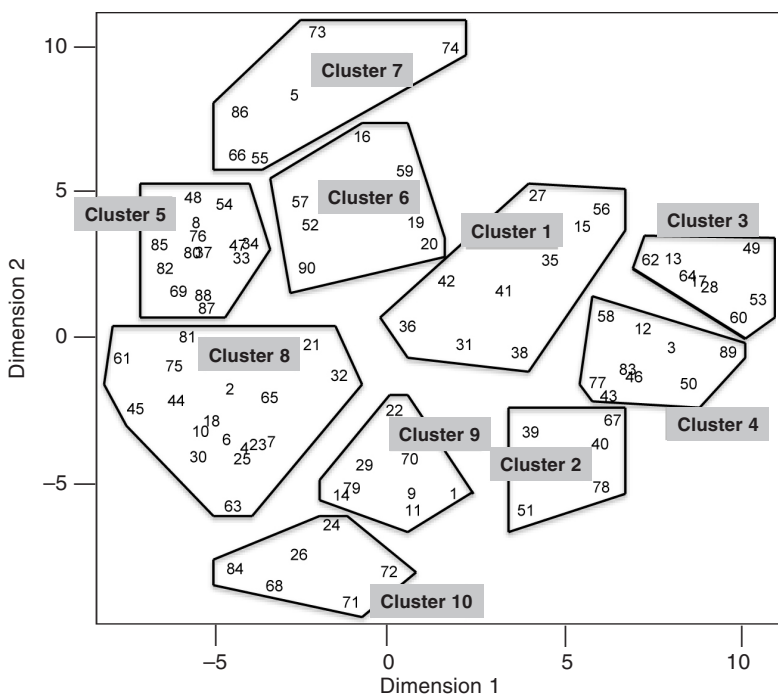


FIGURE 2
Initial Cluster Map

Note. Initial cluster map of the 10 preliminary clusters. Final cluster map is the same; however, Statements 14 and 70 were moved to Cluster 10 based on feedback from focus group.

named the following 10 clusters (in numerical order): Tuning In, Offering Genuine Connection, Practicing Presence, Being Emotionally Present, Using Engagement Skills, Bringing Immediacy, Structuring Intentionally, Facilitating Intimate Connection, Attending With Focus, and Honoring the Client. Participants remarked on the difficulty in finding the words to adequately convey the depth of the items. For example, in naming Cluster 8 (Facilitating Intimate Connection), they searched for a word deeper than *connection* and decided to add *intimate*. Similarly, in naming Cluster 10 (Honoring the Client), they stated that the word *acceptance* was insufficient and thus chose the word *honoring* instead. Finally, the participants decided to move Statements 14 (honoring cultural differences) and 70 (being nonjudgmental) from Cluster 9 (Attending with Focus) to Cluster 10 (Honoring the Client). They also decided to change Statement 15 from “having confidence in ability to treat the client’s issues” to “being confident.”

When asked to offer impressions on the importance and frequency ratings, participants drew attention to a number of interpretations, a few

of which are noted here. First, they commented on the high importance and frequency ratings for Cluster 10 (Honoring the Client). Furthermore, participants drew attention to the lowest rated cluster (Cluster 7, Structuring Intentionally), and one participant offered that this cluster seemed the least ephemeral of the clusters. Finally, as they analyzed the statement ratings, one participant stated that perhaps some of the lower rated items, such as Statements 13 (praying) and 8 (attacking shame), represented individualistic counselor characteristics rather than more universal qualities.

Finally, we asked participants to answer four follow-up questions about relational depth. First, they were asked how they believed they initially developed the ability to invite and facilitate moments of relational depth with clients and whether or not they believed this could be trained. In general, participants emphasized the power of their relationships with their counselors, supervisors, mentors, family members, clients, and even with spiritual experiences in helping them develop this capacity. Furthermore, they stated that it could be trained, although an individual had to have some capacity and desire to learn it.

Second, we asked participants whether they believed their conceptualizations of these factors represented Rowan and Jacobs's (2002) three positions (instrumental, authentic, and transpersonal) of the therapist's use of self. At first, participants stated that relational depth seemed to incorporate more of the authentic and transpersonal positions. However, after discussing this further, they agreed that it incorporated all three positions (as they emphasized the importance of skills and structure from the instrumental way of being). They also indicated that perhaps, at least for some, experiences of the transpersonal set people on the path toward becoming counselors, and then they progress through the instrumental and authentic positions and return to the transpersonal arena that initially set them on the journey.

Finally, in our last two questions, we encouraged participants to offer implications for counselor educators and supervisors and offer suggestions for future relational depth researchers. The participants' responses to these questions are included in the Discussion section.

DISCUSSION

Overall, the results of the present study corroborate researchers' (Cooper, 2013b; Mearns, 1996, 1997; Mearns & Cooper, 2005; Mearns & Schmid, 2006) conceptualizations of the possible counselor factors that contribute to relational depth. However, the results perhaps highlighted more of the concrete skills and necessary structuring to engender such encounters (see Cluster 5 [Using Engagement Skills] and Cluster 7 [Structuring Intentionally], specifically). These specific

skills and structures may extend the relational depth literature, which focuses quite a bit on the ephemeral aspects of the experience.

On the basis of the results of this study, five major findings emerged. First, according to the participants, relational depth occurs across all three positions of the therapist's use of self (Rowan & Jacobs, 2002). Although Rowan and Jacobs (2002) positioned relational depth within the transpersonal way of being, the participants in our study argued that relational depth incorporated elements of the instrumental (with statements from Clusters 5 [Using Engagement Skills] and 7 [Structuring Intentionally]), authentic (with statements from Clusters 3 [Practicing Presence], 4 [Being Emotionally Present], 8 [Facilitating Intimate Connection], 9 [Attending With Focus], and 10 [Honoring the Client]), and transpersonal (with statements from Clusters 1 [Tuning In] and 2 [Offering Genuine Connection]) ways of being. Thus, it appears that, according to participants, experiences of relational depth incorporate the concrete counseling skills of the instrumental position, the genuine nature of authentic position, and the numinous (mysterious and spiritual) elements of the transpersonal position.

The second, third, and fourth findings emphasize the development of counselors' relational depth capacity. In the second finding, participants suggested that experiences of the transpersonal could perhaps set people on the path toward becoming counselors and eventually cultivating the capacity to engage on deeper levels. Developmentally, then, some individuals could begin within the transpersonal position before entering their programs, then move from instrumental to authentic and then back to transpersonal again, with a newfound set of integrated counseling skills and personal style. Such a finding may inform our conceptualizations of counselor development. Third, according to the participants, counselors seem to have developed the capacity to relate on deep levels after experiencing this type of engagement in relationships with others (e.g., family members, counselors, supervisors, mentors, clients); therefore, relationships are essential in cultivating this ability. Fourth, participants argued that relational depth is trainable; however, individuals must have some capacity (perhaps based on their earlier relationships) and desire to learn this beforehand. This statement indicates some promise in helping new counselors develop the ability to foster deepened moments of connection. Taken together, these three areas may offer different perspectives on the development of relationally deep counselors.

Finally, on the basis of participants' responses, experiences of relational depth seem to be predicated on counselors' deliberate use of specific counseling skills and their intentional creation of a therapeutic structure (see Clusters 5 [Using Engagement Skills] and 7 [Structuring Intentionally] in Table 2 for examples). In general, relational depth researchers often emphasize the elusive and numinous quality of the construct. However,

as evidenced by the emergent statements and clusters in this study, moments of relational depth appear to be grounded in a therapeutic framework and counselors' adept use of counseling techniques. Such a finding may further substantiate the concrete elements of counselor training and supervision.

The findings must be considered within the context of the study's limitations. First, we made assumptions about the construct of relational depth. According to researchers (Cooper, 2013a; Knox, 2013; McMillan & McLeod, 2006), relational depth is essentially ineffable, very difficult to define. However, we adopted Mearns and Cooper's (2005) definition of the construct and proceeded to explore it despite its apparent elusiveness. The epistemological limitations with regard to such definitional issues certainly prove less than desirable; however, we endeavored to define and describe the construct as clearly as possible for nominators and participants. Furthermore, relational depth has been defined as an interactional, dyadic encounter (Knox, 2013), and we only studied one half of the dyad.

Other limitations arose throughout the sampling process. We relied on a limited number of nominators, and all of these individuals were geographically located in one area. The relational depth screening question was also limited because we could not determine whether potential participants had truly experienced such moments. The resulting sample also was rather limited with regard to diversity (mostly White, female, and heterosexual).

Finally, we acknowledge a few limitations throughout the data collection process. As with all self-report processes, social desirability may have influenced responses. Additionally, the participants may have experienced participant fatigue because the study was time consuming. Along with participant fatigue, some breadth of the construct may have been lost in the statement synthesis process (reducing the original set of 452 statements to 90 statements). Also, the number of clusters initially chosen was a subjective decision. Finally, asking participants how the clusters may have represented Rowan and Jacobs's (2002) three positions of the therapist's use of self may have unduly influenced their responses to see a connection where none may exist. Although we sought to reach a consensus on these decisions, the limitations exist nonetheless.

Limitations notwithstanding, the findings of this study have implications for counselor educators, supervisors, and future researchers. Because participants reported that their relationships with others helped them develop the capacity for relational depth, we suggest that counselor educators and supervisors develop relationships with their students and supervisees (perhaps modeling how to establish these relationships) and encourage students to seek their own personal counseling (assuming that their counselors are capable of establishing these deepened kinds of

connection). Along with these two implications, counselor educators and supervisors could encourage students to reflect on their relationships and the associated developmental process of inviting moments of relational depth and also reflect on transpersonal experiences in their lives. Finally, we encourage counselor educators and supervisors to emphasize Rogers's (1957, 1980, 1989) core conditions and teach students how to intentionally structure sessions and deliberately use counseling skills to invite greater depth (based on statements from Clusters 5 [Using Engagement Skills] and 7 [Structuring Intentionally]).

In terms of relational depth research, we recommend that future investigators conduct process research to explore the sequential nature of relational depth, validate associated microskills, and further investigate the ways in which these experiences reflect the three positions of the therapist's use of self (Rowan & Jacobs, 2002). Additionally, we encourage researchers to conduct qualitative studies to determine whether the capacity can be trained, investigate how counselors learned components of relational depth (e.g., intuition), explore the transpersonal nature of the construct, and investigate counselors' experiences of relational depth across a variety of relationships and settings. Finally, we suggest that future researchers use results from this study to design a quantitative measure of relational depth from the counselor's perspective. These undertakings would certainly extend the research on relational depth.

CONCLUSION

William James stated, "We are like islands in the sea, separate on the surface but connected in the deep" (Goodreads Inc., 2015, para. 1). The purpose of this study was to explore those touchstones that facilitate deeper therapeutic connections, and our findings generally corroborated and extended the existing body of relational depth research. It is our hope that mental health professionals may capitalize on the ways in which humans connect on deeper and more authentic levels and use this knowledge to establish more meaningful and transformative relationships with clients.

REFERENCES

- Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counselling & Psychotherapy Research, 5*, 87-95. doi:10.1080/17441690500211130
- Cooper, M. (2013a). Experiencing relational depth in therapy: What we know so far. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 62-76). New York, NY: Palgrave MacMillan.
- Cooper, M. (2013b). Experiencing relational depth: Self-development exercises and reflections. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 137-152). New York, NY: Palgrave MacMillan.

- Goodreads Inc. (2015). *William James quotes*. Retrieved from <http://www.goodreads.com/quotes/837455-we-are-like-islands-in-the-sea-separate-on-the>
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. In J. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed., pp. 25–69). New York, NY: Oxford University Press.
- Kane M., & Trochim, W. M. K. (2007). *Concept mapping for planning and evaluation*. Thousand Oaks, CA: Sage.
- Knox, R. (2008). Clients' experiences of relational depth in person-centred counselling. *Counselling & Psychotherapy Research*, 8, 182–188. doi:10.1080/14733140802035005
- Knox, R. (2013). Relational depth from the client's perspective. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 21–35). New York, NY: Palgrave MacMillan.
- Knox, R., & Cooper, M. (2010). Relationship qualities that are associated with moments of relational depth: The client's perspective. *Person-Centered and Experiential Psychotherapies*, 9, 236–256.
- Knox, R., & Cooper, M. (2011). A state of readiness: An exploration of the client's role in meeting at relational depth. *Journal of Humanistic Psychology*, 51, 61–81. doi:10.1177/0022167810361687
- Knox, R., Wiggins, S., Murphy, D., & Cooper, M. (2013). Introduction: The in-depth therapeutic encounter. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 1–10). New York, NY: Palgrave MacMillan.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38, 357–361. doi:10.1037/0033-3204.38.4.357
- Macleod, E. (2013). Therapists' experiences of relational depth with clients with learning disabilities. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 36–48). New York, NY: Palgrave MacMillan.
- McMillan, M., & McLeod, J. (2006). Letting go: The client's experience of relational depth. *Person-Centered and Experiential Psychotherapies*, 5, 277–292.
- Mearns, D. (1996). Working at relational depth with clients in person-centered therapy. *Counselling*, 7, 306–311.
- Mearns, D. (1997). *Person-centred counselling training*. London, England: Sage. doi:10.4135/9781446217290
- Mearns, D., & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. London, England: Sage.
- Mearns, D., & Schmid, P. F. (2006). Being-with and being-counter: Relational depth—The challenge of fully meeting the client. *Person-Centered and Experiential Psychotherapies*, 5, 255–265.
- Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. In J. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed., pp. 423–430). New York, NY: Oxford University Press.
- Orlinsky, D. E., Rønnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behavior change* (5th ed.). New York, NY: Wiley.
- Price, S. (2012). *Development and testing of a measure of relational depth in counselling and psychotherapy* (Unpublished doctoral dissertation). University of Strathclyde, Glasgow, Scotland.
- R Development Core Team. (2011). *R: A language and environment for statistical computing*. Vienna, Austria: R Foundation for Statistical Computing.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103. doi:10.1037/h0045357
- Rogers, C. R. (1980). *A way of being*. New York, NY: Houghton Mifflin.
- Rogers, C. R. (1989). *On becoming a person: A therapist's view of psychotherapy*. New York, NY: Houghton Mifflin.

- Rowan, J., & Jacobs, M. (2002). *The therapist's use of self*. Philadelphia, PA: Open University Press.
- Trochim, W. M. (1989). An introduction to concept mapping for planning and evaluation. *Evaluation and Program Planning*, 12, 1–16. doi:10.1016/0149-7189(89)90016-5
- Wiggins, S. (2013). Assessing relational depth: Developing the Relational Depth Inventory. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 49–61). New York, NY: Palgrave MacMillan.
- Wiggins, S., Elliott, R., & Cooper, M. (2012). The prevalence and characteristics of relational depth events in psychotherapy. *Psychotherapy Research*, 22, 139–158.



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