

REVIEW

Facilitating the client's experience of relational depth in counselling and psychotherapy: A thematic review

Hervey Wilcox  | Sara Almasifard 

College of Health, Psychology and Social Care, University of Derby, Derby, UK

Correspondence

Hervey Wilcox, College of Health, Psychology and Social Care, University of Derby, Kedleston Road, Derby, DE22 1GB, UK.

Email: herveywilcox@gmail.com

Abstract

Aim: There is increasing interest in relational depth and its relevance and benefits for clients receiving therapy in a number of different therapeutic orientations. This research set out to draw together the available evidence from a wide range of therapies about clients' experiences of relational depth. The aim was to identify approaches that create the conditions where relational depth is more likely to be facilitated. The research focused on clients' views, given the increasing emphasis on their experiences in therapy.

Methodology: A systematic search of papers published in English between January 1996 and September 2022 was conducted using EBSCO Host, Google Scholar and citation chaining. Twenty-seven papers met the inclusion criteria, and a thematic analysis was conducted on these papers.

Findings: Six themes were identified: (1) establishing dialogue with the client's inner world, (2) working with attachment in therapy, (3) responding sensitively to the client's beliefs and values, (4) deepening the client's understanding of the therapist, (5) addressing ruptures in therapy and (6) the client's role in meeting at relational depth.

Conclusion: Facilitating the client's experience of relational depth can support and enhance many aspects of therapeutic practice and in itself may contribute to healing. Therapists who offer warmth and genuine engagement are more able to build confidence and trust, as long as these conditions are received by their clients. It is the clients who ultimately decide whether or not to share their deepest feelings.

KEYWORDS

clients' experience, counselling, psychotherapy, relational depth, therapeutic relationship

1 | INTRODUCTION

"Relational Depth" is a term first used by Mearns (1996) to explore the significance for the client of relational aspects of therapy. It was introduced to a wider readership by Mearns and Cooper (2005) where it was described (p. xii) 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." Cooper (2013, p. 69) related clients' descriptions of "very physical sensations" during moments of deep connection, accompanied by "a sense of self-worth, self-acceptance and specialness." The term "relational depth" can be applied to "particular

Contributing author: Sara Almasifard (s.almasifard@derby.ac.uk).

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2022 The Authors. *Counselling and Psychotherapy Research* published by John Wiley & Sons Ltd on behalf of British Association for Counselling and Psychotherapy.

moments of in-depth encounter" as well as to "a *relationship* in which there is an ongoing depth of connection," and research suggests that relational depth is probably closer to "a gradient phenomenon like hunger" rather than "a threshold phenomenon like being pregnant" (Mearns & Cooper, 2018, p. xvii). Meeting at relational depth in therapy can be a profound experience, which can "impact deeply on the therapeutic relationship and the client's psychological development" (Brown et al., 2013, p. 13).

Since the publication of Mearns and Cooper (2005), the relevance of relational depth in therapy has been more widely researched and discussed. Ramberg (2006, p. 21) suggested that it is possible for client and therapist to develop "an intersubjective consciousness in a mutually experienced present moment," where their experiences "are sufficiently alike for a 'consciousness' of a shared mental landscape to arise." This argument is similar to the concept proposed by Ogden (1994, p. 9) of "mutual recognition," in which the "individual subjectivities" of client and therapist are subsumed into a co-created "analytic third." Lux (2013, p. 86) suggested that self-exploration during a therapeutic relationship which the client perceives as empathic and facilitative "supports integration within the brain and leads to a strengthening of the neural connectivity between cognitive, emotional and motivational brain systems." Siegel (2020, p. 460) argued that connections between minds "involve a dyadic form of resonance" producing "an overwhelming sense of immediacy, clarity and authenticity" in which "one can appreciate the power of relationships to nurture and to heal the mind."

The added value of a deeper relationship between client and therapist was clearly demonstrated in a review by Levitt et al. (2016), who reported on 109 peer-reviewed qualitative research studies examining clients' experiences in a wide range of therapies. A key finding was that when clients sensed that their therapist had been "truly accepting and caring," they felt safe enough "to set aside defenses and do the vulnerable work of self-exploration and discovery," "internalizing the therapist as a temporary surrogate for validation" (Levitt et al., 2016, p. 823). More recently, Norcross and Lambert (2018, p. 303) reviewed recent research and concluded that "the psychotherapy relationship makes substantial and consistent contributions to outcome independent of the type of treatment."

Looking at relational depth in particular, Mearns and Cooper (2018, p. 70) concluded that experiencing it "may give the client a *sense of safety* that far exceeds the norm for therapeutic relationships," and this helps them to begin to explore aspects of themselves that are "for them, the most profound." Di Malta et al. (2020, p. 214) argued that moments of relational depth represent "real and distinctive occurrences within the therapy relationship." Knox (2011, p. 239) found that, for most clients, the longer-term impact of these moments was "a stronger connection to their own self."

Looking at quantitative evidence for the value of relational depth: in a questionnaire study, relational depth was rated as present in more than a third of therapy events that clients defined as significant, and further work using a revised Relational Depth Inventory (RDI-R) demonstrated that the RDI-R scores of 42 clients were a significant predictor of post-therapy outcome scores (Wiggins, 2012; Wiggins et al., 2012).

Implications for Practice and Policy

- Facilitating the client's experience of relational depth supports and enhances many aspects of therapeutic practice and in itself may contribute to healing.
- Therapists who offer warmth and genuine engagement, reach out empathetically to clients' inner worlds and demonstrate mutuality are more able to build confidence and trust, as long as these conditions are received by their clients.
- Training providers should consider highlighting the value for clients of experiencing relational depth and discussing how this may be facilitated in therapeutic practice.
- Policymakers should consider offering clients more information about therapy practices and an informed choice of therapist, because it is the clients who ultimately decide whether to withhold their deepest feelings or to share these with their therapists.

There is a discussion amongst some therapists as to whether relational depth can only be achieved in person-centred therapy. Mearns (2003) wrote that being able to meet at relational depth is what distinguishes the person-centred approach from other forms of therapy. More recently, Cooper (2018, p. xviii) argued that relational depth "can be considered a 'common factor' across a range of therapies," because research has now shown that clients in cognitive analytic therapy (Morris, 2012) and clients and therapists in many other orientations (Di Malta, 2016; Leung, 2008) have also experienced relational depth. Similarly, Okamoto et al. (2019, p. 113) argued that the therapeutic relationship is the "heart and soul of all effective psychotherapies" and that a "manualized approach" to cognitive behavioural therapy (CBT) risks "neglecting the dynamic relationship that develops between the clinician and clients."

Looking at the client-therapist relationship from an attachment perspective, Warner (2002, p. 184) suggested that therapists who offer relational depth may be presenting something that their clients "longed for throughout their childhoods and were never able to have." Erskine et al. (1999, pp. 151-152) described this experience as juxtaposition, where there is "a marked contrast between what is provided in the therapeutic relationship and what was needed and longed for but not provided in previous relationships."

Given the increasing interest in relational depth and its relevance in therapy, this research set out to draw together the available evidence from a wide range of therapeutic orientations about clients' experience of relational depth in therapy, aiming to suggest answers to the research question: "How might the client's experience of relational depth in counselling and psychotherapy be facilitated?" The question is directed at clients' views, given the increasing recognition of the need for "repositioning of the client as the central agent in the change process" (Levitt et al., 2016, p. 824).

2 | METHODOLOGY

Qualitative methodology was used for this research, because of the importance of capturing the experiences reported by individual clients. The research looked for as many clients' personal stories as possible and sought to understand them in the settings in which they happened (Denzin & Lincoln, 2000).

2.1 | Search strategy

A systematic literature search was performed on EBSCO Host, which searched 253 databases. This involved searching in the title or abstract for the occurrence of relational depth, or depth of relating, or real relationship, or therapeutic relationship, or attunement, or different combinations of client or patient bond or in-depth connection; and in the text for the occurrence of therapist, psychotherapist or counsellor (and alternative spelling and endings); and in the text for the occurrence of the client's or patient's perspective or experience, or attachment to the therapist, psychotherapist or counsellor (allowing for plurals and alternative spelling). A further search was conducted on Google Scholar, and citation chaining was used to follow up further references in some of the papers found as a result of the searches. The searches were limited to published and nonpublished papers, including theses, written in English between January 1996 and September 2022, and were completed in September 2022.

All the papers found were screened by title, abstract and full text as appropriate and were excluded if they related mainly to psychiatric or other clinical treatment or if they did not sufficiently address the research question.

2.2 | Thematic analysis

A thematic analysis was performed on the remaining papers, looking for all the data relevant to the research question, rather than only looking for data of a certain type, an approach referred to as "complete coding" (Braun & Clarke, 2013, p. 206).

The thematic analysis began with the coding of all the data relevant to the research question, and then these codes were grouped together to derive themes. This form of analysis is a "straightforward approach to extracting meaning" from data (McLeod, 2011, p. 147), which does not make assumptions about the framework in which the data will be found.

The six phases of thematic analysis (Braun & Clarke, 2006) were utilised to finalise themes and subthemes.

2.3 | Ethical issues

This research was undertaken in accordance with the British Association for Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions (BACP, 2018), ensuring as far as possible that

the research papers discussed had complied with the BACP Ethical Guidelines for Research in the Counselling Professions (BACP, 2019). The CASP checklist for qualitative studies (Critical Appraisal Skills Programme, 2018) was used to check that the qualitative studies referenced had met ethical and research governance standards.

3 | RESULTS

The results of the exclusion process for papers are shown in Figure 1. A total of 3805 papers were identified by the searches, of which 27 were selected for thematic analysis. These were produced between 2005 and 2020, and all discussed in detail the therapist or client actions which may facilitate the development of relational depth from the client's perspective. A list of these 27 papers is given in Table 1, together with author, source and year, focus of the paper and methodology. The results of the thematic analysis, which identified six themes and 14 subthemes, are shown in Figure 2. These themes and subthemes will now be presented.

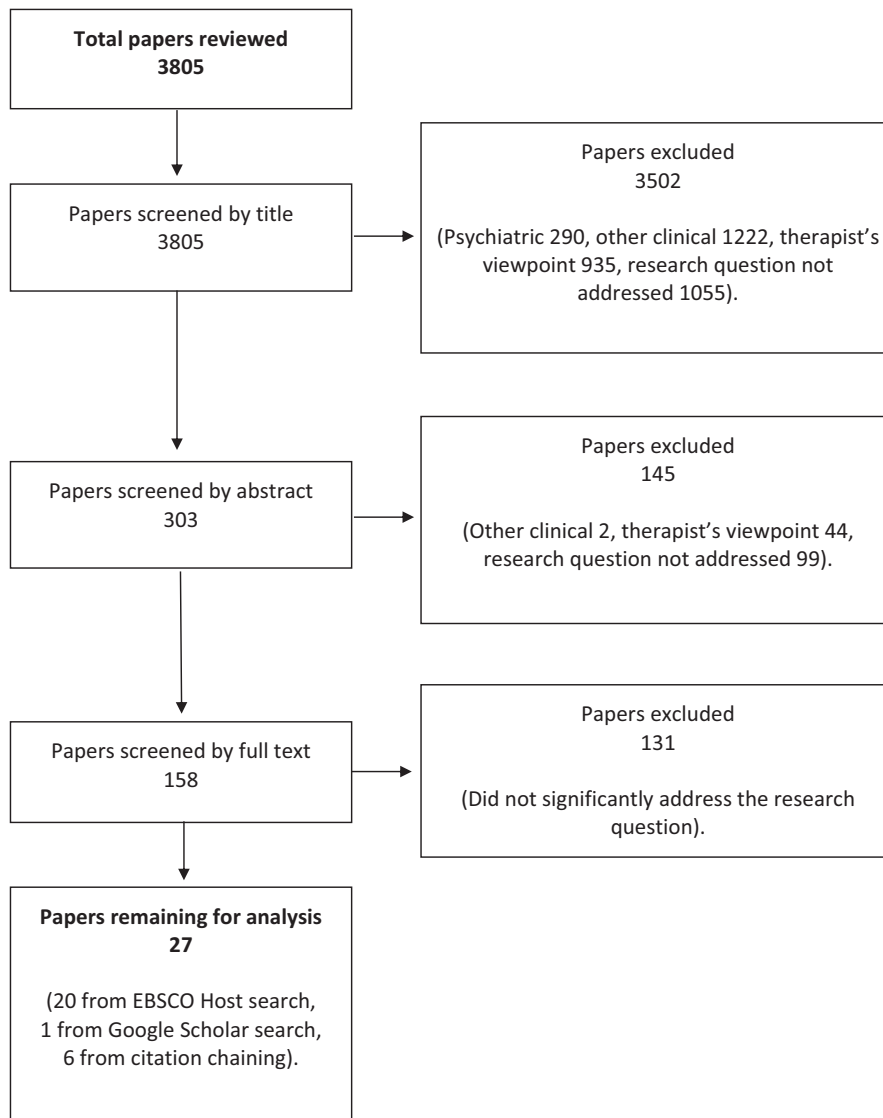
3.1 | Theme 1: Establishing dialogue with the client's inner world

Thirteen of the 27 papers contributed strongly to this theme. In particular, Modic and Žvelc (2015, p. 9) described how clients greatly valued their therapists' attempts to understand their "inner world," and how this can facilitate the development of a deeper relationship. The authors interviewed 16 clients who had participated for at least a year in integrative therapy, which combined psychoanalytic, humanistic and behavioural approaches. None of the participants were therapists or trainee therapists. The participants described the key therapist factors that they felt had deepened their therapeutic relationships. These were empathic attunement and responsiveness, which included "sensitivity to the client's experience," "ability to adjust to the clients' tempo," "all-encompassing acceptance, devoid of any judgement," and feeling "a deep bond with the therapist" who was experienced as a "stable, constant and reliable person" (Modic & Žvelc, 2015, p. 19). The authors suggested that empathic attunement helps the client to "bring back to awareness the experiences and components of the self that have been split off and suppressed" (Modic & Žvelc, 2015, pp. 2-3).

3.1.1 | Subtheme: Reaching out empathetically to all aspects of the client

Holtforth and Castonguay (2005, pp. 447-448), therapists with a CBT background, argued that the therapeutic bond is strengthened when therapists demonstrate respect, acceptance and warmth, using a collaborative style which aims to "individualize the expression of this understanding and support." Rooney (2017, p. 314) suggested that when client and therapist work together to "develop a

FIGURE 1 PRISMA flow diagram



deeper sense of the client's experience," formulations suggested by the therapist and guided by the client "allow a momentary meeting of minds" and "build an interpersonal bridge to the client world."

Reflection of the client's thoughts in this way requires a calm and supportive approach by the therapist, and the depth of the relationship may be temporarily lost if the therapist is worried or distracted in the moment. Cooper (2012, p. 285) reported that clients in an analogue minute-by-minute study reported a decreased depth of connection if they perceived their therapists as "worried, tense, and anxious," possibly because they doubted their therapists' competence. He suggested that this may "highlight the importance of personal therapy for trainees" as well as the need for them to gain sufficient experience during their training to "encounter their clients with ease and confidence" (Cooper, 2012, p. 285). Tangen and Cashwell (2016, p. 32) suggested that "relational depth is trainable" but that therapists "must have some capacity" beforehand, and experiences of deep relationships with others, including family, professional colleagues and clients, "are essential in cultivating this ability."

Mearns and Schmid (2006, pp. 263–264), in a review article which included case studies, argued that the challenge for therapists

is to integrate their own earlier self-experiences into aspects of themselves that "broaden the self they have to offer their clients" so that they can "enter as a bridge" into their clients' worlds. If therapists' past experiences help them to empathise with their clients' experiences, therapists "can offer a powerful depth of relating" (Mearns & Schmid, 2006, p. 263).

A greater challenge is to work with clients who have endeavoured to make sense of experiences by developing different self-concepts in different environments. In this case, "the family of the parts is in potential breakdown" and dialogue between client and therapist "at a profound existential level" may only be achieved if the therapist can "enter the client's dissonance system and find ways to meet the different parts" (Mearns & Schmid, 2006, p. 258).

3.1.2 | Subtheme: Attuning interventions to the client's goals

Holtforth and Castonguay (2005) discussed motivational attunement to the client's goals. They explained that their approach is

TABLE 1 Papers included in the thematic analysis

No	Title	Author and year	Source	Main therapeutic focus	Methodology
1	Relationship and techniques in cognitive-behavioural therapy—A motivational approach	Holtforth and Castonguay (2005)	<i>Psychotherapy Theory, Research, Practice, Training</i> , 42(4), 443–455	Cognitive behavioural therapy	Review of research on the facilitation of the therapeutic relationship in CBT, looking particularly at motivational attunement from the client's perspective
2	Being-with and being counter: Relational depth: The challenge of fully meeting the client	Mearns and Schmid (2006)	<i>Person-Centered and Experiential Psychotherapies</i> , 5(4), 255–265	Person-centred therapy	Review of therapeutic work at relational depth, illustrated by examples of client experience
3	Letting go: The client's experience of relational depth	McMillan and McLeod (2006)	<i>Person-Centered and Experiential Psychotherapies</i> , 5(4), 277–292	Person-centred therapy	Semistructured interview study of 10 participants who had undergone multiple episodes of therapy in a number of different therapeutic modalities
4	Clients' experiences of relational depth in person-centred counselling	Knox (2008)	<i>Counselling and Psychotherapy Research</i> , 8(3), 182–188	Person-centred therapy	Semistructured interview study of 14 participants who had been clients of predominantly person-centred counselling
5	The development of the client-therapist bond through the lens of attachment theory	Obegi (2008)	<i>Psychotherapy Theory, Research, Practice, Training</i> , 45(4), 431–446	Attachment theory	Review of the bond between client and therapist from an attachment perspective, illustrated by examples of client experience
6	The therapeutic relationship in cognitive-behavioural therapy	Leahy (2008)	<i>Behavioural and Cognitive Psychotherapy</i> , 36, 769–777	Cognitive behavioural therapy	Review article focusing on the therapeutic relationship in CBT, looking particularly at rupture and repair from the client's perspective
7	Reality matters: Attachment, the real relationship, and change in psychotherapy	Duquette (2010)	<i>American Journal of Psychotherapy</i> , 64(2), 127–151	Attachment theory	Review article looking at the role of a deeper therapeutic relationship from the perspective of attachment theory
8	Relationship qualities that are associated with moments of relational depth: the client's perspective	Knox and Cooper (2010)	<i>Person-Centered & Experiential Psychotherapies</i> , 9(3), 236–256	Person-centred therapy	Semistructured interview study of 14 participants who had been clients of predominantly person-centred counselling
9	A state of readiness: An exploration of the client's role in meeting at relational depth	Knox and Cooper (2011)	<i>Journal of Humanistic Psychology</i> , 51(1), 61–81	Person-centred therapy	Further semistructured interview study of the 14 participants in paper 8, focusing on their perceptions of the factors which facilitated an experience of relational depth
10	Clients' experiences of relational depth	Knox (2011)	PhD dissertation, University of Strathclyde, Glasgow	Predominantly person-centred therapy	Qualitative interview studies with interpretative analysis of the generated text

(Continues)

TABLE 1 (Continued)

No	Title	Author and year	Source	Main therapeutic focus	Methodology
11	Clients' and therapists' perceptions of intrasessional connection: An analogue study of change over time, predictor variables, and level of consensus	Cooper (2012)	<i>Psychotherapy Research</i> , 22(3), 274–288	Predominantly person-centred therapy	An analogue designed study, where 80 therapist-client dyads rated their levels of connection on a minute-by-minute basis
12	Development and testing of a measure of relational depth in counselling and psychotherapy	Wiggins (2012)	PhD dissertation, University of Strathclyde, Glasgow	A number of different therapeutic approaches	Exploring, improving and evidencing the reliability and validity of the Relational Depth Inventory using a combination of online and interview data collection
13	The prevalence and characteristics of relational depth events in psychotherapy	Wiggins et al. (2012)	<i>Psychotherapy Research</i> , 22(2), 139–158	A number of different therapeutic approaches	Internet-based survey of client and therapist accounts and completion of Relational Depth Inventory
14	What are the experiences of therapeutic rupture and repair for clients and therapists within long-term psychodynamic therapy?	Haskayne et al. (2014)	<i>British Journal of Psychotherapy</i> , 30(1), 68–86	Long-term psychodynamic therapy	Interview-based qualitative study analysed using interpretative phenomenological analysis
15	Helpful aspects of the therapeutic relationship in integrative psychotherapy	Modic and Žvelc (2015)	<i>International Journal of Integrative Psychotherapy</i> , 6, 1–25	Integrative therapy which combined psychoanalytic, humanistic and behavioural approaches	Semistructured interview study of 16 participants who had received integrative therapy for over a year, looking at which aspects of therapy they found helpful
16	Disclosing the challenges of older clients in person-centred therapy: the client's perspective	Von Humboldt and Leal (2015)	<i>Person-Centered & Experiential Psychotherapies</i> , 14(3), 248–261	Person-centred therapy	Review of working therapeutically at relational depth with older clients, illustrated by examples of client experience
17	Touchstones of connection: A concept mapping study of counselor factors that contribute to relational depth	Tangen and Cashwell (2016)	<i>Journal of Humanistic Counseling</i> , 55(1), 20–36	A number of different therapeutic approaches	Examination of counsellor factors using concept mapping and multivariate analysis
18	Strengthening the real relationship: What is a psychotherapist to do?	Gelso and Silberger (2016)	<i>Practice Innovations</i> , 1(3), 154–163	Attachment theory	Review article looking at strategies to deepen the therapeutic relationship, illustrated by client experience
19	A qualitative meta-analysis examining clients' experiences of psychotherapy: A new agenda	Levitt et al. (2016)	<i>Psychological Bulletin</i> , 142(8), 801–830	A number of different therapeutic approaches	Meta-analysis of 109 studies which analysed clients' experiences within adult individual psychotherapy
20	The development and validation of the relational depth frequency scale	Di Malta (2016)	PsychD dissertation, University of Roehampton, London	A number of different therapeutic approaches	Creation of an item pool, expert rating of items and three-step test interviews, then psychometric exploration to assess internal consistency in a sample of clients and therapists

TABLE 1 (Continued)

No	Title	Author and year	Source	Main therapeutic focus	Methodology
21	The extent to which relational depth can be reached in online therapy	Treanor (2017)	PsychD dissertation, University of Roehampton, London	A number of different therapeutic approaches	Analysis of participants who completed the Relational Depth Inventory, then in-depth interviews
22	The heart of therapy: Exploring how client and therapist dyads identify, experience and co-create therapeutic connection in clinical practice	Rooney (2017)	PhD dissertation, Ulster University, Ulster	A number of different therapeutic approaches	Qualitative case study of six dyads who had received therapy, exploring their experiences of connection
23	Therapists' self-reported chronic strategies of disconnection in everyday life and in counselling and psychotherapy: An exploratory study	Cooper and Knox (2018)	<i>British Journal of Guidance & Counselling</i> , 46(20), 185–200	Predominantly person-centred therapy	Pluralistic epistemological understanding, with both quantitative and qualitative data
24	The therapeutic relationship in cognitive-behavioral therapy: Essential features and common challenges	Okamoto et al. (2019)	<i>Practice Innovations</i> , 4(2), 112–123	Cognitive behavioural therapy	Review of therapeutic CBT work, focusing particularly on the client–therapist relationship
25	"You feel they have a heart and are not afraid to show it": Exploring how clients experience the therapeutic relationship in emotion-focused therapy	Nødtvedt et al. (2019)	<i>Frontiers in Psychology</i> , 10, 1996	Emotion-focused therapy	Interview-based qualitative study of clients' experience of their therapeutic relationship in emotion-focused therapy
26	Significant events identified by clients engaged in existential psychotherapy: A descriptive phenomenological exploration	Sousa and Vaz (2020)	<i>Journal of Humanistic Psychology</i> , 60(6), 829–848	Existential psychotherapy	Interview-based qualitative study of five clients, analysed by phenomenological reduction
27	Development and validation of the relational depth frequency scale	Di Malta et al. (2020)	<i>Psychotherapy Research</i> , 30(2), 213–227	A number of different therapeutic approaches	The relational depth frequency scale was developed and tested with an online sample of therapists and clients



FIGURE 2 Themes and subthemes identified from the thematic analysis

based on consistency theory (Grawe, 2004), which suggests that humans develop motivational goals consisting of *approach goals* geared towards the satisfaction of their needs and *avoidance goals* which protect their vulnerabilities. A client whose approach goals have been frequently thwarted may develop incongruence or a “mismatch between actual experiences and activated motivational goals” leading to highly complex states of stress (Grawe, 2007, p. 172). Holtforth and Castonguay (2005, p. 445) suggested that if motivational goals are assessed at the start of therapy, therapy can be tailored to the client's individual goals and needs, which deepens the therapeutic relationship and helps the client to establish “new and more need-satisfying behavioral patterns.”

3.1.3 | Subtheme: Taking the clients' and therapists' schemas into account

Leahy (2008, p. 770) suggested that therapists should work with their clients to develop theoretical models of “the origins of their problems, their fear of change, and their expectations in relationships.” He argued that a client's personal schemas “may have dramatic impact on the therapeutic relationship,” giving examples of a therapist holiday that could elicit a client's fears of abandonment, or homework tasks that “may be interpreted as a sign that one will be evaluated for defectiveness” (Leahy, 2008, p. 772). He suggested that these risks can be identified by careful case conceptualisation and then addressed through cognitive restructuring. Therapists also

need to be aware of their own “potentially dysfunctional personal schemas,” such as demanding standards, fears of abandonment or excessive self-sacrifice (Leahy, 2008, pp. 772–773).

3.1.4 | Subtheme: Exceeding what the client expected from a professional relationship

Knox (2008, p. 187) interviewed clients who had experienced relational depth in therapy and reported that nearly all of them greatly valued being emotionally held and supported during these moments, which gave them a “sense of safety” and enabled them to show their vulnerability. Knox and Cooper (2010, p. 236) reported that clients who had experienced “profound moments of interpersonal connectedness” felt that their therapist was “offering them something over and above what they had expected from a professional relationship” by being trustworthy, genuinely interested, warm, empathic, kind and caring (Knox & Cooper, 2010, pp. 245–246). Further support for this approach came from Knox (2011, p. 157), who reported that many of the clients she interviewed highlighted the importance of “creating a safe/welcoming atmosphere” by simple acts such as “being greeted at the door in a friendly manner” by a therapist who always seemed pleased to see them. Some clients have described the experience of relational depth as spiritual and magical, words which again imply that these experiences can “go beyond everyday therapeutic encounters” (Wiggins, 2012, p. 268). Wiggins et al. (2012, p. 152) suggested that therapists “may need to be open to experiencing intimacy, love and possibly even transcendence” in a therapeutic sense.

Similarly, in the study of clients who had received integrative therapy, described in Section 3.1, Modic and Žvelc (2015, pp. 15–19) reported that some participants felt that they had experienced something in their relationship with their therapist “that they had not experienced before in their life,” which they characterised as “affection and genuine concern as well as being taken into account, and seen as an equal,” leading one client to reflect: “I don’t know if anyone else ever went that deep. It is such a primary experience.” Similar experiences have been described in several different forms of therapy. For example, a client who had received emotion-focused therapy reported coming into contact with “an inner space of feelings within me that had never been opened before” (Nødtvedt et al., 2019).

The development of relational depth has also been evidenced in online therapy. Treanor (2017, p. 97) reported clients’ experiences which were “moving, life changing and beyond words” and although online work may be limited by failures of technology and lack of some nonverbal clues, these limitations were partly balanced by its “ease and affordability” for the client.

3.2 | Theme 2: Working with attachment in therapy

Obegi (2008, p. 431) suggested that attachment theory is “a lens through which we can expand our understanding of the

client-therapist bond” and that this bond “may be usefully viewed as an in-progress attachment” to the therapist. He suggested that because clients’ attachment systems are mobilised when they are distressed, attachment theory offers a rationale for why “the person of the therapist is such an integral part of successful treatment” (Obegi, 2008, p. 442). Duquette (2010, p. 128) argued that “the work of the therapist is to facilitate a therapeutic attachment relationship,” leading to “change at the level of the brain.”

3.2.1 | Subtheme: Deepening the therapeutic attachment relationship

Obegi (2008, pp. 436–440) suggested that many therapeutic relationships develop from early “preattachment” when clients “scrutinize their therapist’s tone of voice, comments, questions and appearance,” looking for warmth, safety and emotional availability, through to the final stage of “goal-corrected partnership” where the relationship can be deep and stable and “attention is directed almost exclusively toward presenting problems.” This process is critically aided if the therapist is nonjudgmental, appears competent and is willing to “accommodate clients’ interpersonal style” (Obegi, 2008, p. 436).

Some clients appear to build an increasingly complex internal working model of their therapist, which they invoke “during challenging situations or experiences of painful affect,” which in itself can lead to therapeutic change. Duquette (2010, p. 149) argued that as clients learn to regulate their emotions through “genuineness and realism in the therapeutic relationship,” they develop “a greater range of emotional expression” and “the ability to mentalise at a self-reflective level.”

Obegi (2008, pp. 439–440) argued that as the “emotional impact and intensity” of the relationship between therapists and clients deepens, they can begin to form “a more egalitarian partnership,” where clients “confidently contribute their perspective on current problems as well as ideas about treatment strategies,” and attachment to the therapist “still supports emotional regulation but this pattern is increasingly internalized.”

Duquette (2010, p. 135) argued that therapists must not be “repelled by the disturbances and intense affects” that clients may demonstrate in a deeper relationship, if they are to produce changes in the client’s characteristic ways of relating to the world. Gelso and Silberberg (2016, p. 158) argued that because the “empathic resonance” between clients and therapists can feel so intimate, clients may increasingly have a sense of “knowing the psychotherapist as a person” even though their therapists are not sharing their own deepest feelings.

3.2.2 | Subtheme: Responding sensitively to the client’s attachment style(s)

Obegi (2008, p. 441) argued that “avoidant clients may take longer to move through each phase of attachment,” while anxiously attached clients may “amplify their distress” because of fears of isolation and may have difficulty forming strong alliances. Holtforth and

Castonguay (2005, p. 448) suggested that clients with a background of secure attachment may look for “warm, close, and caring nonverbal behavior,” whereas more avoidant clients who are “irritated by seeing emotion” may prefer “a more distanced, rational, ‘technical’, therapeutic stance.”

3.3 | Theme 3: Responding sensitively to the client's beliefs and values

Okamoto et al. (2019, pp. 115–119), writing from a CBT background, advocated “curiosity and openness to different vantage points of clients,” taking into account their “familial, religious or spiritual beliefs,” and not mistaking these beliefs for “dysfunctional core beliefs or cognitive distortions.”

3.3.1 | Subtheme: Attuning to the client's cultural beliefs and values

Okamoto et al. (2019, p. 119) argued that careful assessment of the “various intersecting social identities” of both client and therapist is advisable in order to facilitate forming a deeper relationship; for example, “building collaboration in collective cultures” may be very different from doing this in “individualistic cultures.”

Awareness of clients' beliefs and values may help therapists to choose appropriate words for individual clients. For example, “if the client finds religion very important,” the therapist might allow the client to “frame the therapy in spiritual terms,” whereas a client who values education may appreciate it if the therapist provides more “explanations or theoretical models” (Holtforth & Castonguay, 2005, p. 448).

3.3.2 | Subtheme: Attuning to the client's existential beliefs and values

Mearns and Schmid (2006, p. 256) suggested that relational depth can be achieved when clients are offered “an intensity of human relating” that enables them to risk entering parts of themselves that are of “particular existential significance.” Therapists can assist this if they “respond to the client from their own depths,” offering “empathic resonance and also personal resonance” (Mearns & Schmid, 2006, p. 262). These abilities are especially relevant in existential therapy, which emphasises the need for “support, security and the feeling of being reaffirmed by the therapist,” which is “intimately connected to the feeling of trust” (Sousa & Vaz, 2020).

Existential beliefs and values may form part of the therapeutic dialogue with clients of all ages, but may play a larger part in therapy for older people. Von Humboldt and Leal (2015, pp. 248–250) advocated awareness that older adults experience “a number of psycho-emotional challenges” that are “best understood as existential,” including changes in “cognitive capacity, time perspective,

autonomy, loss and reminiscing, and the aging body.” “Joints that don't bend and cramped muscles often occur together with stagnant feelings and emotions” (Von Humboldt & Leal, 2015, p. 256).

3.4 | Theme 4: Deepening the client's understanding of the therapist

Key statements from the interview study of 14 clients by Knox and Cooper (2010, p. 246), described in Section 3.1.4, were that moments of relational depth were associated with “a sense of mutuality,” when they felt that “their therapist was not trying to use power or control them in any way” and “was able to share their own lack of perfection with them.” The authors concluded from their client interviews that an important factor in facilitating the development of relational depth was the therapist's “humanness, with all the frailties and uncertainties that being human involves” (Knox & Cooper, 2010, p. 255).

3.4.1 | Subtheme: Responding authentically to the client

Gelso and Silberberg (2016, p. 154) advocated awareness that because therapists are unlikely to talk much about themselves, the client's view of the relationship will be “more influenced by subtle nonverbal and even contextual factors” such as the therapist's manner, reactions and sense of humour, as well as the therapist's office décor and choice of clothes. The relationship may also start with an advantage if the client feels that the therapist is similar to them as a person, or “in the same tribe” with regard to interests and values (Gelso & Silberberg, 2016, p. 156).

3.4.2 | Subtheme: Disclosing thoughts and feelings to the client

In general, a therapist's use of appropriate, skilful disclosures of “thoughts, feelings, rationale for intervention, or conceptualizations of the client” has a significant positive effect on their relationship (Gelso & Silberberg, 2016, p. 159). In keeping with this view, Knox (2011, p. 227) reported a client's feeling that when her therapist was sharing her emotions with her, “they were both able to face each other openly and come together with their armour down.” Sharing thoughts and feelings may help the client to “view the psychotherapist as a person, rather than an all knowing entity,” which is especially important for clients without a “well-defined or stable sense of self” who may require gradual “reflecting and validating” of their pain by the therapist before they can develop deeper relationships (Gelso & Silberberg, 2016, pp. 160–161).

However, there will be times when a therapist may decide that it would be more helpful not to answer a client's request for information, but to encourage the client to self-reflect instead. In this

situation, the therapist can explain the decision and “be transparent about intention rather than content” (Gelso & Silberberg, 2016, p. 160). This carefully judged openness on the therapist's part can build relational depth while encouraging the client's developing agency.

3.5 | Theme 5: Addressing ruptures in therapy

Okamoto et al. (2019, pp. 117–118) described the benefits to the therapeutic relationship of dealing confidently with ruptures in the relationship and discussed techniques for achieving this from their perspective as cognitive behavioural therapists. They described two types of rupture: *confrontation ruptures*, where the client indicates “irritation or dissatisfaction with the therapist or aspects of therapy”; and *withdrawal ruptures*, which involve “the client's partial or complete withdrawal or disengagement” (Okamoto et al., 2019, pp. 117–118). Ruptures often combine both elements.

3.5.1 | Subtheme: Using nondefensive exploration of causes to repair ruptures

Repairing ruptures ranges in difficulty from clarifying misunderstandings to exploring more complex issues. Okamoto et al. (2019, p. 118) suggested that when therapists become aware of problems in communication, they could “ask the client to discuss what is going on in the session or reflect their experience that the client is confronting or withdrawing.” Clients often respond by minimising their feelings, blaming the therapist or changing the subject, in which case therapists need to “focus on the client's thoughts and feelings related to the rupture,” as well as acknowledging their own contributions to it (Okamoto et al., 2019, p. 118). The authors argue that an appropriate degree of therapist self-disclosure may be especially relevant for clients with personality disorders, because developing a stable relationship may be a central part of their therapy. Ruptures may be more disturbing for these clients and may be harder to resolve, because they may bring to mind earlier ruptures in their lives, “activating intense and negative feelings” (Okamoto et al., 2019, p. 118).

Haskayne et al. (2014, p. 84) interviewed clients who had received long-term psychodynamic therapy and noted that the resolution of ruptures can involve “a careful balance of emotional sensitivity and confronting unhelpful repeating patterns.” The authors noted that this is a therapeutic skill which is often missing from training courses and suggested adding this to curricula and encouraging discussion of ruptures in reflective practice groups during therapist training. Levitt et al. (2016, p. 824), in their qualitative meta-analysis, reported that therapists who invited clients to reflect with them on moments of rupture “shifted obstructive moments into productive ones,” and added that clients appreciate regular checks on “the fit of interventions, in-session needs and treatment goals.”

3.5.2 | Subtheme: Working together to examine and improve the therapeutic relationship

Holtforth and Castonguay (2005, p. 451), writing from a CBT perspective, suggested that “power struggles” between client and therapist can occur with clients who “strongly value status and respect” and may feel disrespected by some interventions. To avoid this, the therapist can assess the client's need for respect during case formulation and avoid behaviours that “are not part of necessary interventions,” such as an overoptimistic approach that fails to “acknowledge the client's suffering or the difficulty of the current task” (Holtforth & Castonguay, 2005, p. 451). The authors suggested that a more successful approach would be to “activate as many of the client's resources as possible,” for example, “praising client strengths and previous successes,” which may help the client to tackle “aversive tasks” with more confidence (Holtforth & Castonguay, 2005, p. 451).

Cooper and Knox (2018, p. 186) suggested that therapists may need to be more aware of their own chronic strategies of disconnection from others, which they may have developed to protect themselves from emotional pain after “experiencing hurt in early close relationships.” If therapists can recognise these in themselves and learn to “put them to one side” during therapy sessions, they may be able to enhance their connections with their clients (Cooper & Knox, 2018, p. 197).

3.6 | Theme 6: The client's role in meeting at relational depth

McMillan and McLeod (2006, p. 279) reviewed the literature on clients' experiences in therapy and concluded that until that time, no research had been carried out which looked at the contribution of the clients themselves to the development of their experience of “relational depth or profound connectedness.” So, they carried out the first research which specifically looked for this. Knox and Cooper (2011) also looked at client contributions, and the conclusions from these studies can be divided into two subthemes.

3.6.1 | Subtheme: Being prepared to abandon a “protective stance” and “engage at a deep level” with the therapist

McMillan and McLeod (2006, p. 281) conducted semistructured interviews with 10 therapists, working in a number of different therapeutic orientations, who had undergone at least two episodes of personal therapy as clients, aiming to find out what a “deeply connected relationship” felt like from the client's point of view. Seven of the 10 participants described at least one therapeutic relationship which they had “experienced as deeply facilitative,” and their decision to engage at a deep level appeared to depend on their “readiness to engage” and how they perceived their therapist's “availability/willingness to engage” (McMillan &

McLeod, 2006, p. 284). This perception was enhanced if the client experienced the therapist as “willing to go the extra mile” and “willing to do whatever it takes to engage the client and to meet the client’s needs” (McMillan & McLeod, 2006, p. 285). Over half of the participants reported “an enduring sense of connection to the therapist between sessions,” which most of them felt could be accessed “as an inner resource when difficult situations had to be faced” (McMillan & McLeod, 2006, p. 286). The authors acknowledged that a limitation of this study was that their participants, being therapists themselves, may have differed from clients who were not practitioners in their reasons for participating in therapy, in how they worked with their therapists and in how they described their experiences.

Knox and Cooper revisited their study of 14 participants in predominantly person-centred therapy, described in Section 3.1.4, in a second paper which specifically explored the client’s role in meeting at relational depth (Knox & Cooper, 2011). Their results suggested that participants who had experienced relational depth had made a conscious decision to “bring their vulnerability to the fore” and “open up to their own deepest feelings” once they trusted “the unconditionality of the therapist’s positive regard” (Knox & Cooper, 2011, p. 77). One client described “experiencing a sense of flow with no turning back,” and some clients described “an altered state of awareness” (Knox & Cooper, 2011, p. 65).

Di Malta (2016) developed and validated a 20-item Relational Depth Frequency Scale and analysed the results on 556 participants who had participated in therapy as clients or therapists. Post hoc findings demonstrated that participants who described themselves as spiritual had a higher frequency of relational depth experiences than those who said that they were atheists, possibly because they were “more likely to receive or be open to relational depth” (Di Malta, 2016, p. 128).

3.6.2 | Subtheme: Choosing an appropriate therapist

In the study of 10 participants’ experiences by McMillan and McLeod (2006, p. 284), described above, over half of those who described “deeply facilitative” therapeutic relationships said that they “knew from the first” that they felt “a special connection with their therapist” and that their “decision to let go can be almost like a leap of faith.” The authors commented that as “professional insiders,” the participants in their study would typically “engage in a process of active choice in relation to who they wish to have as their own therapists” and that it would make sense for all clients to be able to choose a therapist “based on perceived affinity” (McMillan & McLeod, 2006, p. 290). In their study of 14 clients, Knox and Cooper (2010, pp. 242–245) noted that most of their participants who had experienced one or more moments of relational depth described their therapist as “in some way matching themselves,” and two described their therapist as “the kind of parent they never had.” This provides further support for the suggestion that clients may benefit from choosing their own therapists.

4 | DISCUSSION

The first five themes involve the facilitation of relational depth through appropriate therapist responses to the client’s individuality. Looking at these themes together, the common factors are the benefits of seeking to maintain empathic awareness of the client’s thoughts and feelings, attuning to the client’s cognitive and emotional states and demonstrating authenticity and humanity.

These approaches are enhanced if the therapist can establish dialogue with the client’s inner world, by “climbing into the client’s mind, both affectively and cognitively” (Gelso & Silberberg, 2016, pp. 157–158). Reaching out to the client’s different “parts of self” with sensitivity and understanding can offer reintegration of these parts and “the possibility of full contact with self and with others, of true relationship, of being in the world as a whole person again” (Erskine et al., 1999, p. 368).

Recognising and working with a client’s attachment style may help to develop a relationship that is “more attuned, inclusive, and collaborative” than the relationship that “originally shaped” the client (Wallin, 2007, p. 259). Early attunement to the client’s beliefs and values may help to deepen the relationship. This may be assisted by performing a cognitive behavioural case conceptualisation (Greenberger & Padesky, 1995), which increases awareness of the client’s cognitive processes and helps the therapist to attune to these and to build confidence and trust. Becoming aware of a client’s existential beliefs provides a philosophical framework to “truly accept and validate” the client’s “more discomforting feelings” and view them as “no less mature or healthy” than feelings such as “optimism, autonomy or creativity” (Cooper, 2003, p. 53).

Sharing the therapist’s emotions and ideas deepens the client’s understanding, demonstrates mutuality and helps to “demythify the counselling process,” so that power in the relationship is shared and the therapist is not “trapped in the role of the diagnostic or treatment expert” (Mearns & Thorne, 2007, pp. 52–53). This is especially important when clients and therapists become aware of ruptures in their relationship, which can then be addressed through “collaborative exploration” of the client’s “inner experience” (Safran & Muran, 2000, p. 238). This can help to restore trust between client and therapist and increase the client’s “commitment to the therapeutic journey” (Horvath & Luborsky, 1993, p. 568). Horvath et al. (2011, p. 15) suggested that therapists should receive training in alliance development, which includes “nondefensive responses to client negativity” and continued monitoring of the alliance throughout therapy.

The sixth theme concerns clients’ own decisions. Research strongly suggests that it is they who decide whether or not to share their deepest feelings with their therapists, influenced by where they are in their personal journeys and whether they perceive their therapists as trustworthy, “real and human,” and “willing to go the extra mile” to meet their needs (McMillan & McLeod, 2006, pp. 284–285). Knox and Cooper (2011) highlighted the benefits for clients of gaining some understanding of therapeutic processes and approaches before selecting a therapist. Offering them an informed

choice of therapist may be preferable to the normal process for clients in the UK. Clients may be given a choice of a male or female therapist, but often do not know more about their therapist before their first session unless they have selected one from the private sector, when more information is usually available online.

A limitation of thematic analysis is that the different researchers who interviewed clients may have put their own interpretations on what was said. This research has attempted to mitigate this by basing the analysis as far as possible on clients' actual words, as reported in the research papers. The research was limited by the fact that many papers described studies with relatively small numbers of participants, and several participants were therapists or trainee therapists themselves. However, a strength of the research was that a number of these studies were available and they proved a rich source of themes from different therapeutic contexts.

This research supports the conclusion by Gelso and Silberberg (2016, p. 162) that examining ways of maintaining and strengthening the relationship between therapists and clients "is a topic worthy of intensified study in the years ahead." This should be "conducted with attention given to the needs and experiences of the participants" (BACP, 2019) and will add to therapist knowledge in all the areas discussed in this review. Future research involving clients who are not themselves therapists would provide more information about the effectiveness of therapist approaches and about the contributions that clients themselves can make.

5 | CONCLUSION

Several authors have used their research to develop suggestions as to how the client's experience of relational depth may be facilitated in therapy. The results suggest that experiencing relational depth supports and enhances many aspects of therapeutic practice and in itself may contribute to healing.

Five of the themes describe how therapist approaches may be tailored to facilitate the development of relational depth by attuning to clients' thought processes, attachment styles, beliefs and values, while maintaining an open and collaborative style. The sixth theme concerns the decisions made by the clients themselves and strongly suggests that it is they who ultimately decide whether to share or withhold their deepest feelings.

ACKNOWLEDGEMENTS

We would like to thank Professor Mick Cooper of the University of Roehampton and Dr Christopher Wilcox of the University of Southampton for their help in the preparation of this paper.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

ORCID

Hervey Wilcox  <https://orcid.org/0000-0003-4607-1173>

Sara Almasifard  <https://orcid.org/0000-0002-4651-5240>

REFERENCES

- BACP. (2018). *Ethical framework for the counselling professions*.
- BACP. (2019). *Ethical guidelines for research in the counselling professions*.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Brown, C., Deacon, A., Kerr, J., & Ralph, K. (2013). Meeting at relational depth in therapy: The lived encounter. In R. Knox, D. Murphy, S. Wiggins, & M. Cooper (Eds.), *Relational depth: New perspectives and developments* (pp. 13–20). Palgrave Macmillan.
- Cooper, M. (2003). Between freedom and despair: Existential challenges and contributions to person-centered and experiential therapy. *Person-Centered & Experiential Psychotherapies*, 2(1), 43–56.
- Cooper, M. (2012). Clients' and therapists' perceptions of intrasessional connection: An analogue study of change over time, predictor variables, and level of consensus. *Psychotherapy Research*, 22(3), 274–288.
- Cooper, M. (2013). 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). Palgrave Macmillan.
- Cooper, M. (2018). Preface to the second edition. In D. Mearns & M. Cooper (Eds.), *Working at relational depth in counselling and psychotherapy* (2nd ed., pp. x–xxii). Sage.
- Cooper, M., & Knox, R. (2018). Therapists' self-reported chronic strategies of disconnection in everyday life and in counselling and psychotherapy: An exploratory study. *British Journal of Guidance & Counselling*, 46(20), 185–200.
- Critical Appraisal Skills Programme. (2018). *CASP qualitative studies checklist*. https://casp-uk.net/images/checklist/documents/CASP-Qualitative-Studies-Checklist/CASP-Qualitative-Checklist-2018_fillable_form.pdf
- Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 1–19). Sage.
- Di Malta, G., Evans, C., & Cooper, M. (2020). Development and validation of the relational depth frequency scale. *Psychotherapy Research*, 30(2), 213–227.
- Di Malta, G. S. (2016). *The development and validation of the relational depth frequency scale* [PsychD dissertation]. University of Roehampton. <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.722730>
- Duquette, P. (2010). Reality matters: Attachment, the real relationship, and change in psychotherapy. *American Journal of Psychotherapy*, 64(2), 127–151.
- Erskine, R. G., Moursund, J., & Trautmann, R. L. (1999). *Beyond empathy. A therapy of contact-in-relationship*. Routledge.
- Gelso, C. J., & Silberberg, A. (2016). Strengthening the real relationship: What is a psychotherapist to do? *Practice Innovations*, 1(3), 154–163.
- Grawe, K. (2004). *Psychological therapy*. Hogrefe-Huber.
- Grawe, K. (2007). *Neuropsychotherapy. How the neurosciences inform effective psychotherapy*. Taylor and Francis Group.
- Greenberger, D., & Padesky, C. A. (1995). *Mind over mood*. Guilford Press.
- Haskayne, D., Larkin, M., & Hirschfeld, R. (2014). What are the experiences of therapeutic rupture and repair for clients and therapists within long-term psychodynamic therapy? *British Journal of Psychotherapy*, 30(1), 68–86.
- Holtforth, M. G., & Castonguay, L. G. (2005). Relationship and techniques in cognitive-behavioural therapy—A motivational approach. *Psychotherapy: Theory, Research, Practice, Training*, 42(4), 443–455.
- Horvath, A. O., Del Re, A. C., Fluckiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48(1), 9–16.
- Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, 61(4), 561–573.

- Knox, R. (2008). Clients' experiences of relational depth in person-centred counselling. *Counselling and Psychotherapy Research*, 8(3), 182–188.
- Knox, R. (2011). *Clients' experiences of relational depth* [PhD dissertation]. University of Strathclyde. <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.549360>
- Knox, R., & Cooper, M. (2010). Relationship qualities that are associated with moments of relational depth: The client's perspective. *Person-Centered & Experiential Psychotherapies*, 9(3), 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(1), 61–81.
- Leahy, R. L. (2008). The therapeutic relationship in cognitive-behavioral therapy. *Behavioural and Cognitive Psychotherapy*, 36, 769–777.
- Leung, J. (2008). *A quantitative online study exploring the factors associated with the experience and perception of relational depth* [Counselling Psychology DPsych Dissertation]. University of Strathclyde.
- Levitt, H. M., Pomerville, A., & Surace, F. I. (2016). A qualitative meta-analysis examining clients' experiences of psychotherapy: A new agenda. *Psychological Bulletin*, 142(8), 801–830.
- Lux, M. (2013). The circle of contact: A neuroscience view on the formation of relationships. In J. H. D. Cornelius-White, R. Motschnig-Pitrik, & M. Lux (Eds.), *Interdisciplinary handbook of the person-centered approach*. Springer.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy* (2nd ed.). Sage.
- McMillan, M., & McLeod, J. (2006). Letting go: The client's experience of relational depth. *Person-Centered and Experiential Psychotherapies*, 5(4), 277–292.
- Mearns, D. (1996). Contact at relational depth. *Counselling*, 7, 306–311.
- Mearns, D. (2003). *Developing person-Centred counselling* (2nd ed.). Sage.
- Mearns, D., & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. Sage.
- Mearns, D., & Cooper, M. (2018). *Working at relational depth in counselling and psychotherapy* (2nd ed.). 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(4), 255–265.
- Mearns, D., & Thorne, B. (2007). *Person-centred counselling in action*. Sage.
- Modic, K. U., & Žvelc, G. (2015). Helpful aspects of the therapeutic relationship in integrative psychotherapy. *International Journal of Integrative Psychotherapy*, 6, 1–25.
- Morris, G. (2012). *Clients' experiences of relational depth within CAT therapy: A qualitative interview study* [DPsych dissertation]. University of Strathclyde.
- Nødtvedt, Ø. O., Binder, P.-E., Stige, S. H., Schanche, E., Stiegler, J. R., & Hjeltnes, A. (2019). "You feel they have a heart and are not afraid to show it": Exploring how clients experience the therapeutic relationship in emotion-focused therapy. *Frontiers in Psychology*, 10, 1996.
- Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy*, 55(4), 303–315.
- Obegi, J. H. (2008). The development of the client-therapist bond through the lens of attachment theory. *Psychotherapy Theory, Research, Practice, Training*, 45(4), 431–446.
- Ogden, T. (1994). *Subjects of analysis*. Karnac Books.
- Okamoto, A., Dattilio, F. M., Dobson, K. S., & Kazantzis, N. (2019). The therapeutic relationship in cognitive-Behavioural therapy: Essential features and common challenges. *Practice Innovations*, 4(2), 112–123.
- Ramberg, L. (2006). In dialogue with Daniel stern: A review and discussion of the present moment in psychotherapy and everyday life. *International Forum of Psychoanalysis*, 15(1), 19–33.
- Rooney, J. (2017). *The heart of therapy: Exploring how client and therapist dyads identify, experience and co-create therapeutic connection in clinical practice* [PhD dissertation]. Ulster University. <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.734611>
- Safran, J. D., & Muran, J. C. (2000). Resolving therapeutic alliance ruptures: Diversity and integration. *Journal of Clinical Psychology*, 56, 233–243.
- Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who we are* (3rd ed.). The Guilford Press.
- Sousa, D., & Vaz, A. (2020). Significant events identified by clients engaged in existential psychotherapy: A descriptive phenomenological exploration. *Journal of Humanistic Psychology*, 60(6), 829–848.
- Tangen, J. L., & Cashwell, C. S. (2016). Touchstones of connection: A concept mapping study of counselor factors that contribute to relational depth. *Journal of Humanistic Counseling*, 55(1), 20–36.
- Treanor, A. (2017). *The extent to which relational depth can be reached in online therapy* [PsychD dissertation]. University of Roehampton. <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.736280>
- Von Humboldt, S., & Leal, I. (2015). Disclosing the challenges of older clients in person-centered therapy: The client's perspective. *Person-Centered & Experiential Psychotherapies*, 14(3), 248–261.
- Wallin, D. J. (2007). *Attachment in psychotherapy*. The Guilford Press.
- Warner, M. (2002). Empathy, relational depth and difficult client process. In S. Haugh & T. Merry (Eds.), *Rogers' therapeutic conditions: Evolution, theory and practice* (Vol. 2, pp. 181–191). PCCS Books.
- Wiggins, S. (2012). *Development and testing of a measure of relational depth in counselling and psychotherapy* [PhD dissertation]. University of Strathclyde. <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.576407>
- Wiggins, S., Elliott, R., & Cooper, M. (2012). The prevalence and characteristics of relational depth events in psychotherapy. *Psychotherapy Research*, 22(2), 139–158.

AUTHOR BIOGRAPHIES

Hervey Wilcox is an integrative psychotherapist who completed his MSc in Integrative Counselling and Psychotherapy at the University of Derby. He is an accredited member of the British Association for Counselling and Psychotherapy. He is also a retired medical doctor with 30 years of clinical experience as a consultant.

Sara Almasifard is an integrative psychotherapist who completed her MSc in Integrative Counselling and Psychotherapy at the University of Derby. She is also a senior lecturer at the University of Derby, a clinical supervisor and an accredited member of the British Association for Counselling and Psychotherapy.

How to cite this article: Wilcox, H., & Almasifard, S. (2023).

Facilitating the client's experience of relational depth in counselling and psychotherapy: A thematic review. *Counselling and Psychotherapy Research*, 23, 603–616. <https://doi.org/10.1002/capr.12595>