

DProf thesis

**What is the experience of relational depth for group psychotherapists in process-oriented groups?**

**Lemaitre, C.**

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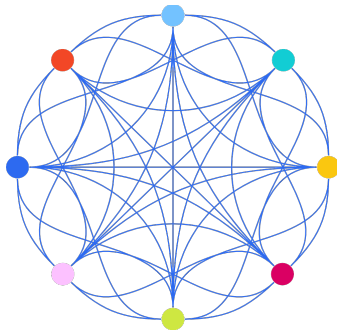
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**Thesis**

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**DProf**

**January 2025**



**Title:** What is the experience of relational depth for group psychotherapists in process-oriented groups?

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I hereby declare that this thesis is my original work and that the material contained herein is my own except where explicitly stated otherwise in the text.

Signature

A handwritten signature in black ink, appearing to read 'C. Lemaitre', written in a cursive style.

Date: 02-01-2025

## Acknowledgment

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## 2 Abstract

“What is the experience of relational depth for group psychotherapists in process-oriented groups?”

This study explores the lived experiences of relational depth among group psychotherapists in long-term, process-oriented groups using van Manen’s hermeneutic phenomenological approach. While relational depth has been extensively researched in individual therapy, there is a notable lack of empirical studies examining this phenomenon within group settings. Eight qualified group psychotherapists were interviewed to explore their experiences. The data were analysed using van Manen’s hermeneutic phenomenology and Clarke and Braun’s thematic analysis framework (van Manen, 2014, 2016; Clarke & Braun, 2017). The findings are presented through three overarching themes: the unique nature of relational depth in group therapy, factors facilitating its development, and the dynamics of group relational depth over time.

The findings suggest that participants view relational depth as a fundamental aspect of group therapy, characterised by intricate, interwoven layers of connection that encompass both a sense of kinship and the ability to navigate tensions and differences. Relational depth often emerges when group members are fully present and engaged with meaningful, universal human experiences, such as reflecting on death or illness. Factors contributing to the development of relational depth include group members trusting, caring, showing courage, actively choosing to be present, and being open and authentic. It also involves therapists

caring, showing courage, experiencing nourishment from the group, and naming what is happening within the group. The connection between group members typically deepens as the group matures, although the progression is not always linear.

This study enhances the understanding of the group therapy process and highlights potential connections between relational depth and therapeutic factors outlined in the group therapy literature, particularly the experience of cohesion. It offers implications for practice and future research in the field of group psychotherapy.

### 3 Aim

My aim is to understand the group therapist's experience of relational depth in all its richness, using Hermeneutic Phenomenology. I wish to engage with the term as defined by Mearns and Cooper: "a state of profound contact and engagement between people" (p. xvii, 2018). Relational depth encompasses both specific moments of deep relational encounters and a broader quality of relationship characterised by a profound connection between individuals (Mearns and Cooper, 2018). In my research, I aim to explore the therapist's experience of relational depth within process-oriented groups and uncover the factors that facilitate its emergence. These types of groups offer a fertile environment for the development of relational depth, as they are of long-term duration and prioritise interpersonal dynamics over issue-specific psychoeducation (Yalom and Leszcz, 2005; Foulkes, 1984).

## 4 Overview

After presenting an introductory section that highlights my personal motivation within the current social context and clarifies the rationale for focusing my research on process-oriented groups, I have organised my literature review using funnel format. This approach begins with a broad exploration of the concept of intersubjectivity, within which the topic of relational depth is situated. The groundwork of this investigation is established by examining the writings of influential phenomenological and existential philosophers who have delved into the realm of intersubjectivity.

Moving forward and considering that the focus of my research is on the psychotherapeutic context, I have conducted a review of the existing literature on intersubjectivity across key psychotherapeutic modalities, drawing insights from diverse therapeutic approaches.

With a more refined focus, I have proceeded to undertake a detailed analysis of the existing literature on relational depth, examining its various dimensions and theoretical foundations. To complement this exploration, I have also engaged with influential literature on group therapy, as it constitutes the specific environment of my research. Notably, I have placed particular emphasis on modalities associated with the phenomenological or existential traditions.

After completing the literature review, I have offered a rationale for my selected methodology, clarifying the underlying reasons behind this choice. I have then presented and

described my research findings, conducting a comprehensive analysis of the results obtained. Finally, to conclude my study, I have engaged in a discussion of these findings, integrating insights derived not only from the literature review but also from additional relevant literature and continuous self-reflection throughout the research process.

## **5 Introduction**

### **5.1 Personal Motivation and Societal Context**

My interest in groups and interpersonal relationships stems in part from my belief that we are living through a period of profound and deeply unsettling change, and that the development of strong, open, and authentic interpersonal relationships - characterised by mutual empathy - can provide an invaluable source of meaning and resilience in these difficult times.

The changes characterising our era include climate change, rapid and substantial increase in inequalities within Western societies resulting from neo-liberal policies (Piketty, 2013), instant worldwide communication in a world increasingly governed by data and the development of artificial intelligence, its impact on the polarisation of society and its likely impact on employment (Susskin 2020), as well as the rise in wars and geopolitical tensions across the globe. Such rapid and profound changes can be deeply unsettling, as many of us continue to live and participate in a system that can be seen as driving us to the edge of the abyss.

In my opinion, it is clear today that there is a need for bold initiatives at a societal level to improve our situation. But each of us should also find our own way to best face these challenging times. I suggest that nurturing authentic, open, tolerant, and caring interpersonal relationships can be key to the development of meaning and resilience in our era. My sense is that these attitudes lead to genuine mutuality and are likely to generate relationships associated with a deep sense of connection. But in our modern societies, communication often tends to be either self-centred, resembling a monologue disguised as a dialogue, or information-centred, with the sole objective of gaining technical understanding. Genuine dialogical encounters are rare. Whether spoken or unspoken, they are characterised by each person having the other in mind as they present themselves, with an intention to establish a direct, living relationship. This type of communication serves as the foundation for authentic interpersonal relationships and creative community living (Arnett, 1986).

I have always been interested in societies where solidarity and interpersonal relationships are key. I wrote my master's degree thesis in economics on the integration of a collective economy within a market economy: the Kibbutz. I lived and worked in a Kibbutz for several months. Over the years, I have channelled my interest in communities, groups, and interpersonal relationships in various ways. These included managing a company while promoting communication and flexible group integration, with a strong focus on employees' participation in decision making. It also included participating in Buddhist retreats and developing co-living plans with a group of friends. Since I started my studies at NSPC, I have found that the relationships developed with my fellow students, in Personal and Professional Development groups, in our different courses and in study groups, very enriching.

## 5.2 Research Focus

I am interested in understanding the experience of relational depth in groups that prioritise and emphasise the relational dynamics among their members. This is particularly relevant for heterogeneous slow-open process-oriented groups, which are known for their emphasis on interpersonal dynamics rather than issue-specific psychoeducation (Yalom and Leszcz, 2005; Foulkes, 1984). According to Foulkes (1984), these slow-open groups are characterised as stable and long-term, although some turnover may occur over time. I am specifically interested in the experiences of therapists in these groups, as their professional role would suggest a heightened understanding of the dynamics within group relationships. My aim is to gain insights into their experiences of relational depth when engaging in the aforementioned types of groups.

## 5.3 Initial Assumptions and Potential Biases

I began my thesis with the sense that relational depth is a source of profound meaning and that long-term, process-oriented groups would offer fertile ground for exploring these experiences. I hypothesised that such groups, which prioritise and emphasise the relational dynamic among their members, would be characterised by qualities such as benevolence, commitment, authenticity, and openness, allowing for the emergence of experiences of relational depth.



My thoughts on deep intersubjective experiences were influenced by my philosophical readings. I sensed that the experience of relational depth can lead to an intuition of the divine, as expressed by philosophers Buber (2000), Marcel (1949), and Weil (1988). I believe that something ineffable can be accessed through our relationships with others. This resonates with the "I-Thou" relationship described by Buber (2000) and Marcel (1949), which transcends objectification and is characterised by mutuality, presence, and an openness essential for spiritual life. Similarly, Weil (1988) argued that true attention is a form of prayer and that by focusing deeply on others and the world around us, we can connect with the divine.

My approach to spirituality is influenced by the concepts developed by Spinoza. In his seminal book "Ethics," Spinoza (2005) describes "the infinite substance," which he equates with God or Nature. What he calls "intuitive knowledge," the highest and most accomplished type of knowledge, transcends rational understanding and allows for a direct experience of the "infinite substance." My understanding of Spinoza's "intuitive knowledge" can be related to Marion's idea of our intuition of "saturated phenomena." According to Marion, a phenomenon is saturated when our intuition of it surpasses what can be conceptualised. Saturated phenomena include spiritual experiences, intersubjectivity, art, pain, and joy (Marion, 2013).

Influenced by these philosophers, I engaged in this research with the belief that relational depth may be related to a spiritual experience, providing access to "intuitive knowledge" that allows us to transcend ourselves and connect with the ineffable, infinite aspect of being. While I was curious to see whether a spiritual understanding of relational depth would

emerge from my findings, I was also aware of the importance of suspending my preconceptions and not actively searching for that form of meaning during interviews and data analysis.

## **6 Literature Review**

The primary objective of this literature review is to explore how the concepts of intersubjectivity and relational depth are depicted in existing literature. Additionally, it aims to grasp the key conceptual frameworks in group therapy, with a specific focus on long-term process-oriented groups. I have divided this overarching goal into specific areas. The exploration of intersubjectivity seeks to provide a foundational framework within which my research subject can be situated. Considering the breadth of the subject, my focus was directed towards the most pertinent key ideas and the studies most frequently cited in the fields of phenomenological and existential philosophy, psychology, and psychotherapy. Following this, I conducted a comprehensive systematic review of the existing literature on relational depth, which is the focal point of my research. Subsequently, after a general historical overview of the field of group therapy, I directed my search towards the conceptual frameworks associated with group therapies that are well-suited for process-oriented groups, with an emphasis on the existential tradition that places great importance on the concept of intersubjectivity. Additionally, I directed my attention to aspects of group therapy that are most pertinent to the present study, relying on the most relevant and widely cited studies. The primary search engines utilised for this inquiry were the Middlesex University Library, Google Scholar and Web of Science.

Firstly, I have chosen to start my literature review with the concept of intersubjectivity in phenomenological and existential philosophy, as it has been extensively addressed by key philosophers and is central to its understanding. Initially, I conducted searches for 'Intersubjectivity' and 'Phenomenology', as well as 'Intersubjectivity' and 'Existential Philosophy' in search engines, aiming to identify the most relevant foundational phenomenological and existential philosophers for my inquiry. The article that emerged as the most cited in the analysis of intersubjectivity in phenomenological philosophy is Dan Zahavi's paper from 2001, titled "Beyond Empathy: Phenomenological Approaches to Intersubjectivity." It relates to the works of Husserl, Scheler, Heidegger, Merleau-Ponty, and Sartre on the subject. Another highly cited article, authored by Linda Finlay (2005), focuses on embodied empathy as a form of intersubjectivity and references key phenomenological philosophers, including Husserl, Stein and Merleau-Ponty. Consequently, I have decided to investigate the writings of Husserl, Scheler, Stein, Heidegger, Merleau-Ponty, and Sartre on intersubjectivity. Additionally, I have incorporated Buber, Marcel, and Levinas into my inquiry, drawing on my prior readings and recognising them as significant additions to the research topic. Indeed, all three philosophers extensively explore the nature and quality of relationships with others as central aspects of their philosophical investigations (Buber, 2000; Marcel, 1998; Levinas, 2004).

Secondly, I provided a concise overview of the nature of intersubjectivity within the therapeutic encounter. To accomplish this, I delved into existing literature on intersubjectivity in the realms of psychology and psychotherapy. When conducting searches using terms like 'Intersubjectivity' along with 'Psychology' and/or 'Psychotherapy,' I observed that the most frequently cited articles predominantly focus on the theories of self-psychology and intersubjectivity within psychoanalysis. The most frequently cited work on the subject is a

book by Stolorow et al. (2013), which I have included in my literature review. Some other frequently cited articles (Benjamin, 1990; Trevarthen, 1993) concentrate on the experience of intersubjectivity for infants and the intersubjective aspects of self-development. I have chosen not to include these, as they are less relevant to my study. However, upon investigating Benjamin's writings, I discovered that she has authored extensively cited articles that did not come up in my initial search but are relevant to my analysis as they focus on the client-analyst intersubjective experience. I have therefore incorporated these into my analysis (Benjamin, 2004). Similarly, when searching Google Scholar for the concept of the “analytical third” developed by Benjamin, I found a relevant and frequently cited article by Ogden (2004), which I have also included in my literature review. To broaden the overview of the experience of intersubjectivity beyond psychoanalysis, I conducted a brief review of the conceptual frameworks related to the relational aspect of person-centred and existential psychotherapy. To achieve this, I consulted primary sources, including the works of Rogers (1950), the founder of the person-centred approach, and the writings of key figures in the British school of existential therapy, such as Cohn (2008), van Deurzen (2010), and Spinelli (2008). I intentionally chose not to incorporate more model-based therapies, such as CBT, as their emphasis on the client-therapist relationship might be considered less central compared to the modalities mentioned above (Parpottas, 2012).

Thirdly, given the subject of my research, I conducted a comprehensive review of the existing literature on relational depth. I specifically used the search engines to look for the term 'relational depth' and incorporated most of the available research into my literature review. I omitted articles that address specific issues less pertinent to the present study. These include articles delving into the particulars of certain client groups, such as children or clients with learning disabilities. Amongst the highly cited works were those by Mearns and Cooper

(2018), Cooper (2005), McMillan and McLeod (2006), Knox (2008) and Wiggins et al. (2012), whose writings on relational depth focus on the framework of one-on-one psychotherapy. The concept of relational depth was initially introduced by Dave Mearns (1997, 2003) in the 1990s and further developed in subsequent works by Mearns and Cooper (2018). To broaden my exploration of published research on relational depth, I consulted the bibliography of Mearns and Cooper (2018), Knox et al (2013) and Cooper (2013a). While I did not find any articles specifically addressing the experience of relational depth in group therapy when searching for 'relational depth' and 'groups' or 'group therapy', I did come across an essay by Gill Wyatt (2013) that pertains to relational depth in groups, albeit that does not include therapeutic groups.

Fourthly, I explored general literature on group therapy, with a specific focus on existential group therapy. For the latter, I primarily gathered references by consulting the bibliography of Tantam and van Deurzen's article on existential group therapy (2019). I consulted a manual published by the American Group Psychotherapy Association (AGPA) to gather insights for a general historical overview of the field of group therapy. It is noteworthy that, without further emphasis in the subsequent sections, each occurrence of 'group therapy' in my search engine queries was followed by a subsequent search using the term 'group psychotherapy.' I observed that incorporating both terms improved the comprehensiveness of the results. I conducted searches for the terms 'group psychotherapy' and 'UK' in order to locate a source providing an overview of the primary forms of group therapy in the UK. Furthermore, I employed search engines to explore the existing literature on 'cohesion' and 'alliance' in the context of 'group therapy'. These concepts have undergone extensive study and are somewhat linked to relational depth. I referenced the most highly cited and pertinent articles to elucidate the concepts of cohesion and therapeutic alliance, detailing their

significance and roles within group therapy. Considering the focus of my research, I employed search engines to investigate the terms 'intersubjectivity' and 'group therapy'. I incorporated an overview of my findings into the literature review. Additionally, I conducted searches on 'psychotherapist' and 'group therapy' using search engines to examine the literature on psychotherapists' experiences in group therapy, offering a brief overview of the existing literature on this subject.

## 6.1 Intersubjectivity – Phenomenological and Existential Philosophy

### 6.1.1 Intersubjectivity according to key phenomenological and existential philosophers

The following offers a succinct and necessarily partial overview of the primary theories crafted by key phenomenological and existential philosophers regarding the nature of intersubjectivity.

Husserl, the founder of phenomenology, sees empathy as an intentionality directed at the other's consciousness. The body of the other, with its physical similarity to mine, is perceived as an alter-ego, animated by a similar psychic life. With the encounter of the other's body, I perceive their experience directly, while being at the same time separated from it. For Husserl, through empathy, intersubjectivity allows us to discover our objective reality. It is a type of "inter-reductivity", a juxtaposition of transcendental reductions, that allows us to reach an objective world, common to all (Husserl, 1999).

Stein and Scheler have written about the experience of empathy, a concept very similar to intersubjectivity, expanding on the writings of Husserl. They both define empathy as understanding the other's experience. They differentiate it from sympathy, which implies care for the other; emotional contagion, where the difference with the other is getting blurred; and emotional sharing, which involves reciprocal sharing as well as co-regulation. Empathy implies a direct, emotional experience of the other, while the distance between self and other is preserved (Stein, 1989; Scheler, 2017).

Heidegger was a student and assistant to Husserl around the same time as Stein, and also appropriated his work while challenging some of its key elements (Blanquet, 2012). According to his perspective, in our day-to-day life we often blend in an undistinguished part of the collective that he calls the "They". We, as part of the "They", navigate our busy lives, adhering to shared conventions. This sense of merging into a collective allows us to feel a kinship with others, experiencing a shared existence. There is an ambivalence between being part of the "they" and meeting the other authentically. The other can only appear if we have extracted ourselves from the illusion of the "they". One of Heidegger's notable contributions to the understanding of relationships is the concept of care. He discerns various forms of care: there is a form of care where we support or service the other out of concern, but that robs the other's agency, who then becomes dominated and dependent. In contrast, there is a form of care, or solicitude, that frees and empowers the other to open-up to their full potential (Heidegger, 2010).

Buber (2000) was a contemporary of Stein and Scheler, but contrary to them was not directly influenced by Husserl. For him, human encounters can be described by two primary words

which are in fact two couples of words: 'I-It' and 'I-Thou'. When I approach the other as a 'Thou', I approach them in their totality, as a person with a free consciousness. By doing so, I also affirm myself as such. There is a process of reciprocity, which allows me to escape from the heavy causality that defines the world of things. All the same, when I approach the other as an 'It', I, myself, become similar to an object. For Buber, "all real living is meeting" (Buber, 2000, p.26). The 'I-Thou' relationship is essential to live an authentic life, even if it can't be experienced continuously, as we are bound to regularly fall back into 'I-It' interactions (Buber, 2000). According to Maurice Friedman, "I-Thou" is the primary word of relationship. "It is characterized by mutuality, directness, presentness, intensity and ineffability" (Friedman, 1965, p.12). Buber (2000), a religious Jew, considers that the I-Thou relationship can exist in three realms of life: our relationship with fellow human beings, our relationship with nature and our relationship with God.

Marcel (1998), in a parallel but independent manner from Buber, is one of the pioneering philosophers who introduced the philosophical concept of 'Thou'. Recognising the other as a 'Thou' entails engaging with them in accordance with their own truth. Marcel viewed intersubjectivity as an openness to the other that is essential for the existence of any spiritual life. One of the key certainties that he had reached is that the possibility of a genuine openness to the other exists, albeit constantly threatened. 'Thou' is a reality that has nothing to do with information, or parcelling a person into pieces of reality. Treating the other as a 'Thou' calls for an answer from a whole being (Veto, 2014). Our tendency to treat the other through the lens of our own reality, our own truth, renders us prisoner of ourselves. As we degrade the other into 'him/her' rather than 'Thou', we also degrade ourselves into him/her (Marcel, 1998). There is here a clear parallel that can be made with Buber's I-Thou vs I-It. When treating the other as 'Thou', we treat them as a representation of their freedom, and we help



them to gain that freedom. In that relationship, objectivity, and hence judgement, has no place. According to Marcel, the human condition cannot be objectively defined; it is in constant flux, yet we frequently experience a sense of being trapped or walled up. The only way to open a gap in that wall and experience the inherent freedom of our itinerant human condition, is by opening ourselves to others. Similar to Buber, Marcel perceives God as the ultimate Thou and believes that one can only talk to God, not speak about God (Marcel, 1998).

Levinas (2004), who introduced Husserl to the French, was influenced by both Husserl and Heidegger. He sees intersubjectivity primarily as an ethical question. In his view, the vulnerability expressed in the other's face calls for my radical responsibility. There is a form of substitution between the once primordial "I" and the other, as I renounce my privileges to become fully for the other. For Levinas, one's responsibility for the other exists since time immemorial, and precedes one's essence. The relationship to God belongs to the intersubjective relation with the other. A religious Jew, he sees God as the manifestation of the ethical call emanating from the face of the other who transcends me, and as such echoes God's absolute transcendence (Levinas, 2004).

Sartre, who was also influenced by Husserl and Heidegger, holds a significantly different understanding of intersubjectivity compared to Levinas. According to Sartre, the experience of alterity involves the gaze of the other, through which I am revealed to myself and experience emotions such as shame or pride. Despite acknowledging both of these feelings, Sartre places a particular emphasis on the feeling of shame that arises under the stigmatising and reifying gaze of the other. According to him, this sense of shame compels us to conform

to their expectations, representing a manifestation of bad faith. This inevitably results in a loss of freedom (Sartre, 2003). The reification or essentialisation of my identity, stemming from the gaze of the other, can give rise to a master-slave relationship - a central theme explored in the writings of both Sartre (2003) and de Beauvoir (1976) writings.

For Merleau-Ponty (2012), a French phenomenologist contemporary to Levinas and Sartre, the presence of the other questions me, my body as a whole. The gestures of the other serve as an invitation for me to react and engage with them. Communication relies on understanding and reciprocity, intertwining our realities. “Everything happens as if the other person’s intention inhabited my body, or as if my intentions inhabited his body” (Merleau Ponty, 2012, p. 191). Speech signifies the presence of my thoughts in the world, it is “a genuine gesture and, just like all gestures, speech too, contains its own sense” (Merleau Ponty, 2012, p.189). Recognising that speech is more than a combination of words, but a gesture representing a world of signification, enables us to seek authentic communication.

According to Merleau-Ponty (2012), intersubjectivity manifests as inter-corporality where our presence with others allows for the co-construct a common reality. He views the social encounter as an opportunity for communication and creative dialogue. Genuine communication necessitates intentionality and openness. The social encounter can be threatened either by the refusal of communication or by projecting rigid meanings onto the other person. Conversely, authentic communication opens up a shared dimension, facilitating a shared creation of meaning.

### 6.1.2 Conclusion

In sum, according to this selection of phenomenological and existential philosophers, a relational form of intersubjectivity can be seen as a dialogical process that involves both cognitive and embodied dimensions. It enables us to engage with the unique individuality of the other while jointly constructing a shared reality. This process entails direct, open and emotionally engaged encounters, while recognising and experiencing the inherent distinctiveness of the other. Within this genuine relationship there is an intensity, a mystery, and ineffable quality that may evoke a relationship to God, or in other words, be imbued with a sense of spirituality.

The above provides preliminary philosophical outlines to contextualise the conceptual framework of this research project. In the following section, I will expand upon this broad conceptual framework by integrating research findings on the nature and centrality of the relationship between the client and therapist across various psychotherapeutic modalities and its evolution over time.

## 6.2 Intersubjectivity and Psychotherapy

The following is a succinct description of the evolution of the nature of intersubjectivity in the therapeutic encounter, with a focus on psychoanalysis, humanistic and existential therapy. I have chosen not to include more model-based types of therapies such as CBT, as their

emphasis on the client-therapist relationship might be considered less central compared to the modalities mentioned above (Parpottas Panagiotis 2012).

### 6.2.1 Psychoanalysis

Psychoanalysis focused for a long time on the individual's internal psyche, in isolation from its environment, and assumed that the client's mind was associated with an "objective reality" that could be understood by the analyst (Stolorow et al., 2013). Kohut (1959) gave rise to a major shift in that approach, with the development of the psychoanalytic theory of the self. In his view, the only two methods for accessing mental life are empathy and introspection. As such, Kohut changed the focus of psychoanalysis from the discovery of a supposedly objective reality to an exploration of human subjectivity. Inspired by Kohut's theory of the self, Stolorow et al. (2013) went further, and perhaps elucidated certain aspects of Kohut's work. Their intersubjective-systems theory considers psychopathological states, resistances and transferences through the lens of the interaction between the experimental worlds of the client and the therapist. In the authors' view, the client's reality is not to be "discovered" during the psychoanalytic treatment, as implied by Freud, but rather the client's "unconscious organizing activity is lifted into awareness through an intersubjective dialogue to which the analyst contributes his empathic understanding" (Stolorow et al., 2013, p.8). This means that the analyst's psychological structure contributes to the way that the client's unconscious experience becomes articulated, and as such the way in which the client can develop new organising principles.

In a similar spirit, Ogden (2004) developed the concept of the “analytic third” as the reality created as a result of the interaction between the client and the analyst’s subjective realities. In his view, the dynamic tension generated by the intersubjective interaction is at the core of the psychoanalytic process. Benjamin (2004) also uses the term “analytic third”, but in a different way. Ogden’s concept refers to an entity co-created by the client and the analyst outside of their conscious will, that takes a life of its own (2004). For Benjamin (2004), the way to genuinely experience intersubjectivity as a two-way street, as opposed to a relationship where one person is the doer and the other is done to, is to grasp it from the vantage point of the “third”, that allows to open the experiential space. She defines thirdness as “the intersubjective mental space that facilitates or results from surrender”, where “surrender refers to a certain letting go of the self” and “implies freedom from any intent to control or coerce’ (2004, p.8).

### 6.2.2 Person-centred and existential therapy

Carl Roger’s humanistic person-centred therapy focuses on the importance for the therapist to develop a genuine and warm relationship with the client, based on understanding and devoid of judgement. Therapists approach their clients with an attitude of empathy, congruence, and unconditional positive regard. The concept of congruence relates to the therapist being genuinely who they are, without putting up a front, and having an adequate self-awareness and openness to their own experiences during the process of therapy. Person-centred therapy focuses on providing a safe and supportive space for clients to better understand themselves and implement constructive changes. Despite it being a relational type of therapy, it seems that, at least at its origin, the emphasis was on the therapist adopting the framework of the

client, becoming a sort of alter-ego, and as such providing a supportive space for the client's self-discovery rather than on the development of a deep relation with the client based on a certain level of mutuality (Rogers, 1950; Mearns and Cooper, 2018).

The British school of existential analysis and psychotherapy, which developed following the work of R.D. Laing and David Cooper, puts a particular emphasis on the philosophical roots of existential therapy (van Deurzen, 2010). Its inspiration from philosophers such as Heidegger, Merleau-Ponty or Buber is a testimony that being-in-the-world and intersubjectivity are pivotal concepts for that approach. Most of the key figures who have been central to the development of the British school of existential analysis and psychotherapy have emphasised the importance of relatedness in human life and in the therapeutic encounter. Cohn writes about the assumption in the existential-phenomenological therapeutic approach of 'a primary relatedness – an inevitable involvement of human beings with each other' (2008, p.33). Spinelli emphasises that 'seemingly separate beings exist only because of a fundamental precondition of relatedness' (2006, p.17). As such, subjectivity does not precede relatedness but is one of its emergent consequences.

Moving away from the predominantly modern view of human existence, existential therapy regards the individual as an integral part of a larger whole (Spinelli, 2006). Tantam and van Deurzen highlight that 'if human existence is always in relation, then it follows that relationships are a privileged arena for existential work' (2005, p.132). However, it is worth noting that they acknowledged the lack of empirical research on the subject of relatedness in existential therapy as of 2005, considering it an important gap that needs to be addressed (Tantam and van Deurzen, 2005). One could argue that the research conducted on relational

depth in the past two decades has played a significant role in bridging that gap. Nevertheless, despite its strong connection to existential therapy, this line of research has not been specifically developed for the existential framework (Mearns and Cooper, 2018; Knox et al, 2013).

### 6.2.3 Conclusion

While psychoanalysis initially seemed to concentrate dominantly on what was perceived as an objective exploration of the client's inner world, subsequent developments have highlighted the significance of the intersubjective dialogue between client and therapist, as well as the nature of their subjective realities, recognising them as integral aspects of the therapeutic process. Person-centred therapy emphasises the therapist's supportive and empowering attitude towards the client, while existential therapy underscores the fundamental role of relatedness in the human condition. Given the shared recognition of the client-therapist central importance among these three therapy modalities, it is not surprising that the concept of relational depth has generated significant interest from researchers in recent decades.

## 6.3 Relational Depth

I have conducted a systematic review of the research on relational depth and refer to most of the published literature in the following section. However, I omitted articles that address

specific issues less pertinent to the present study. These include articles delving into the particulars of certain client groups, such as children or clients with learning disabilities.

Relational depth, coined by Mearns in the mid-90s, was inspired by the Rogerian core conditions of empathy, congruence, and unconditional positive regards. Mearns, noting that some therapists were relating to the conditions as separate one from the other, emphasised the importance of integrating them in one attitude that is central to generating a state of connectedness with the client (Mearns, 1997, 2003; Mearns and Cooper, 2018).

Based on this premise, Mearns and Cooper (2018) have provided a definition of relational depth 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 experience at high level” (p. XXVII). They further emphasise that the term relational depth “refer both to specific *moments* of encounter and also to a particular *quality* of a relationship” (p. XXVII). However, it is important to note that the majority of research on relational depth tends to concentrate on isolated instances rather than on the overall quality of a relationship (Cooper, 2013a).

### 6.3.1 Relational depth: conceptual framework

Over the years, various theories have been developed, and extensive research has been conducted to explore the nature of the relationship between clients and therapists and its impact on the therapeutic outcomes.



Rogers delineated that he considered crucial for facilitating therapeutic change. These conditions encompass the establishment of psychological contact between the client and therapist, the client's state of vulnerability or anxiety, the therapist's congruence, empathic understanding, and unconditional positive regard towards the client, as well as the effective communication of these experiences to the client (Mearns and Cooper, 2018).

Bordin (1979) introduced the concept of “working alliance”, commonly known as the therapeutic alliance. This alliance entails an agreement on therapy goals, collaborative efforts on therapeutic tasks, and the development of an affective bond of trust and attachment between the therapist and the client. The concept of working alliance has since been extensively studied, with notable contributions from Safran and Muran (2000), who emphasised the dynamic nature of the therapeutic alliance, characterised by episodes of ruptures and repair in the client-therapist relationship. Research on therapeutic alliance has consistently shown a positive correlation between its presence and favourable therapeutic outcomes, as well the positive therapeutic impact of resolving alliance ruptures (Horvath, 1991, 2001; Zilcha-Mano, 2017).

Wiggins et al. (2012) suggest that relational depth can be viewed as an expansion of Roger's six conditions and Bordin's working alliance, surpassing the aim of establishing a satisfactory therapeutic relationship and instead emphasising a more profound quality of connection. Relational depth includes emotional experiences, some of which may be non-verbal, such as intimacy, mutuality, presence and affirmation. These experiences have the potential to be transformative for the client in their own right.

Mearns and Cooper (2018) assert that the experience of relational depth emerges when Rogers' core conditions are both present and mutually enhancing. It is an interweaving experience of co-presence, where both therapist and client are receptive and expressive with each other from the core of their being, sometimes transcending the limitations of verbal communication.

The authors provide a conceptual framework of the factors that contribute to the emergence of relational depth, some related to therapists, other to clients. Amongst the factors that are related to the therapist, they highlight attributes like realness, empathy, being fully present, and adopting an affirming stance toward their clients (Mearns and Cooper, 2018).

Realness refers to the therapist's authentic attitude, where they choose to engage with the client in a natural manner, without putting on a façade or adopting a persona. It also involves the therapist's transparency, or willingness to engage in self-disclosure when appropriate, such as openly sharing with the client how their words have impacted them.

Empathy is another crucial element in cultivating relational depth. It involves the therapist's attunement to the client as a whole individual, encompassing their thoughts, emotions, and embodied experience.

Affirmation plays a significant role in fostering relational depth. It entails recognising and valuing the client as a unique individual, deeply valued in their singularity.

Lastly, the therapist's presence plays a central role in the development of relational depth, characterised by their receptive engagement with the client, using their entire being to foster an open space for them. They demonstrate both receptivity and expressiveness by attuning to the client's cues while also being prepared to express their observations or reactions to the client when appropriate.

In further reflection on relational depth, Cooper (2013b) emphasises that experiencing a sense of disconnection from others significantly contributes to psychological distress.

Consequently, he underscores the pivotal role of establishing an authentic person-to-person connection with clients—one that goes beyond unconditional positive regard. This involves the therapist genuinely embodying themselves, incorporating their own views, beliefs, and experiences during interactions with the client. It also entails exploring various forms of engagement that extend beyond empathic understanding. Furthermore, it requires surpassing mere acceptance by providing profound affirmation of the client's unique individuality and expressing genuine care for the client.

Mearns and Schmidt (2006) underscore the challenges encountered by therapists when trying to connect with hard-to-reach clients, who, notably, are particularly in need of experiencing relational depth. Therapists must be prepared to engage with clients employing defensive strategies and strive to establish relational depth with all the client's parts, even the most challenging ones.

Mearns and Cooper (2018) highlight that the factors contributing to the development of relational depth are not solely attributed to the therapist, as clients also play a crucial role. Clients contribute to the process by being open and willing to engage in psychological contact with the therapist, embracing vulnerability, and experiencing the therapist's warmth, empathy, and affirmation.

### 6.3.2 Frequency and impact of relational depth experiences

While the preceding section discusses the conceptual frameworks developed for relational depth, in recent decades, researchers have significantly contributed to the exploration of relational depth in psychotherapy. A noteworthy testament to the prevalence of this experience is found in an unpublished doctoral dissertation by Leung, revealing that nearly ninety-eight percent of therapists reported having encountered at least one instance of relational depth with a client (Cooper, 2013a).

Most of the current research on relational depth is qualitative, as I will elaborate on in the following sections. However, it is important to note that as this field of research has progressed, quantitative instruments have been developed to assess the nature and frequency of instances of relational depth (Wiggins et al., 2012; Di Malta et al., 2019). These tools, in conjunction with therapeutic outcome measures, offer valuable means to assess the impact of experiences involving relational depth on therapeutic outcomes. Furthermore, this approach allows for the examination of larger samples than what is feasible with qualitative research.

One notable tool in this regard is the Relational Depth Inventory (RDI), which was developed by Sue Wiggins (2013). The RDI is designed to evaluate the nature and frequency of moments of relational depth experienced during significant events in therapy. A study utilising the RDI have shown that more than one-third of both clients and therapists reported experiencing relational depth during significant events in therapy, and that relational depth is most often associated with experiences of connectedness, love, intimacy and respect (Wiggins et al, 2012).

Another noteworthy instrument that takes a holistic view of the therapeutic relationship rather than focusing on specific therapy events is the Relational Depth Frequency Scale (RDFS), developed by Gina Di Malta et al (2019). The RDFS is a concise and user-friendly questionnaire designed to assess the frequency of moments of relational depth experienced throughout the course of the therapeutic relationship. It is applicable to both clients and therapists, providing a valuable and reliable means of quantifying the occurrence of relational depth experiences (Di Malta, 2022; Zarzycka et al., 2022).

Research to date has consistently demonstrated a positive association between the experience of relational depth and favourable therapeutic outcomes that goes beyond the positive impact of the therapeutic alliance (Mearns and Cooper, 2018; Knox, 2013; Wiggins, 2013).

Furthermore, recent research has indicated that experiences of relational depth are correlated with authenticity and unconditional positive regard (Kim et al., 2020). Studies suggest that unconditional positive regard and, likely, congruence—a concept closely linked to authenticity—are pivotal components of positive therapeutic outcomes (Kirschenbaum and Jourdan, 2005).

### 6.3.3 Therapists' experience of relational depth

In a qualitative study conducted by Cooper (2005), therapists associated their experience of relational depth to heightened levels of empathy. This was sometimes manifested as an internal embodied mirroring of the client's somatic experience and, in certain instances, resulted in therapists perceiving their client with greater clarity. Additionally, therapists described experiencing high levels of congruence, with some participants noting an increase in spontaneity, willingness to take risks, and readiness to bring more of themselves into the relationship. Participants expressed a profound sense of acceptance for their clients during moments of relational depth, which was associated, for some of them, with feelings of love or open-heartedness. In addition, therapists conveyed a sense of immersion, aliveness, and satisfaction when experiencing relational depth. During these moments, therapists perceived their clients as transparent and real, displaying a willingness to be vulnerable and address core issues. The therapeutic relationship, which can extend beyond verbal communication, was described as intimate, open, genuine and characterised by mutual recognition.

### 6.3.4 Clients' experience of relational depth

Qualitative research conducted by McMillan and McLeod (2006) delves into the client's experience of relational depth. Notably, their analysis differs from much of the existing research by concentrating on the relationship as a whole rather than specific instances of relational depth. A key finding from their study underscores the significance of the client's

willingness to 'let go' and fully engage in the therapeutic relationship as central to the development of a profound therapeutic connection.

Qualitative studies conducted by Knox (2008, 2013) provide rich descriptions of clients' experiences of moments of relational depth, their impact on the therapeutic process and clients' life, as well as how clients actively contribute to and utilise these experiences. Approaching moments of relational depth often evoked a sense of vulnerability, which participants were able to fully embrace within the safe therapeutic environment. For some participants, this feeling of safety stemmed from the therapist's grounding or anchoring presence. Additionally, certain participants described a sensation of slowing down as they delved deeper into their emotional experiences. They expressed a profound sense of authenticity, wholeness, and internal connection during these moments of deep encounter, both psychologically and at an embodied level. Participants believed that the therapist understood and accepted their entire being, not just within the therapy room but also in their lives outside, without passing any judgement. Consistent with this finding, Knox (2013) underscored the significance of the therapist's thorough knowledge of the client, which enables the emergence of these moments of relational depth. Clients associated the experience of relational depth with a sense of expansion, vitality, as well as feelings of calm, peacefulness and spiritual connectedness. During these moments, they perceived the therapist offering something beyond conventional expectations, providing them with a sense that they mattered. The relationship experienced at moments of relational depth was described as intimate - a deep connection that fostered understanding without relying on words. It was often characterised as a state of unity where participants maintained an awareness of their individual separateness, although some experienced blurred boundaries and a few even described a sense of oneness. The impact of these moments was described as powerful and

meaningful, with some clients likening the experience to being in a bubble. While the therapist's genuineness, care, warmth, empathy, and gentleness played an important role, clients felt that they were the initiators of these deep encounters. Most clients acknowledged the importance of consciously deciding to connect and being willing to take certain risks to facilitate the emergence of these profound moments.

#### 6.3.5 Relational depth facilitating factors

In a qualitative study conducted by Tangen and Cashwell (2016), the authors investigate how counsellors perceive their contributions to experiences of relational depth with clients throughout their careers. Their findings align with factors previously conceptualised by Mearns and Cooper (2018), Cooper (2013a), and Mearns and Schmidt (2006) concerning the facilitation of moments of deep connection. These factors include presence, care, authenticity, acceptance, genuine connection, empathy, and affirmation. However, Tangen and Cashwell (2016) also shed light on additional elements related to the structure and skills of therapists, such as intentional structuring and the utilisation of engagement skills.

In separate qualitative investigations conducted by Knox and Cooper (2010, 2011), the authors delve into the client's perspective regarding the factors that facilitate the experience of moments of relational depth. The findings reveal that some clients highlighted the significance of a strong initial match with the therapist, whether through similarities or complementary qualities, as a contributing factor in establishing a profound sense of connection. Furthermore, clients placed emphasis on the importance of the therapist's trustworthiness, authenticity, openness, care and genuine desire to understand them. As they



navigated moments of relational depth, clients felt a heightened sense of safety with their therapist, experiencing acceptance and a genuine sense of care. They highlighted the experience of intensified emotions, vulnerability, and the courage to take a risk by elevating the relationship to a deeper level.

In a comprehensive review of the existing research on relational depth conducted by Wilcox and Almasifard (2022), the authors examined how clients perceive factors that contribute to the development of relational depth. These included the therapist's capacity to demonstrate empathic attunement towards all aspects of the client, including their therapeutic goal, and occasionally surpassing conventional expectations of the therapeutic relationship. It also entailed a sensitivity to the client's attachment style and the ability to provide a deep and stable attachment relational bond. Additional themes included the therapist's sensitivity and resonance with the client's values and beliefs, their willingness to be authentic and transparent, as well as their ability to address ruptures in therapy. Finally, it is important to note that clients emphasised that it is ultimately their decision to engage with the therapist at a deeper relational level.

A mixed-methods study conducted by Cooper (2012), which involved a minute-by-minute rating of the level of connection during a twenty-minute therapy session, reveals that both therapists and clients observed an increase in the level of relational connection as the therapy session unfolded. Although the study is not explicitly framed as an examination of relational depth but rather as an exploration of the broader term 'connection,' these concepts are intricately intertwined. Moreover, Cooper notes in the study that participants were tasked with assessing the depth of their connection, rendering the findings pertinent to an

investigation into relational depth. Clients tended to report a heightened connection with therapists they perceived as less "neurotic," while therapists exhibiting signs of tension, worry, or anxiety were predictive of a sense of disconnection. Older therapists and those who believed they were perceived as more agreeable by the client reported experiencing higher levels of connection.

#### 6.3.6 Presence, mutuality and spirituality in the context of relational depth

Several concepts discussed earlier, which are associated with the experience of relational depth, encompass complex ideas, such as presence, mutuality and spiritual connection. These concepts have sparked additional investigation to delve deeper into their significance within the therapeutic encounter. Below is the overview of analysis conducted on these concepts in the context of profound therapeutic relational experiences.

Geller and Greenberg (2002), underscore the significance of therapeutic presence as the cornerstone of Roger's facilitating conditions. They define therapeutic presence as involving the therapist's ability to fully engage with their integrated self, while remaining open and attuned to the client in the present moment. This involves adopting a broad perspective of awareness and perception, with a clear intention to be present and supportive throughout the client's healing process. This state allows the therapist to cultivate an inner receptive stance, being "fully in the moment on a multitude of levels, physically, emotionally, spiritually and relationally" (Geller, 2013, p. 175). Qualitative research findings highlight that when therapists embody this presence, it has a positive impact on the therapeutic alliance and outcomes. Furthermore, it is noteworthy that many clients associate experiences of relational

depth with their therapist's ability to be fully present and engaged in the therapeutic process (Geller and Greenberg, 2002).

According to Murphy (2013), mutuality is positioned at the heart of the therapeutic experience of relational depth. Mearns and Cooper (2018) assert that the development of a relationship characterised by relational depth hinges upon an increasingly congruent form of communication between the client and therapist as time progresses. Moreover, profound moments of mutual encounter, when they are non-threatening, tend to arise when both therapist and client experience and embody Roger's core conditions, which mutually reinforce each other. It is not imperative for the therapist and client to experience the core conditions to the same degree, but their significance holds equal importance. Murphy (2013) argues that, similar to Buber's perspective on the absence of specific purpose as a prerequisite for the emergence of an I-Thou encounter, therapy centred around specific goals hinders the cultivation of mutuality and relational depth.

According to Rowan (2013) relational depth resides within what he terms the realm of the 'subtle'. This realm is characterised by an intuitive, embodied, and visionary form of transpersonal, or spiritual connection. In this encounter between client and therapist, boundaries dissolve, allowing the therapist to deeply experience the client's internal reality on a visceral level. Rowan (2013) cites Budgell who employs the term "linking" to describe this phenomenon, which is a form of communion between two people, that diverges from symbiosis in that it involves working through fear and pain. This embodied, non-verbal phenomenon of entering a form of melded experience with the client can be compared to what is often called "intuition" in person-centred work. Similarly, Rowan (2013) emphasises

that in psychoanalytic literature, Bion associates the process of intuition with the therapist relinquishing their own senses and, in a way, becoming the client's psychic reality.

### 6.3.7 Supervision and relational depth

The experience of relational depth in supervision holds significance in the context of this research. It involves perceiving the client's presence within the interaction between the supervisor and the supervisee, almost as if they were a third participant, despite their physical absence. This introduces an additional layer of complexity that may share similarities with dynamics observed in group settings. According to Lambers (2013), the supervisor must demonstrate a high level of engagement and presence to tap into the supervisee's profound experience with the client. This not only allows the therapist to delve into the nature and depth of their relationship with the client, but also encourages exploration of the various layers of their own experience within that encounter. Active engagement and presence, associated with openness, compassion, congruence and challenge, can assist therapists in exploring how to cultivate relational depth with their clients.

### 6.3.8 Relational depth in groups

I found one study on relational depth in groups conducted by Gill Wyatt (2013). Wyatt explored the experience of relational depth in groups by posing questions to a diverse group of professionals, including counsellors, facilitators, consultants, and lecturers. It was unclear from the paper how she collected the information, so I reached out to her via email to clarify whether participants answered in writing or were systematically interviewed. She answered

that respondents provided written replies, and while her study covered a diverse range of groups, therapeutic groups were not included. Participants shared their experience from various contexts, such as workshops, counselling training, musical performances and families.

The paper highlights the presence of multiple connections within groups, each carrying unique meanings and significance. It underscores the potential for a “mutually enhancing and co-creative connectivity” (2013, p.112) in the experience of relational depth in groups. Furthermore, it emphasises the societal importance of cultivating relational depth in a complex and interconnected society, especially in the face of eroded social bonds. It is important to note that this research serves as an initial exploration of relational depth experiences across a diverse range of groups, rather than as empirical research tied to a specific methodology.

#### 6.3.9 Conclusion

Since the term “Relational Depth” was coined in the mid-90s, research on this topic has been rich and diverse. It has demonstrated that the experience of relational depth between the client and therapist leads to positive therapeutic outcomes that go beyond the positive impact of the therapeutic alliance (Mearns and Cooper, 2018; Wiggins, 2013). Qualitative research has offered valuable insights into the nature of the experience of relational depth for therapists and clients, as well as the factors facilitating its emergence (Mearns and Cooper, 2018; Cooper, 2005; Knox 2008, 2013; Knox et al, 2013; Knox and Cooper, 2011 Tangen and Cashwell, 2016; Wilcox and Almasifard, 2022). Numerous clinical illustrations have

been published, bridging the gap between theory and lived experiences (Mearn and Cooper, 2018; Knox et al, 2013). However, I have not found any empirical research specifically focusing on the experience of relational depth in group therapy. This indicates an interesting gap in the existing literature that warrants further exploration.

## 6.4 Group Psychotherapy

In this section, I will provide a concise overview of the history of group therapy and the main models currently used in the UK. Specifically, I will focus on group therapies that are well-suited for process-oriented groups, with an emphasis on the existential tradition which places great importance on the concept of intersubjectivity. Furthermore, I will explore the latest research on cohesion and therapeutic alliance in group therapy. These relational aspects are essential experiences that significantly contribute to positive therapeutic outcomes in group settings (Burlingame et al, 2018; 2021). I will also provide a brief overview of the literature on intersubjectivity in group therapy. Lastly, considering the focus of my research, I will provide a brief overview of the literature on the therapist's experience of group therapy.

### 6.4.1 Historical background and main forms of group therapy in the UK

Kaklauskas and Greene (2020) relate that group psychotherapy started inadvertently over a century ago, when internist Joseph Pratt noticed that group encounters amongst his patients allowed members to feel supported and more optimistic. Since then, a wide variety of styles of group therapies have developed, particularly after world-war two, as traumatised survivors

and soldiers returned home, and families had to deal with memories of suffering and loss.

The two leading group therapy theoreticians and practitioners at the time were psychoanalysts S.H. Foulkes and Wilfrid Bion. While Bion focused on the group as a whole as if it were a single individual, Foulkes considered that the respective group members were to play a key part in the therapeutic process (Cohn, 2008).

Foulkes' group-analytic model is currently widely implemented in the UK, with an established governing body responsible for overseeing practitioner training and accreditation. Additionally, the NHS in the UK offers the Tavistock model as another significant approach, which draws influence from Bion's theory. This model specifically emphasises the relationship between the therapist and the group as a whole, perceiving the group as a distinct entity driven by primal unconscious anxieties (Schlapobersky, 2015).

Humanistic and existential psychotherapy have developed their own unique perspectives on group therapy, drawing inspiration from the philosophical foundations of their respective approaches. Some practitioners in these fields often reference the influential book "The Theory and Practice of Group Psychotherapy" co-authored by Yalom and Leszcz (2005). This book, first published in 1970 and currently in its fifth edition, outlines key principles that are sometimes referred to as the interpersonal model. Workshops teaching these principles are conducted throughout the UK. Many group therapists in the country integrate their psychotherapy training with various avenues for professional growth in group therapy but are not affiliated with specific training institutes (Greene and Kaklauskas, 2020; Schlapobersky, 2015).

Other developments of group therapy theories include Cognitive Behavioural Group Therapies (CBGT), which are typically associated with a time limited and highly structured approach, where the objective is to address what is seen as maladaptive or distorted beliefs, as well as dysfunctional behaviours; psychoeducational groups, that entail the development of knowledge of a particular subject; psychodrama, which uses role-playing in groups to explore psychological issues; mindfulness based groups that focus on particular ways to pay attention and remain in the present moment, without any judgement; and Dialectical Behavioural Therapies (DBT), that include psychoeducation, mindfulness practice and group discussions . In the UK, CBGT and psychodrama are amongst the main forms of group therapy offered to NHS patients (Greene and Kaklauskas, 2020; Schlapobersky, 2015).

Extensive research has been undertaken to assess the efficacy of group therapy. The prevailing consensus drawn from these studies indicates that group therapy is indeed effective, with benefits to clients being comparable to those of individual therapy (McRoberts et al., 1998; Burlingame et al., 2003)

#### 6.4.2 The existential tradition and its links to group analytical and interpersonal models

During the mid-20<sup>th</sup> century, several pioneering group therapists aligned themselves with the existential tradition. In the 50's, Thomas Hora, a Hungarian psychiatrist, developed a discipline that he called “metapsychiatry”, which mixes existential and spiritual ideas inspired by a wide range of religious and philosophical writings (Kerievsky, 2012). In the 60's both Hugh Mullan in the US and R.D. Laing in the UK, inspired by existential philosophy, promoted unorthodox manners of conducting group therapy, each in their own



way (Tantam and van Deurzen, 2019). They had in common that they promoted member's spontaneity and lacked formal structure. While therapists associated with the existential tradition have been involved in group therapy since the mid-20<sup>th</sup> century, van Deurzen and Tantam (2019) note that there is currently no well-defined and systematic existential group therapy model. Nevertheless, it is worth noting that Weixel-Dixon (2020) published a book on existential group therapy in 2020, providing an open model grounded in the core principles of phenomenological and existential philosophy.

Cohn was the first existential therapist who wrote a skeleton structure for an existential-phenomenological approach to group therapy. He was inspired by Foulkes' writing, which he considers to be mostly phenomenologically and existentially informed, despite some lingering links to his psychoanalytical background (Cohn, 2008). As Foulkes' writings continue to be widely used by group therapists today, I will provide an overview of his model's key concepts and draw connections to existential ideas when applicable. I will also reflect on the work of Morris Nitsun (2015a, 2015b), which serves as both an important critique and an extension of Foulkes' group analytic theory.

While Cohn (2008) emphasises the dominant influence of the phenomenological and existential aspects of Foulkes' writings, it is important to note that Foulkes (1984) does frequently make reference to psychoanalytic concepts. Specifically, he suggests that group therapy can facilitate the expression of deep unconscious material among its members, as if the "collective unconscious acted as a condenser" (1984, p. 34).

For Foulkes (1984), the role of the group leader, or what he prefers to call the group “conductor”, is to foster active engagement and interactions and to clarify any relational or communication difficulties and potentialities between group members. The therapist does not assume a directive leadership role. While being a full member of the group, the leader differs from others in that they observe, interpret and analyse the dynamics present for each individual, as well as for the group as a whole. The conductor also sets an example; he or she ‘represents and promotes reality, reason, tolerance, understanding, insight, catharsis, independence, frankness and an open mind for new experiences’ (Foulkes, 1984, p.57). This reminds us of some of the personal dimensions that characterise existential therapeutic relationships, such as equality, openness, commitment to truth and resonance (van Deurzen, 2010).

Foulkes introduces the concept of the “group matrix” to describe the intricate network of interpersonal relationships within a group. This matrix ‘can be thought of as a network in quite the same way as the brain is a network of fibres and cells which together form a complex unit (1965, p.258). These connections can be understood as a transpersonal network, which Foulkes compares to a magnetic field. He argues that the experiences that emerge between individuals are unique to the nature of their interaction and would not have occurred in the same manner if each individual were considered separately. This idea resonated with Merleau-Ponty’s (2012) perspective on intersubjectivity and the shared dimension of creation of meaning. Furthermore, Foulkes (1984) aligns with Heidegger’s notion of “being-in-the world” (Heidegger, 2010), as he does not think that the individual can be considered in isolation. He believes that “the individual is preconditioned to the core by his community” and that there is a “deep-going interrelationship between the individual and his group or community” (Foulkes, 1965, p.23).

Foulkes (1984) identifies four key therapeutic factors associated with group therapy. The first factor is "social integration," where group members openly express themselves, fostering a feeling of being heard and comprehended by others, and reciprocally conveying their understanding of one another. The second factor, referred to as the "mirror reaction" by the author, involves the relief that comes with realising that others in the group share similar distressing thoughts, impulses, or anxieties. Group members become more capable of recognising their own struggles when they witness others grappling with similar issues. The third factor is connected to the emergence and activation of a group's collective unconscious. In therapeutic groups, communication tends to have a loosening effect. Hearing about others' experiences enhances group members' ability to talk about their own. Foulkes emphasises that this process operates not only at a conscious level but also at a deeper, unconscious level. He likens it to the collective unconscious functioning as a condenser, intensifying the emergence of deeply buried material. Finally, the author considers exchanges among group members, which involve the sharing of information and explanations, often leading to lively and emotionally engaging discussions, as a one of the key therapeutic factors within groups.

More broadly, Foulkes (1965) categorises therapeutic factors into two main forms: supportive factors, which provide immediate relief and foster a sense of belonging, and analytical factors, focused on uncovering deep unconscious material, including defences, desires, and conflicts that may underlie dysfunctional behaviours. Supportive factors tend to offer instant relief and satisfaction, while analytical factors are often more challenging to experience in the moment but are responsible for producing lasting change. The conductor's role is to ensure a balance of both types of factors, benefiting individual members and the group as a whole.

In the early 1990s, Morris Nitsun (2015a, 2015b), a group analyst, began theorising the concept of anti-group, referring to a destructive mode of group experience that can undermine its cohesion and even threaten its existence. It serves as both a critique and an extension of Foulkes' group analytic theory. While Foulkes recognised the significance of destructive processes within groups, he did not incorporate these processes into his analytical framework. According to Nitsun, Foulkes maintained an overly optimistic and hopeful view of the therapeutic group process, underestimating the negative dynamics that could threaten the group's integrity. Conversely, Bion, with his concept of basic assumptions—unconscious and systematic tendencies of the group to develop dependency, engage in fight or flight mode, and pair with one or two members to solve the group's problems—offers little hope for the group's growth and integration. Nitsun's anti-group concept seeks to integrate both the constructive pro-group mode and the destructive anti-group process within a dialectical framework, acknowledging the constant flux of the group, which can never be defined by any static essence.

According to Nitsun (2015a), the anti-group dynamic arises from several sources, including fear, anxiety, and distrust of the group; frustration of members' narcissistic needs; and direct or indirect aggression among members. If not acknowledged and addressed, these dynamics can lead to a cycle of resistance and hostility, threatening the group's cohesion and continuity. However, while potentially destructive, the anti-group process can also foster creative transformation. Indeed, the author believes that

the successful handling of the anti-group represents a turning point in the development of the group. By helping the group to contain its particular anti-group, not only are the chances of destructive acting out reduced, but the group is strengthened, its survival reinforced and its creative power liberated.

(Nitsun, 1991, pp 7-8).

Nitsun (2015a) proposes a framework for group theory that integrates the concept of the anti-group, which is articulated around three pillars: dialectics, ecology, and aesthetics of the group.

The dialectics of groups emphasise the flux of the group process, which evolves in a continuous cycle of construction and destruction. According to this view, the anti-group is part of a 'normal' group development process, whereby pro-group and anti-group tendencies alternate in a creative and constructive process. However, the anti-group can at times become 'pathological'. In such cases, the dynamic flux between pro-group and anti-group breaks down, and the destructive mode of the group becomes dominant, resulting in ongoing, unresolvable conflict and potentially the disintegration of the group. Recognising this danger allows the group analyst to identify signs of emerging pathological anti-group dynamics and help restore the balance between the destructive and constructive forces within the group.

The ecology of the group refers to the group as a living system, shaped by its context. From this perspective, the anti-group process is not only intra-psychic but also influenced by various factors, including the socio-cultural environment, the group's physical location, the personal, institutional, and cultural background of the therapist, and the composition of the group, which is determined during the selection process.

Finally, the aesthetics of the group refers to the potential harmonious and cohesive form the group can achieve, with aesthetic moments playing an integral role in its development. This perspective highlights the beauty, playfulness, and creativity that can emerge from group interactions, including experiences of flux and change. When these are woven together into a coherent whole, they make a central contribution to the overall therapeutic experience. In this context, the anti-group serves as a source of creativity, where, as in art, the interplay between opposites allows for the emergence of aesthetic experiences.

As mentioned above, the existential therapist, Yalom, has co-authored a renowned book with Leszcz (2005) entitled “The Theory and Practice of Group Psychotherapy”, that has become a fundamental resource for numerous group therapists worldwide. Yalom and Leszcz’s (2005) book is a culmination of his extensive and ongoing research on the subject, combined with his vast experience as a group therapist. While Yalom is widely recognised as a prominent figure in existential therapy, his interest in this approach began to develop in the mid-seventies, following his book on group therapy. It appears that he pursued these two areas independently, with sparse overlap between his writings on group therapy and existential therapy (van Deurzen and Tantam, 2019). However, as we will see below, the intersubjective nature of group therapy remains a key factor throughout Yalom and Leszcz’s book.

Yalom and Leszcz (2005) outline eleven therapeutic factors that are considered inherently interdependent in group therapy. They include instilling hope that things can change, group members realising the universality of their struggles, exchanging valuable information and

advice, cultivating altruistic attitudes, experiencing emotional healing through revisiting familial conflicts within the group, developing social skills, mirroring constructive patterns of communication and behaviours, and experiencing catharsis. Moreover, interpersonal learning allows group members to reassess their interpersonal distortions and develop more realistic and mutually satisfying relationships. Additionally, the authors underscore group cohesiveness, which will be further elaborated upon in a subsequent section, as an important therapeutic factor. Finally, Yalom and Leszcz (2005) suggest that addressing some key existential factors relating to how we confront our human condition, can be a significant therapeutic factor in group therapy. These include the recognition that we cannot escape pain or death, that we are ultimately alone, that life can be unjust, and that we are ultimately responsible for our existence.

According to Yalom and Leszcz (2005), the key role of the leader is to provide a safe and supportive environment for the group members to engage with each other in the here and now. Apart from steering the group to ensure that the present moment takes precedent over other experiences of the group members, the therapist also plays a role in highlighting relational processes within the group to foster self-reflection. Similar to Foulkes (1984), Yalom and Leszcz (2005) that the group leader should set norms for the group by “offering a model of nonjudgmental acceptance and appreciation of other’s strengths as well as their problem areas” (p.125), and a “model of interpersonal responsibility and appropriate restraint” together with “interpersonal honesty and spontaneity” (p.126).

In her book titled "Existential Group Counselling and Psychotherapy," Weixel-Dixon (2020) introduces an existential-phenomenological model of group therapy. This model is not

associated with any specific techniques or prescribed processes but is grounded in an attitude inspired by the core principles of phenomenological and existential philosophy. Alongside the analysis of these principles, the author provides reflective examples illustrating how these themes manifest within the realm of group therapy.

These core principles encompass the recognition of the intersubjective nature of human existence, the universality of existential concerns, as well as an appreciation of the interplay of human temporality in the present moment, which is anchored in a mutable past shaped by evolving circumstances and perception, and an orientation toward the future. Furthermore, it emphasises the essential notion that humans possess the freedom to make choices and shape their world in alignment with their values. Living authentically necessitates acknowledging this freedom and taking responsibility for the consequences of one's choices, both for oneself and for others. This readiness to confront existence authentically requires an attitude of openness when engaging with the world. In this context, choices, while influenced by societal contexts, serve as a reflection of an individual's values, representing what holds significance to them. Various strategies are often employed to evade confronting this freedom to construct meaning, such as seeking external advice or reassurance, striving for conformity, or dwelling in feelings of guilt and regret. Additional existential themes, including the embodied nature of human existence, the inevitability of death, and the avoidance of this reality leading to a life of busyness and conformity, are explored. Emotions and moods are recognised as an integral part of human existence, offering insights into one's context and values.

It is noteworthy that the mentioned authors offer conceptual frameworks for group therapy work, often drawing from extensive clinical experience and providing practical guidance and



case studies. However, their works generally lack substantial empirical research (Cohn, 2008; Foulkes, 1984; Yalom and Lezcz, 2005; Nitsun, 2015a; Weixel-Dixon, 2020). One notable exception in Yalom and Lezcz's (2005) exploration is the discussion of two studies investigating clients' subjective evaluations of the eleven therapeutic factors they proposed. These studies employ a structured questionnaire, prompting clients to assign relevance to affirmations categorised under the eleven therapeutic factors. However, it is important to acknowledge a limitation in this approach: it furnishes clients with a predetermined framework of therapeutic factors, potentially overlooking elements that could have surfaced with more open-ended questions.

#### 6.4.3 The lifespan of a group in group analytical and interpersonal models

Both Foulkes (1965, 1984) and Yalom and Lezcz (2005) have written about the different stages that therapeutic groups go through over time.

Foulkes (1965) suggests that these stages are not rigid and can vary depending on the group. However, he has provided a framework to describe the groups' progression over time. He compares the development of the group to the maturation of a child, where initial dependence on parents transitions to a gradual separation from parental authority and the belief in their omnipotence. This phase often involves conflicts related to dependency. The child's education system plays a role in facilitating this process by providing opportunities for self-learning. Similarly, in group therapy, the group leader encourages members move away from their belief in the therapist's omnipotence and learn to independently process their issues with each other.

Foulkes (1965) describes three main phases that span the life of a therapeutic group:

In the “initial phase”, the therapist is seen as a parental figure who knows what needs to be done and has the power to heal the group members. This phase is often associated with some nervousness for new group members, and the therapist’s calm and gentle guidance can help them open-up and settle into the group. At this stage, group members may have difficulties in articulating their problems in words and often seek support and answers from the group leader. The therapist’s role is to redirect the question back to the group or individual, which may initially unsettle them. As group members engage in discussions about their symptoms with each other, they frequently come to recognise shared challenges, ultimately reducing their feelings of isolation and fostering a sense of support within the group.

During the ‘intermediate phase’, the therapist’s centrality diminishes, leading to fewer interventions compared to the initial phase. Members actively engage with one another, investigating each other’s stories. Conflict, anger, or moments of boredom may arise during this phase. Such experiences are openly discussed and processed within the group. Group members take the role of therapists for one another, delving into their unconscious drives and biases. Foulkes highlights the potential risk of this phase lasting excessively, as it can lead to the group becoming stagnant and falling into repetitive patterns. Additionally, members may develop a dependency on the group and struggle to function independently without its support. In such cases, it is the therapist’s responsibility to introduce the idea of group termination or suggest the addition of a new member before reaching this point.

The 'terminal phase' marks the conclusion of the group therapy process. According to Foulkes, this phase should be approached gradually, allowing group members to reflect on their anxieties regarding endings, which often encompasses contemplation of meaninglessness and mortality. During this phase, groups often seek reasons to avoid the ending and prolong the therapeutic journey. The group leader, who takes a more active role compared to the intermediate phase, assists the group in discussing and analysing these emotions, aiming to support their gradual detachment from the group.

Like Foulkes, Yalom and Leszcz (2005) also recognise that it is not possible to provide a rigid description of group timelines because each group is unique. However, it is still possible to loosely outline development stages that most groups tend to go through in some form or another.

The initial stage of the group, according to the authors, is characterised by members' hesitancy, their need for guidance from the therapist, their search for meaning and for their place within the group. The first meeting of the group typically goes well, as both clients and the therapist experience relief from the anxiety associated with that initial encounter. In the subsequent meetings, group members often attempt to understand the purpose of the group and question its usefulness. They assess other group members, their own roles within the group, and the group's rules. During this phase, certain members may be more vulnerable, requiring the therapist to remain alert to both the group dynamics and the subjective experiences of each individual, actively providing direction and structure for the group. In some groups, members may hesitate to engage during this initial stage, relying on the group leader for answers. Members share their struggles and symptoms during this phase, often

seeking similarities with other members' experiences and tend to seek and offer advice to one another. Yalom and Leszcz suggest that the discovery of these similarities often forms the foundation for the initial development of group cohesiveness.

According to Yalom and Leszcz (2005), the second stage of the group is characterised by conflicts that can arise between members or between members and the group leader. There is often a struggle for dominance, which can either be obvious or concealed. Additionally, conflicts may emerge when individual entrenched behavioural patterns are challenged by other group members. Furthermore, this phase commonly involves hostility towards the therapist, as expectations are bound to be unfulfilled. Certain group members may exhibit a particularly strong tendency towards hostility, while others may consistently defend the targeted leader. The extent of hostility towards the leader may vary from one group to another, with the leader's style playing a role in determining the intensity of hostility from group members. Leaders who adopt an authoritarian approach without providing clear structure or guidance, leaders who are ambiguous or enigmatic, and leaders who create unrealistic expectations about the group therapy process tend to elicit the strongest hostility.

The third stage of the group is characterised by the emergence of group cohesiveness.

According to Yalom and Leszcz (2005), 'in this phase the interpersonal world of the group is one of balance, resonance, safety, increased morale, trust and self-disclosure' (p. 319). The desire for intimacy and group cohesion may take precedence over the affirmation of individual needs, which may sometimes result in avoiding negativity or straightforwardness. However, true maturity of the group is achieved when all relevant issues can be openly expressed and processed without threatening the group's unity. The third stage therefore

consists in two phases: an initial phase characterised by unity and mutual support, and a subsequent phase where the group can effectively handle and process tensions without it turning into a struggle for dominance.

In conclusion, Yalom and Leszcz (2005) emphasise that the stages of group development are not strictly linear, and there can be significant overlap between phases. It is possible for certain stages to reoccur cyclically, even after the group has reached a certain level of maturity.

#### 6.4.4 Cohesion and therapeutic alliance in group therapy

Cohesion was introduced to the field of psychological research in the mid-20th century by Festinger and his colleagues. They defined cohesion as a field of forces that compel individuals to remain within a group (Dion, 2000). Group cohesion is considered by many group researchers and theorists as a central factor determining the success of group therapy. Its presence has been linked to increased member participation and improved therapeutic outcomes (Burlingame et al., 2001).

Yalom and Leszcz (2005) cite evidence in their book supporting the notion that what they refer to as “group cohesiveness”, a concept akin to “group cohesion”, stands as a pivotal therapeutic factor in group therapy. They emphasise that cohesiveness relates to the relationship of group members with the therapist, with other individual members and with the group as a whole. Analogous to Festinger, the authors define cohesiveness as “the result of all

the forces acting on all the members such that they remain in the group” (p. 55). In their view, cohesiveness is a necessary condition for other therapeutic factors to work optimally. While the level of cohesiveness tends to fluctuate with time, a certain level of cohesion is important at the early stage of the group for its members to be ready to take some risk and navigate conflicts.

Group cohesion has received considerable research attention since its introduction. Typically, it is examined through two primary dimensions. The first dimension revolves around exploring the nature and quality of relationship within the group. The second dimension focuses on the structure of group relations, encompassing both vertical aspects that pertain to the interactions between group members and the leader, as well as a horizontal interaction among the members themselves and their connection to the group as a whole (Burlingame, 2018). It is worth noting that some researchers believe that the complex multi-dimensional aspect of group cohesion has led to diverse definitions in the literature, resulting in challenges in providing a consistent interpretation of research outcomes (Joyce et al., 2007).

Burlingame and al. (2018) endeavour to tackle this complexity in their meta-analysis on group cohesion by offering an overview of diverse questionnaires developed to assess group cohesion. These questionnaires encompass a broad spectrum of factors that contribute to the measurement of group cohesion. Some questionnaires focus on evaluating the quality of relationships within the group, capturing positive affective indicators such as trust, self-disclosure, expressed care, inclusiveness, ease of communication, relatedness, involvement, cooperation, likability and expressiveness. Additionally, some questionnaires consider the level of personal compatibility, including similarities amongst group members, attraction and

desire for friendship. Moreover, certain questionnaires also take into account the group's orientation towards the tasks at hand. It is worth noting that while some questionnaires explicitly focus on different levels of relationships within the group, such as the relationship between individual members or individual members and the group as a whole, not all questionnaires cover these specific aspects. The meta-analysis conducted by Burlingame et al. (2018) explores the correlation between group cohesion and positive therapeutic outcomes, based on research using a variety of questionnaires. The findings indicate an overall positive link between cohesion and positive therapeutic outcome, regardless of the group therapeutic modality. It should be noted that the correlation between cohesion and outcome was higher in groups where cohesion was emphasised as a therapeutic strategy.

While group cohesion generally pertains to a process that involves the entire group, the majority of research on group alliance has focused on the connection between the group members and the therapist (Coco et al, 2019). As mentioned previously, therapeutic alliance between a client and therapist, as defined by Bordin (1979), encompasses an agreement on therapy goals, collaborative efforts on the tasks involved in various therapeutic approaches to attain these goals, and the cultivation of bonds of trust and attachment between the therapist and the client.

A meta-analysis conducted by Alldredge et al. (2021) on therapeutic alliance in group therapy, focusing on the member-therapist alliance, reveals a generally positive association between alliance and positive therapeutic outcomes, similar to the cohesion analysis.

However, the results vary depending on therapeutic modality, with the correlation between

alliance and therapeutic outcome being less pronounced for CBT group therapy compared to other modalities.

Considering the positive association between positive therapeutic outcomes and both the member-leader therapeutic alliance and group cohesion, Alldredge et al. (2021) suggest that a strategy focusing on acknowledging ruptures and promoting repair in these relationships may be appropriate. However, the literature on rupture and repair in group therapy is limited, primarily due to the complex multi-dimensional nature of group relationships and measurement limitations, as noted by Burlingame et al. (2021). Nevertheless, there have been publications of vignettes and commentaries on the subject, such as the description by Coco et al (2019) on how withdrawal and confrontation ruptures can occur within a group setting. This highlights the importance for therapists to recognise and address these ruptures by naming them, initiating the repair process. Through the use of vignettes, the researchers illustrate how the failure of therapists to acknowledge an alliance rupture resulted in a group member leaving. Conversely, when therapists promptly acknowledge the rupture and engage with the group members, it can enhance trust and cohesion within the group.

#### 6.4.5 Psychotherapists' experience in group psychotherapy

Foulkes, when referring to group therapy, writes that 'the conducting of these groups is a fascinating experience. It is a source of unending information and stimulation, at the same time, a tool of great potency and very wide application' (1984, p. 25).



In his book “the Schopenhauer cure”, when reflecting upon his main character, the group therapist Julius, Yalom writes:

All group therapists know about the wonderfully healing qualities inherent in the atmosphere of the working group. Time and time again Julius had entered a meeting disquieted and left considerably better even though he had not, of course, explicitly addressed any of his personal issues (2020, p.39).

Despite this book being a work of fiction, it seems fair to assume that this sentence reflects Yalom’s view about the experience of being a group therapist.

When reviewing the literature on group psychotherapy, it becomes apparent that most articles primarily focus on the experiences or therapeutic outcome for the group members. Although there is some research on the experiences of group therapists, it remains relatively limited and tends to focus on specific aspects. For example, studies have explored instances when therapists demonstrated courage during group therapy. These acts of courage include overcoming fears in the face of anger, shaming, and aggression from the group, openly acknowledging mistakes in front of the group, handling challenging unexpected situations, confronting hatred and prejudices, and maintaining their role during periods of personal crisis (Shapiro and Gans, 2008).

Research on group therapists also delves into the examination of experiences of shame amongst therapists and strategies to mitigate it (Weber and Gans, 2003), anxieties and

resistances encountered by therapists, especially when starting new groups or incorporating new members into existing ones (Billow, 2001), on the anger that may be experienced by group therapists (Hahn, 1995) and on situations where therapists may enter a state of dissociation while leading a group, resulting in a loss of communication (Billow, 2016). Additionally, there has been research conducted on the group attachment style of therapists and their expectations regarding the attitudes of their patients towards the group (Marmarosh et al., 2006).

#### 6.4.6 Intersubjectivity in group psychotherapy

The literature on intersubjectivity in group therapy is limited. The available articles primarily engage in theoretical discussions, exploring how the concept of intersubjectivity, rooted in philosophy, psychology, and psychoanalytic theory, can contribute to our understanding of group therapy. Notably, Schulte's review (2000) delves into the influence of dynamic intersubjective experiences within therapeutic groups, shedding light on how they shape the self-experience for members and emphasising the pivotal role of the group leader in this process. Potthoff's paper (2014) examines the 'intersubjective turn' in psychoanalysis, underscoring the importance of the interplay between the subjective realities of therapists and clients. The paper suggests that this evolution provides opportunities to establish connections between contemporary psychoanalysis and group analysis theories. Harwood's (1992) article explores the application of Kohut's theory of the 'self' and Stolorow's intersubjectivity theory to clinical issues in group therapy, particularly for individuals with narcissistic or borderline personality disorders. Finally, Gans and Alonso's (1998) article explores the construction and experience of the difficult client in group therapy, in light of the intersubjective theory in

psychoanalysis. It is important to note that these articles are theoretical discussions, occasionally accompanied by vignettes of therapeutic group examples. However, they are limited in that they lack empirical research aimed at addressing specific questions.

#### 6.4.7 Conclusion and research focus

Group therapy, much like individual therapy, has a long and multifaceted history. In the context of this research, my concentration lies on the foundational literature of group therapy that has some connection to the existential framework, as it places a strong emphasis on the intersubjective experience. Therefore, a notable focus has been placed on the writings of Foulkes, who is regarded by Cohn (2008) as the group therapy theoretician most informed by phenomenology and existentialism.

While it may be surprising to discover that Yalom's work on the subject is not as inherently existential as one might initially assume, it is important to note that the intersubjective element remains central to his approach. His writings are widely used as a source of inspiration by therapists who offer long-term process-oriented group therapy. Therefore, I have also explored some of Yalom's extensive contributions to the field. While Rogers (1971) has exerted a significant influence in the field of group therapy, his primary focus was around facilitating encounter groups, which falls outside the scope of the present research. Lastly, it is worth noting that Laing and Mullan's methods exhibit a strong inclination towards spontaneity and disinhibition (van Deurzen and Tantam 2019), but these aspects are not the primary focus of the current study.

I have chosen to focus my research on long-term, or slow-open process-oriented groups. Yalom and Leszcz (2005) describe process-oriented groups as focused on the process, on what happens within the group in the here and now. Foulkes (1984) describes slow-open groups as stable, long-term groups albeit where individuals can choose to leave or join. They are most appropriate for in depth work over periods that can last several years. The number of participants is generally limited to seven or eight (Foulkes, 1984; Yalom and Leszcz, 2005).

Given that the focus of my research is the examination of the experience of relational depth in group therapy, I have conducted a review of recent meta-analysis that explore two crucial relational aspects extensively studied in group therapy: cohesion, therapeutic alliance, and their association with the therapeutic outcomes of group members. Additionally, since my study specifically focuses on the experience of group therapists in relation to relational depth, I have also conducted a review of the existing literature that explores the group experience from the therapist's perspective.

## 6.5 Conclusions and Gap in Literature

Intersubjectivity is a rich and multi-faceted human experience extensively explored in the fields of philosophy, psychology, and psychotherapy. It is both a cognitive and embodied process, involving our whole being. Our intersubjective relations are at once the result of our own history, of our ability to engage in dialogue, and to understand the other via a direct, emotional experience. Relatedness can be seen as the essence of who we are (Spinelli, 2006), or even, when lived in an authentic, direct, and committed manner, an experience of the sacred (Buber, 2000; Levinas, 2004; Marcel, 1949; Marion, 2013). Key psychotherapeutic

modalities have evolved over the years to consider that a genuine and open intersubjective relation between client and therapist is central to the therapeutic process (Stolorow et al., 2013; Rogers, 1950; Mearns and Cooper, 2018; van Deurzen, 2010; Spinelli, 2008). As such, the development of research on relational depth in the last decades can be seen as a natural evolution of that trend.

There has been extensive research on intersubjectivity and relational depth in individual therapy, but minimal attention has been given to these aspects within group frameworks. A limited number of articles delve into intersubjectivity in therapeutic groups, engaging in theoretical discussions that explore how this concept, grounded in philosophy, psychology, and psychoanalytic theory, can enhance our understanding of group therapy. However, these articles fall short in empirical research, lacking investigations aimed at addressing specific questions (Schulte, 2000; Potthoff, 2014; Harwood, 1992; Gans and Alonso's 1998).

Moreover, my exploration revealed only one study related to relational depth in groups (Gill Wyatt, 2013), which focuses on diverse experiences of facilitators, counsellors, consultants, and lecturers, rather than therapeutic groups specifically. The paper entails an analysis of feedback from a varied participant pool but, once again, lacks empirical research tied to a specific methodology or addressing a particular question.

There does not seem to have been any research on the subject of relational depth in group therapy. Given that the experience and quality of interpersonal relationships are central to the essence of group therapy, such an investigation has the potential to shed light on arguably one of the most fundamental aspects of group therapy.

## 7 Research Aims

### 7.1 Overarching Aim

The aim of this study is to examine the lived experience of relational depth for group therapists in long-term process-oriented groups, which are focused on the process, on what happens in the group in the here and now (Yalom and Leszcz, 2005; Foulkes, 1984). For the purpose of this research, I wish to engage with the term relational depth as defined by Mearns and Cooper: “a state of profound contact and engagement between people” (2018, p. xvii). I am interested in the group therapists’ experience of relational depth at specific moments of deep relational encounters, as well as in the development of a certain quality of relationship that involves a sense of profound connection between individuals (Mearns and Cooper, 2018).

### 7.2 Specific Objectives

My objective is to gain a comprehensive understanding of the therapist’s experience of relational depth in group therapy from multiple aspects. This includes exploring the therapist’s experience of relational depth with the group as a whole, with individual group members within the group context, and when witnessing experiences of relational depth between group members.

### 7.3 Contribution to Field

As described above, group cohesion has been extensively researched since its introduction in the mid-20th century and is considered an important therapeutic factor in group therapy (Burlingame et al. 2018). Furthermore, Yalom and Lezcz (2005) consider it a necessary condition for other therapeutic factors to work optimally. I believe that understanding the experience of relational depth in group therapy is an essential step towards comprehending how cohesion arises.

By understanding the therapist's experience of relational depth, I would like to shed some light on one of the core experiences of being a group therapist. Very little has been written on the experience of relational depth in group therapy, and I have not found any empirical research on the subject. As such there is a clear gap in the literature. I hope that the dissemination of this research will help raise interest amongst therapists for group therapy work, which has been found in multiple research studies to be at least as effective as individual therapy, while being more cost effective (Burlingame et al. 2014; Yalom and Leszcz, 2005).

I would also like in the future to continue reflecting on the nature and quality of relational depth in groups and on the possible applications of these reflections to the wider social context.

## 8 Methodology

### 8.1 Ontological and Epistemological Position

I wish to understand participants' subjective experiences of relational depth in group therapy in all their subtleties. I am interested in discovering themes emerging from their lived experience, without starting the process with any pre-existing theory to validate or refute. I would like to engage in depth with the subject, approaching it with openness and curiosity, while bracketing as much as possible any pre-conceptions I might have. As such, a non-positivist qualitative inductive approach seems the best suited methodology for this type of investigation.

Individuals develop complex subjective meanings, and I am interested in asking sufficiently broad questions, followed by a curious enquiry on the material that emerges from those questions, to access the full extent and depth of those meanings. The experience of connection between individuals is at the centre of my research, and I believe that the intersubjective relationship between the participants and their environment, including between the participants and the researcher, is fundamental for making sense of what is being said. I am interested in understanding how the intersubjective dynamic between the group therapist and/or the group members can result in experiences of relational depth. At the same time, I believe that the intersubjective relation between the research participant and the researcher has a role in the emergence of a description and understanding of that experience.



According to Beaumie (2001), social constructivism highlights the importance of culture and context in understanding a researched subject, and developing knowledge based on that understanding. Social constructivism is based on the assumption that reality, knowledge and learning are not all pre-existent, but created through human interactions. Meaning is developed through communication between individuals who share common assumptions and interests. The centrality of intersubjectivity in the development of social meaning for social constructivism makes it well suited for my researched project.

## 8.2 General Methodological Approach

While the importance of intersubjectivity in creating meaning and knowledge is central to my study, I would like to discover the rich and complex lived experience of the research participants. To this end, an approach anchored in a deep sense of curiosity when questioning and discovering that experience, while implementing an ongoing reflexive interpretation of my role in that process, seems appropriate.

Van Manen describes the phenomenological enquiry as driven by a “wondering pathos for the pre-reflective and the singularity of the phenomenon” (2014, p.27). In his view, phenomenological research is always associated with intentionality, which reveals that consciousness is aimed at the external world and which secrets we question. As such, “research is a caring act: we want to know that which is essential to being” (van Manen, 2016, p.5).

Phenomenological research is anchored in Husserl's aim to develop a scientific method for discovering the universal truth, or the essential nature of a phenomenon. Husserl's method implies a process of "phenomenological reduction", where we "bracket" any beliefs or pre-assumptions we might have. It entails approaching the phenomena with intentionality and applying a focused attention to all its aspects, as they appear to our consciousness (van Manen, 2016).

Heidegger differs from Husserl in that he does not believe that it is possible to fully suspend our perception of the world. The understanding of Being starts with questioning one's particular manner of being, in the day-to-day life, that is influenced by the time and culture in which they live in. For Heidegger, "being-in-the-world", that is being in relation, in context, is an essential aspect of what it means to be human. As such, a phenomenological enquiry must involve a reflexive process, grounded in an awareness that our specific background, culture and history actively participate in the unveiling of the phenomena (Heidegger, 2010).

Most phenomenological approaches to research today exist along a continuum between Husserlian transcendental approach, that is essentially descriptive, and the Heideggerian hermeneutical approach, which includes interpretation (van Manen, 2014). On the descriptive side of the continuum, Giorgi and Giorgi have provided detailed accounts of how to conduct phenomenological research, emphasising the texture of the participant's experience and on the need for the researcher to bracket their assumptions and past knowledge (Willig, 2013).

On the other hand, interpretative phenomenological approaches, while also being highly participant-oriented, consider the researcher's presence and personal experience in analysing the lived experience of the participants, highlighting the importance of the researcher's subjective world (Alase, 2017; van Manen, 2014).

Gadamer, who worked with Heidegger in the mid-1920s, developed a form of Hermeneutic Phenomenology based on the premise that language is key to the understanding and interpretation of a phenomena. Here, the researcher engages with the data interpretively, aiming to understand the meaning conveyed through language in relation to the phenomenon (Sloan and Bowe, 2014). Gadamer believed that human understanding could be reached through dialogue rather than through the application of a systematic prescriptive method to the analysis of the data (van Manen, 2014).

More recently, Van Manen has developed his own approach to Hermeneutic Phenomenology, which is often used in the fields of psychology and pedagogy. Inspired by Gadamer, he also considers that language reveals the phenomena within its historical context, and its description will always be a form of interpretation. In a hermeneutic circle, the researcher moves between parts and the whole of the text, in a circular process of discovery and interpretation (Sloan and Bowe, 2014). According to van Manen (2016), given the lack of structured method associated with Hermeneutic Phenomenology, it is essential to read perceptive texts engaging with the approach to assimilate a certain orientation that characterises it.

Interpretative Phenomenological Analysis (IPA) is another commonly used interpretative phenomenological approach. IPA is highly structured, with systematic steps that must be followed by the researcher (Alase, 2017). These steps include reading the text multiple times while taking initial notes, identifying emergent themes, creating a structure by identifying connections between the themes and organising them in clusters, associated with a number and an illustrative quotation, and subsequently organising those in a table. Finally, the summary tables are integrated to produce a list of master themes (Willig, 2013).

Hermeneutic Phenomenology's emphasis on intersubjectivity, while allowing for a certain openness and freedom in the analysis of human experience, seems to be a good fit for my research, given its focus on the participants experience of relational depth. Specifically, Van Manen's description of this approach, that is anchored in a sense of curiosity, wonder and care for the participants and their experience, seems to work well with my researched subject. According to him, a researcher using this approach should be -

a sensitive observer of the subtleties of everyday life, and an avid reader of relevant texts in the human science tradition of the humanities, history, philosophy, anthropology, and the social sciences as they pertain to his or her domain of interest (van Manen, 2016, p.29).

Therefore, the path to discovering the essential nature of the researched phenomena involves an attitude of sensitivity and curiosity for the participant's experience in all its subtleties, as well as for the existing intellectual traditions on the researched subject. Furthermore, Van Manen acknowledges that there is always an ineffable, mysterious element to life. With this

in mind, he sees Hermeneutic Phenomenology as a method where the researcher strives to “use a language that reverberates the world” (2016, p.13). This can include poetisation of the text, but also other forms of artistic expressions, such as painting or music, in an effort to be evocative of the phenomena at hand, even when our intuition of the phenomena surpasses what can be conceptualised. Marion (2013) calls those types of phenomena “saturated”. They include many human experiences such as pain, joy, intersubjectivity and spirituality, but also different forms of artistic expressions. One could therefore say that the use of poetisation of the text, or the use of other forms of artistic expressions to evoke a phenomenon, allows for an expression of the ineffable by using one saturated phenomenon to describe another, given the impossibility to fully represent it through conceptualisation. This is helped by the capacity of the artistic expression to reflect on the experiential world in order to transcend it. As described by van Manen, “the artist recreates experiences by transcending them” (2016, p. 97). Some philosophical texts can be as open, evocative and touching on the mystery of a phenomenon as poetry or art and can provide a rich resource to reverberate the depth, subtleties and complexity of a phenomena.

Van Manen regularly highlights the importance of engaging with “the primary literature and movements of phenomenology” (2018, p.1966) when doing phenomenological research. He suggests that phenomenological and existential literature can “turn into a source for us with which to dialogue”, “enabling us to reflect more deeply on the way we tend to make interpretive sense of lived experience” (2016, p.75) and “allow us to see our limits and to transcend the limits of our interpretive sensibilities” (2016, p.76). The concept of relational depth can be seen as closely related to intersubjectivity, at least in the manner that it has been approached by some existential and phenomenological philosophers, as described earlier. An

approach that engages with the primary literature on the researched subject seems therefore to be well suited to this thesis.

### 8.3 Alternative Methods Considered

I initially envisaged two other methodologies for this research: Interpretative Phenomenological Analysis (IPA) and Structural Existential Analysis (SEA).

Similar to Hermeneutic Phenomenology, the IPA research method assumes that language can help us gain a rich understanding of the participant's lived experience. The researcher engages actively in the process of interpreting the participant's words. Tuffour describes it as a form of 'double hermeneutic, in that the researcher is making sense of the participant's sense making' (2017, p.4). However, as highlighted by van Manen, this is quite different from phenomenology seen as the 'study of the primal, lived, pre-reflective, pre-predicative meaning of an experience' (2017, p.776). Indeed, if the focus is on the participant's interpretation of their lived experience, the risk is for the interviews to be focused on the cognitive sense-making of the participant, rather than on the nature of their direct lived experience (van Manen, 2017). As a result, and given that the objective of my research is to understand participants' direct subjective experiences of relational depth in group therapy in all their evocative complexity, I have chosen van Manen's Hermeneutic Phenomenology rather than IPA.

I also envisaged to use SEA, a method developed by van Deurzen (2014) which provides a framework to analyse the observations that addresses systematically the multidimensional aspects of human beings, including the physical, social, personal, and spiritual worlds. These four worlds are explored with an awareness of the dimension of time, which can be an interesting element when analysing how the experiences of relational depth evolve over time in long-term therapeutic groups. SEA also introduces the use of an emotional compass, that provides a link between our emotional state and how our values are being actualised. However, while SEA can provide a useful framework by offering a template for the analysis of the participant's experience, a more inductive approach that allows staying as close as possible to the participant's expression of their lived experience, such as van Manen's hermeneutic phenomenology, seems more suitable to my research.

#### 8.4 Sample

I recruited eight qualified psychotherapists who work with groups. I looked for participants with at least one year of experience as group therapists, as being a novice may interfere with their ability to consistently model for the group an attitude of openness, transparency, empathy, and engagement. I decided not to focus on a specific gender, age, ethnicity, or sexual orientation, as I do not believe that this would add anything to the current research, or for its possible future clinical application. Van Manen's (2016) hermeneutic phenomenology is well-suited for heterogeneous participant samples. Instead of seeking to discern meanings within specific groups or cultures, van Manen emphasises 'the theory of the unique' (p. 7), striving to uncover the distinctive lived experience of each individual.

I ensured that my participants reported having experienced relational depth in their role as group therapists.

*Table 1: Inclusion and exclusion criteria of the group therapist*

Inclusion	Exclusion
Is a qualified psychotherapist with at least one year of experience as a group therapist	Has under one year of experience as a group therapist
Have experienced relational depth in their work as group therapist	Have not experienced relational depth in their work as group therapist
	Is only trained in highly goal-oriented modalities such as CBT or DBT
Works or has worked with heterogeneous, long-term process-oriented groups	Has only worked with groups focusing on specific issues (e.g. AA, cancer recovery), or goal-oriented specific types of group therapies such as CBT, DBT, mindfulness or psychoeducational groups

## 8.5 Recruitment Procedures

I chose to look for therapists who work in the UK, as my intention was to hold face to face interviews if and when participants were willing to do so. I envisaged that an embodied presence might provide more depth to the intersubjective encounter than online interviews. I contacted the UK institute of Group Analysis, that trains and provides group therapy in the UK based on the group-analytic model. I sent them my flyer (appendix 1), in which I advertised my search for participants who had experienced relational depth in their role as



group therapists in long term process-oriented groups. The Institute of Group Analysis uploaded my flyer to their members' page. I also approached UKPC and BACP, that are associations for counselling and psychotherapy, and the Counselling Directory, a database for counsellors and psychotherapists. Furthermore, I sent an email with the details of my research to group therapy practices that I found online. BACP agreed to upload my flyer on their research notice board, and the Counselling Directory on their Facebook page. Two group therapy practices forwarded my flyer to their affiliated members. I also looked online for group therapists and sent them a direct email presenting my research and gathering their interest. By the end of the process, I successfully recruited eight group therapists matching my criteria.

## 8.6 Participants

I interviewed eight participants, to whom I sent an information sheet (appendix 2), where the concept of relational depth is defined as a state of profound connection between people. It is also emphasised that relational depth can be experienced as specific moments of deep relational contact and engagement but can also relate to a certain quality of relationship. Process-oriented groups are characterised by their emphasis on interpersonal experiences among group members. These groups convene regularly over an extended period, fostering an open and relatively unstructured dynamic.

Given the potentially complex nature of relational depth in group therapy, my information sheet included three questions, which I asked participants to reflect on ahead of the interview:

- What has been your experience of relational depth with group participants?
- What has been your experience of relational depth between group participants?
- What has been your experience of relational depth with the group as a whole?

These three inquiries were designed to capture experiences from various perspectives, providing a comprehensive understanding of the relational depth encountered by group therapists. Through different levels of group connections, therapists are afforded opportunities to explore and comprehend these experiences from diverse angles.

The initial information sheet included an additional question regarding the impact of relational depth on the participants and group members. However, upon reviewing my RP1, I decided to exclude this fourth question from the information sheet. The first three questions, as mentioned above, were designed to ensure that the experiences are captured from various angles. In contrast, the fourth question differed as it pertained to an aspect of the experience of relational depth. To maintain consistency and clarity, I chose to focus on the first three questions on the information sheet.

After confirming their participation, I conducted a brief call with the interviewees to verify that they met my research criteria, address any questions they might have had, and arrange the interview.

## 8.7 Data Collection

I offered to do the interview either face to face or online, with the face-to-face interviews in therapy rooms, either in East or in North London, in line with the participant's preference. I also offered to meet in their office or therapy room if they preferred. Five participants agreed to meet face to face. I met four of them in their therapy rooms, and one of them in her home. The latter was a female participant with whom I had held a short call ahead of the interview, and I felt safe to meet her at her home. The three other participants asked to do the interview online. Two of them live far away from London, and the last one preferred an online interview. This last participant had started online group therapy with the Covid pandemic and had chosen to continue in that manner.

I tried, when possible, to organise face-to-face interviews, as I had assumed that meeting in person would allow me to have a better and fuller understanding of the participants. My personal experience with clients in my role as a therapist is that meeting in person adds a certain quality to the relationship. Having an embodied experience allows at times to understand things that might have been missed in an online session, and to create a sense of connection that feels more encompassing. I had assumed that the same would be true for interviews with research participants. However, when listening to the interviews and transcribing them, I realised that this had not been the case. If anything, the interviews that were done online were for the most part very rich and interesting. My experience from the eight interviews that I conducted is therefore that the quality of the interview and of the relational encounter with participants did not suffer from being online as opposed to meeting face to face.

The interviews were conducted in an open and unstructured format, guided by the three questions I had provided to participants beforehand. I recorded the sessions using both my phone and a recording device. I chose an unstructured interview format because its flexibility allows for the emergence of rich and potentially unexpected content. Moreover, this approach is associated with a conversational ease that helps establish a connection with the participant – a factor I deemed important given the subject of my research.

Before commencing the interview, I ensured that participants had reviewed my information sheet and considered the three questions included in it. Opting to let participants shape the discussion based on their preferences, I initiated the interview with an open-ended question, inviting them to share their experiences of relational depth in group therapy rather than selecting one of the three questions to start. Nevertheless, I ensured that all three predetermined questions were addressed by the conclusion of the interview. Additionally, during the interview, I posed some stimulating questions, such as asking for elaboration, for alternative terms to define the phenomena, encouraging comparisons of the phenomena, and requesting examples when participants spoke in general terms.

English not being my mother tongue, I occasionally had to ask participants to repeat or clarify what they said. Also, when asking questions, I would at times search for words. I initially felt embarrassed when listening to the recordings, for the way I sometimes stumbled on words when asking questions or looking for clarification. But I also realised that it allowed for some of my questions to be open-ended, almost as if a space opened for the participants to have their own interpretation of my question and answer it before I could find

the word I was looking for. Similarly, when I asked for clarification, it would at times provide space for participants to re-emphasise and even further develop certain ideas.

## 8.8 Ethical Procedure

I received Ethics approval from NSPC on the on the 25<sup>th</sup> May 2022 (appendix 3). On the 27<sup>th</sup> of October, I received an email from NSPC confirming the approval for a slight amendment to my inclusion criteria. Initially, I had introduced in my inclusion criteria that participants needed to be either existential therapists or therapists trained as group analysts. However, I realised that many experienced group therapists were not formally trained as such, and I wanted to open my search to psychotherapists trained in different modalities. Upon reflection, I did not think that it added value to limit my search only to therapists who had been trained either existentially or as group analysts. However, I did keep in my exclusion criteria therapists who were only trained in highly goal-oriented modalities such as CBT or DBT, as well as therapists who had only worked with groups focusing on specific issues (e.g. AA, cancer recovery), or goal-oriented specific types of group therapies such as CBT, DBT, mindfulness or psychoeducational groups. Indeed, having solely been exposed to those types of experiences would not have been suitable for research focused on process-oriented long-term groups.

I sent an information sheet to all participants (appendix 2) that explains the advantages and disadvantages of taking part in the study, what will happen to the data, and what to expect in the interview. I also sent them a consent form (appendix 4) that they either physically signed or approved via email.

I believe that there is a relatively low level of risk for participants. They are group therapists, and as such likely to already have some level of comfort with self-reflection. Also, the subject is not one that investigates difficult or traumatic experiences. This being said, these reflections can always trigger difficult feelings, such as regrets, second thoughts, or feelings of inadequacy. To mitigate that risk, I provided participants with a debriefing letter following the interview (appendix 5), with my details, those of my primary supervisor, as well as reference to sources of support in the unlikely case that they felt distress following the interview and needed information on therapists.

The recordings are stored in a password-protected file on my computer, as well as on a recording device, in a locked drawer in my home. I have transcribed the information myself and given participants made-up names. I intend to delete both the recordings and the transcripts once the dissertation has been marked.

Despite the participants being given made-up names, there remains a risk that group members recognise themselves, other group members or the participants in the analysis. Indeed, a number of participants raised such worries. To mitigate that risk, I have avoided to include information that might render the participants or their group members too recognisable, such as their location, mother tongue or specific interests. However, at times, specific information is an essential part of the story told by the participants. As an added measure of caution, I have included just one complete transcript, which was granted approval by the participant. In addition, I shared the excerpts from their respective interviews, which I intended to include in my study, with all participants. They all have approved the use of these extracts. Three of

them requested minor adjustments to ensure anonymity, and I have made the necessary changes. Additionally, I offered participants to change the name I had chosen for them. Three of them proposed alternative names and I amended them accordingly.

## 8.9 Reflexivity

According to Heidegger (2010), when we approach and observe a phenomenon, we are always influenced by the era we live in, our culture and our personal experiences. As such, as researchers, it is essential to be aware of our understanding of the world, our assumptions about the researched phenomena and to reflect on those beliefs and biases. This is particularly true when choosing phenomenology as a methodology, given the ambition to access the nature of the phenomena, by awakening the direct experience of the world (Merleau-Ponty, 2012). Being aware of our own understandings, beliefs and assumptions allows us to strive to bracket them, in the knowledge that a complete suspension of our preunderstanding of the world is not achievable.

Linda Finlay (2002) suggests applying a reflexive analysis at all stages of the research process. This starts at the pre-research stage, that includes a reflection on the reasons for our choice of study, and our assumptions on the researched subject. The second stage concerns the data collection. A reflection on the researcher's role in the interview process and on the intersubjective reality that develops between the researcher and the participant is an important part of the research process. Finally, the third stage is the data analysis. Indeed, the researcher plays an active role in the identification of themes, and a reflexive attitude is

therefore central to understanding how the researcher's background, interest, fears and desires might influence their selection of themes.

At an early stage of my research, I started a journal with reflections on my journey. I took notes when realising how my research project linked to important elements in my life. I reflected on my evolving understanding of relational depth, noted my experiences with the interviewees, my memory of the salient elements of the interviews, the experience of listening, reading and rereading the interviews, my feelings of holding something important, but also my fears and my doubts. I talked about those in personal therapy as well as in supervision.

In order to highlight the fact that certain passages focus on personal reflexivity, I have chosen to present them in separate paragraphs, indented to the right, with a smaller font, and framed. The following is a reflection on the reasons behind my choice of research and how they might influence my approach to the study:



Since a very young age, I craved close relationships. Growing-up in Brussels with a Jewish mother of Russian origin and a French atheistic father, I was quite different from my classmates. First, physically, I was self-conscious of my short thick curly dark hair when most of the girls in my class had long straight blond hair. Also, they often talked about going to church on Sundays, which seemed like a wonderfully warm and connecting experience, but was not something I had access to. Growing-up with a mother who was a holocaust survivor, I carried with me a certain seriousness and fear that put me at odds with the other children. I was watching from the side, with some envy, the ease with which they seemed to get along with each other. I had one very close friend, my neighbour, with whom we talked about everything. We prided ourselves for our deep friendship, and as adolescents considered that only deep encounters such as ours were worth perusing. This profound friendship was to be tested by my friend's struggles with mental health, which ended in her suicide at twenty years old. This shook me to the core.

Fortunately, by then, I had other close friends who supported me during those difficult times. I had discovered my Jewish identity and was very drawn to Israel. At eighteen years old, I went to work and live several months in a Kibbutz, and I fell in love with a world where people seemed imbued with respect for one another, solidarity, and the drive to build something in common. Karl Marx's sentence 'From each according to his ability, to each according to his needs' (1999, p.5) seemed perfectly exemplified in Kibbutz life. I moved to Israel after finishing my master's degree and understood over time that part of what I loved in that country was a projection of my own fantasy. However, I still find the Kibbutz an extraordinary endeavour and have continued over the years to think of how we might create more community-oriented forms of society, while avoiding what I see as the pitfalls of small, closed groups.

Given my history, I come to this research with a feeling that encounters at depth within groups is a subject imbued with meaning at a personal as well as at ideological and societal levels. I have a deep sense that there are ways to surpass our loneliness, and that those include a certain attitude of care, openness and understanding for each other, as well as a common striving to improve the world we live in. I was happily surprised to read that according to van Manen, ‘phenomenological human science, too, sponsors a certain concept of progress. It is the progress of humanizing human life and humanizing human institutions’ (2016, p.21). However, I am also aware that I come with a positive bias towards the experience of relational depth in general, and more specifically in group settings. I did notice my satisfaction each time a participant included an ideological or societal element to their answers. It was as if it comforted me that others were thinking in the same type of direction as I do. I was therefore careful, during the interviews, to bracket those biases and ensure that my questions stayed as close as possible to the participants’ experiences and did not prompt answers imbued with a larger societal meaning.

## 8.10 Detailed Method and Data Analysis

Van Manen (2016) phenomenological approach implies an attitude of commitment, care, and curiosity for the researched subject. I find it fascinating to investigate how a deep sense of connection can emerge and be experienced in groups of individuals, who initially don’t know each other and often don’t have much in common, at least a priori. I find it particularly interesting to discover the perspective of the group therapist, who is at once part of the group and yet there to help participants experience themselves and each other within the group.

As described by Van Manen, phenomenological research aims at “establishing a renewed contact with the original experience” (p.31, 2016). As such, during the interviews I strived

for the dialogue with the participants to stay as close as possible to their lived experience, and to avoid the temptation of intellectual conceptualisations or generalisations. For that purpose, I often asked participants to recall examples of their experiences. When appropriate, I asked them to expand or clarify, to get a sense of the subtleties and hidden meanings embedded in these examples. At times, I rephrased certain statements, with the hope that it could provide space and time for participants to add additional layers to their description.

For the data analysis, I initially read examples of research using van Manen Hermeneutic Phenomenology, as a guides for my analysis. Despite the lack of a step-by-step method in hermeneutic phenomenology, there is a tradition of phenomenological research that can be a source of inspiration for the different paths that can be followed during the research journey. Van Manen (2016) proposes six broad dynamic themes covering such tradition, that interact with each other, and can guide us in the research process. At first, he describes the importance for the research to focus on a subject that fundamentally interests us, to which we are seriously committed. The second point highlights the importance of the lived experience in phenomenology, as opposed to an intellectual conceptualisation. The third point focuses on the researcher's reflection on the essential themes that emerge from the phenomenon, while the fourth point highlights the process of writing and rewriting the description of the phenomenon. In his fifth point, Van Manen stresses the importance for the researcher to remain fully committed to the researched phenomena thorough the whole process. This means avoiding the temptation to be side-tracked by pre-conceived opinions, self-indulgent speculations and abstract theories. Finally, Van Manen makes the point that the researcher needs to be able to step back and consider the general design of the text in relation with the significance of its parts.

After reviewing my Research Pilot 1, the examiners advised me to add to my methodology a more structured method for data analysis. I took their advice on board and chose to use Clarke and Braun Thematic Analysis, that was developed and initially presented for qualitative research in the field of psychology. It is a structured yet flexible, reflexive method for data analysis that works well alongside other methodologies, such as van Manen Hermeneutic Phenomenology. It strives to provide a process to code the data, identify salient and rich patterns, and analyse those patterns in order to develop encompassing themes (Clarke and Braun, 2006, 2017).

Clarke and Braun (2006) propose to work through a six-phase process, in a manner that is not linear but recursive, where the researcher goes back and forth throughout the phases as needed:

1. The first phase involves becoming familiar with the data, which includes listening and transcribing the recording, as well as reading, and re-reading the transcript.

Before starting the transcription, I listened to each recoding and wrote down any idea that seemed salient. I used the Rev automated transcript service to obtain an initial transcript, which I then reviewed and corrected line by line, listening carefully to the recordings multiple times to ensure the accuracy of the transcript.

2. The second phase involves a first coding of the data with groups of meaning relevant to the research question.

For that phase, I used the software MaxQDA. I reread each transcript more systematically, line by line, and coded all the statements that related to my research question.

3. Phase three involved analysing how codes can be associated to form overarching themes. This phase recognises the active role of the researcher in identifying the themes, thus incorporating an important element of reflexivity.

I reviewed the codes several times and jotted down ideas for themes in a separate document whenever they came to mind. Subsequently, I selected some of the themes that best conveyed the most important messages of the transcripts, aiming to cover as comprehensively as possible what had been said. During this process I occasionally took a step back to question my reasons for choosing certain themes, evaluating their strengths and weaknesses, as well as questioning my role in the process. This critical and reflexive examination led me to revisit and rearrange the themes, ensuring that they encompassed the most meaningful parts of the transcript in a clear and valuable manner. Moreover, I made sure not to overlook any significant part of the of the transcripts in my findings.

4. The fourth phase involves reviewing themes. This is firstly to ensure that they are sufficiently meaningful and coherent. Secondly, it is to check that there is adequate distinction between them, and that they have enough underlying data to support them.

Upon reviewing the selected themes, I recognised that the primary focus of the first theme, initially centred on the interconnected levels of relational depth in groups, leaned heavily towards the structure of the experience rather than its substantive content. Consequently, it fell somewhat short of effectively conveying the depth of my findings. In revisiting the codes and quotes associated with that theme, I recognised that what was particularly interesting was the uniqueness of the experience of relational depth in groups, which included not only the intertwining levels but also other distinctive facets. Redirecting my attention to what made relational depth in groups distinctive presented an opportunity for my research to contribute meaningful value to the existing literature. Therefore, I chose to refine my first theme to better encapsulate this focus, naming it "the unique nature of relational depth in groups".

I chose to split this first theme into two subthemes. The first sub-theme focuses on the characteristics of relational depth in groups. It addresses the importance of experiencing relational depth in groups, the situations in which it tends to emerge, and the specific manner in which participants may experience it. I included in this sub-theme a section that I initially considered presenting as a separate theme but realised that it naturally fitted into this first theme: the connection between relational depth and the group's engagement with meaningful universal human experiences. The second sub-theme of this first theme pertains to the intertwining levels of connections from which relational depth in groups arises.

Initially, I intended to title my second theme "movement towards relational depth". I wanted to convey that relational depth does not just happen, but rather, a certain active

attitude from both the group members and the therapist is necessary for it to emerge. However, upon re-reading the content of that theme, I realised that a clearer and more suitable title would be “factors facilitating relational depth in groups”. This allowed me to incorporate some important elements from the interviews that did not neatly fit under any of the developed themes. For clarity, I further divided this second theme into two sub-themes: “facilitating clients’ factors” and “facilitating therapists’ factors”.

Finally, I maintained the third theme as it was and named it “dynamics of group relational depths over time”. This theme effectively captured the rich information that was raised by many of the participants.

5. The fifth phase involves refining and defining the themes by identifying their essence and naming them accordingly. This process included reviewing the data for each theme and subtheme and ensuring that it was associated with a coherent narrative. The story needs to be consistent with the underlying data, but also to work with other themes to constitute a rich overarching theme.

In this phase, I made sure to consistently and clearly name each theme, subtheme and subsection. I aimed for names that were concise and easy to understand while effectively capturing their essence.

6. Finally, the sixth phase involves producing a report, telling a concise and coherent story corroborated by extracts that vividly represented the themes described.

## 9 Findings

Table 2: Participants demographics

<b>The unique nature of relational depth in groups</b>	<b><i>The characteristics of relational depth in groups</i></b>	<i>Significance of relational depth experiences in therapeutic groups</i> <i>Kinship as a catalyst for relational depth</i> <i>Embrace of tensions and differences</i> <i>Group presence and engagement with meaningful universal human experiences</i> <i>Group embodied experiences</i>
	<b><i>The intertwining levels of relational depth in groups</i></b>	<i>Primacy of the group over individual connections</i> <i>Connections between therapists and group members</i> <i>Connections between group members</i> <i>Individual experiences permeating the entire group</i> <i>Multi-layered collective relational experiences</i>
<b>Factors facilitating relational depth in groups</b>	<b><i>Facilitating clients' factors</i></b>	<i>Clients actively choosing to be present</i> <i>Clients trusting</i> <i>Clients caring</i> <i>Clients showing courage</i> <i>Clients being open</i> <i>Clients being real</i>
	<b><i>Facilitating therapists' factors</i></b>	<i>Therapists caring</i> <i>Therapists showing courage</i> <i>Therapists experiencing nourishment from the group</i> <i>Therapists naming</i>



<b>Development of group relational depth over time</b>	<i>Relational depth: deepening over time but progression not always linear</i>
	<i>Preparing the ground: setting the stage for relational depth before the group begins</i>
	<i>Group initiation: projections and their influence on early relationship dynamics</i>
	<i>Maturation process: strengthening independence and confronting challenges in groups</i>
	<i>Space and time beyond the group: transcending immediate significance</i>

## 9.1 Introduction

### 9.1.1 Experiences of relational depth

Throughout the interviews, participants used words that reflected their experiences of relational depth, which resonate with what has been written in the literature. These include love, intimacy, warmth, mutuality, presence, trust, peace, liveliness, rawness, simplicity, ease, being moved, touched, and experiencing a common humanity. The reader will find some of these words in quotes used in the findings below, but given the focus of my research, I have chosen to construct themes around the specificity of relational depth in groups, rather than focusing on the nature of relational depth in general.

### 9.1.2 Overview of findings

After a thorough coding and recoding process that involved multiple iterations, I have decided to present my research findings using three overarching themes, each comprising multiple sub-themes, some of which are further organised in sub-categories. This approach aims at capturing the most salient aspects of the interviews and conveying the complex multidimensionality of relational depth in groups. The three primary themes encompass an exploration of the unique nature of relational depth in group therapy, an investigation of the factors that foster its development, and an exploration of the dynamics of group relational depth throughout time.

### 9.1.3 Presentation of findings

Throughout this chapter, I have chosen to integrate my analysis of the findings within the text. While this integration often reflects my own voice, thoughts, and considerations, it aligns with a social constructivist approach, which emphasises that reality and knowledge are co-constructed by individuals through their interactions with others and their environment. Specifically, this perspective recognises that meaning is co-constructed between the researcher and participants (Beaumie, 2001). Therefore, my personal reflections and insights are not only acceptable but also essential in providing a deeper understanding of the phenomena under study.

Personal reflexivity, which highlights how my background, history, fears, and desires might influence my selection of themes, will be presented in separate framed paragraphs, as done in the previous chapter.

#### 9.1.4 Sample

Five out of the eight participants in the study are experienced group analysts. One participant is currently undergoing training as a group analyst but has previous experience as a group therapist, with an existential background. The remaining two participants do not adhere to any specific formal group modality, but they have been working as group therapists for several years. One of them is a person-centred therapist, while the other follows an existential approach.

Table 3: Participants demographics

<i>Name</i>	<i>Gender</i>	<i>Age Bracket (decade)</i>	<i>Years of experience as psychotherapist</i>	<i>Years of experience as group therapist</i>	<i>Modality</i>
Leila	Female	50's	30	20	Existential
Magda	Female	50's	30	6	Group Analyst
Louise	Female	70's	25	15	Group Analyst
William	Male	70's	9	9	Group Analyst
Sebastien	Male	50's	25	20	Person Centred
Tania	Female	50's	12	3	Existential - Training as group analyst
Martin	Male	60s	9	9	Group analyst
Jane	Female	60s	21	21	Group analyst

During the interviews, it became evident that some of the concepts and ideas articulated by the group analyst participants were closely intertwined with their training. These encompassed notions such as the existence of a group unconscious that can influence the experiences and actions of group members, the significance for therapists to acknowledge and name these unconscious dynamics, and the belief that every individual experience within the group holds meaning for the group as a whole.

At times, I pondered whether the heterogeneity of my sample, in terms of group therapist training, could be perceived as a limitation, particularly considering that the group analyst participants occasionally delved into concepts specific to their modality. However, I believe

that despite some training-related similarities, most of the key findings extend beyond the confines of any particular modality. The extend of the thematic overlaps remained consistent across interviewees, irrespective of their background. However, to ensure clarity, I took care to mention in my findings whenever certain aspects appeared to be specifically linked to the group analytic perspective.

## 9.2 The Unique Nature of Relational Depth in Groups

Groups are characterised by multiple connections, which makes the exploration of relational depth within groups complex and multi-dimensional. The following section seeks to clarify the distinctive qualities of relational depth within group dynamics. This includes an exploration of the particular facets of relational depth that can manifest in group settings, as well as an examination of how these experiences are frequently defined by the interplay of intertwined connections.

### 9.2.1 The characteristics of relational depth in groups

As emphasised in the literature review, relational depth has been extensively researched for one-on-one therapy, but very little has been written on groups. The following section seeks to emphasise the specific elements that characterise the experience of relational depth within therapeutic groups.

It starts with the recognition that relational depth is an important part of group therapy, and then focuses on the group experiences most often associated with relational depth. Finally, it highlights the collective embodied nature of relational depth in groups.

#### *9.2.1.1 Significance of relational depth experiences in therapeutic groups*

The majority of participants regarded relational depth as a fundamental aspect of group therapy, which is exemplified by Magda's statement at the outset of our interview:

*Well, what really jumped out at me in your original thing was... well, the reason I sort of jumped maybe myself, was because I wanted to say yes, yes, yes. Even more group relational depth. Definitely. And I think basically because I feel that in group sometimes the intimacy is deepened, because there's a group.... (Magda, Pos. 4)*

I chose to provide only a high-level definition of relational depth in my information sheet, describing it as a profound connection between people. This connection can be experienced as specific moments of deep contact and engagement, but it can also refer to an overall quality of the relationship. Most participants seemed to understand relational depth in a similar way, though some perceived it as a rare occurrence, while others felt it happened quite frequently. This difference may stem from varying thresholds for what each participant considers sufficient depth for an experience to qualify as relational depth.

Although some participants believed that moments of relational depth are rare, this does not diminish their importance:

*...those moments are very rare. I think in a, in a group you might get one once a year of the collective. Where the group's all... that's my experience anyway. It's a rare thing. And I suppose you can almost feel as if that's the bit that... that's what you're searching for. That's like searching for the gold in some ways. (Jane Pos. 139)*

Therefore, while there were variations among participants regarding frequency of experiences of relational depth, the majority agreed on the significance of fostering deep connections in therapeutic groups.

#### *9.2.1.2 Kinship as a catalyst for relational depth*

Relational depth can sometimes be linked to a sentiment of kinship, often associated with a common struggle experienced by group members.

Leila described a GSRD (Gender, Sexuality, and Relationship Diverse) group that she had recently formed and explained how the members' shared struggles had already fostered a deep sense of connection and equality in the early stages of the group:

*...no one was trying to be better than another, no one was trying to dominate, no one was trying to undermine... so there was, there were no, I think there was something of a relief, that ahhh, there's no threat within this group. (Leila, Pos. 107)*

Tania reflected on an incident in which an outsider attempted to enter the room where the group was having their session. Through their reflection on the incident, the group experienced a greater sense of connection:

*I think it means people.... people feel closer I think because... I think also it kind of means the group is then... kind of feels itself to be a group that has... not a common enemy, but is a particular space that other people might sometimes want to get into.*  
(Tania, Pos. 117)

However, some participants pointed out that striving for an ongoing sense of kinship might jeopardise the recognition of individual differences, which is a crucial component of an authentic experience of relational depth. This idea is illustrated in the following extract:

*... most of us find differentiating scary, so we try and stay in symbiosis longer than is healthy or true. And we either bend ourselves out of shape and become inauthentic or it bursts apart, and we say, please stop squeezing the toothpaste tube in this place. And I think that's true in a group that if a group just tries to stay cosy all the time, it will deaden* (Sebastien, Pos. 96)

A few participants, though not the majority, described how a sense of kinship can contribute to experiencing relational depth. However, all participants, either directly or through examples, expressed the belief that other types of encounters, including challenging ones, are also crucial for deepening the group connection.



### 9.2.1.3 Embrace of tensions and differences

Most participants considered that deep relational experiences in group is not always warm or pleasant. For example, a participant recounted a situation in which intense tension arose between a young group member in the process of transitioning and an older woman with entrenched feminist beliefs. The interviewee viewed the enactment of these tensions as a manifestation of the struggles these individuals faced outside the group. He regarded that experience as a type of relational depth, which he described in the following manner:

*I think it was that relational aspect that ...where they were both dealing with the same issue that came to light. So I see it as being something that can be difficult and something to be a work through, not just something that's positive. (William Pos. 38)*

Tensions among group members can give rise to group discussions that foster a deepening of connections. Sebastien describes in the following extract how the group played a pivotal role in facilitating the repair of a strained relationship between two members, ultimately leading to the development of a deeper bond between them and within the entire group:

*... the group fed back, a little bit normalised what had happened by sharing their own experiences of something like this with other people, which was very helpful to the one that was really upset. But between them... and I guess I played a role as well in facilitating that a bit... it stopped being a rupture and it got repaired, understood. Learned from and so on. So... and yet we all shared that. So, but there was... their*

*relationship went to a new depth, and the whole group benefited somehow from that.*

*(Sebastien, Pos. 50)*

Overall, it appears that the experience of relational depth in therapeutic groups is not fixed but rather fluid. Some participants have highlighted the life-enhancing aspect of shifting between a sense of kinship and one where the differences are more prominent, even when these differences are challenging. This sentiment is captured in the following statement:

*Sometimes I'm really aware of differences between me and another, or in the group of this person and this person. And then another moment, we're in it. We're in the soup of humaneness together and we're in this... we're in the kind of, we're swimming in the same type of language or experience. So .... yes, it's moving. It's real movement, it's dance. It's, it's not always easy dance. Sometimes it's a bit frozen or fractious, or staccato. And sometimes it's very fluid. But it's certainly not still (Leila, Pos. 15-17)*

All participants shared their experiences of encountering challenging moments within the group, which often were an integral part of the development of deep connections. It appears that the capacity to acknowledge differences and navigate through tensions plays a vital role in fostering deeper connections within therapeutic groups.

#### *9.2.1.4 Group presence and engagement with meaningful universal human experiences*

Several participants described how the group achieved relational depth as certain members shared personal stories related to death and grief, while the group remained deeply present and engaged. It appears that the universality of that human experience has a unique ability to

deeply touch and resonate with people. This is evident in the following extract, where a group member had openly shared their recent experience of losing their father:

*...the group just sat in silence. And, and I think it was just, it was like, it was like holding a sort of memorial almost... in some way. There was something of marking that... but also... I think people were also marking their own losses as well in that.*  
(Jane, Pos. 143)

Likewise, a number of participants described instances where a group member sharing experiences of illness, whether personal or related to a loved one, led to a profound sense of connection. In the following excerpt, Martin recollected a poignant moment when a group member, who had endured serious leg-related challenges since childhood, including multiple hospitalisations, decided to demonstrate an exercise she needed to perform for her leg:

*...so she did the exercise in front of the camera as we were all watching and cried for the first time ever in the group... and allowed herself to cry ...with the words she was saying: I'm so fed up of doing this on my own...alone. So in that moment there was bringing the group in, bringing in a way of intimacy. I'm not sure whether she would have allowed herself to do that had we been in the room. There was something about her doing that on Zoom, which left us speechless. And we cried. We cried with her and it was just a beautiful scene.* (Martin, Pos. 31)

In the quote mentioned above, Martin reflects on the disinhibitory effect of online group encounters. Although the focus of my research was not on this aspect, three participants

shared their thoughts on the differences between online group experiences and face-to-face interactions. I wondered whether to include it in my findings but ultimately decided against it for several reasons. Firstly, the majority of participants did not address this issue. Secondly, among those who did, there was no clear or consistent viewpoint on how online group therapy may influence the experience of relational depth compared to face-to-face interactions. Lastly, I felt that it did not align with the themes I have chosen to focus on. However, considering the increasing prevalence of online group therapy, exploring the relationship between the mode of meeting and the experience of relational depth within the group could be an interesting subject for future investigation.

Other examples of experiences of relational depth that resulted from the sharing of meaningful universal human experiences included experiences linked to family, social belonging and sexuality. Those three themes were touched upon in an example provided by William, that involved a strong disagreement between two group members around the meaning of their sexuality. In this particular instance, unlike the previous examples, the presence and engagement of the group were characterised by tension and division rather than calmness and compassion. However, the subsequent divide that emerged from this disagreement ultimately allowed for an understanding of some of their commonalities. William believes that this process contributed to a deepening of the group's relational experience. The following extract recounts this experience:

*... it caused a huge fight within the group which involved the other members of the group as well. But actually, what came out of it was that they were both feeling threatened by events in their lives. So the person that was transitioning was having to fight for that position within their own family and the feminist was also having to fight*

*within her family because her contribution to the family dynamics wasn't being recognized. (William, Pos. 34)*

It is noteworthy that most of the participants recounted at least one story in which the sharing of an experience related to death or illness resulted in profound relational connections within the group. These were particularly important and recurring themes throughout the interviews. Additionally, some participants mentioned other themes associated with universal human experiences, including family dynamics, social belonging and sexuality. While many of these experiences were characterised by a calm and compassionate form of group presence and engagement, some led to disagreements and tensions. However, even in those cases, the group's presence and engagement with the meaningful encounter led to a deepening of their collective relational experience.

#### *9.2.1.5 Group embodied experiences*

When participants shared their experiences of relational depth in groups, they often associated them with all three cognitive, emotional and embodied dimensions, as expressed by William in the following extract:

*So it is totally dependent on the whole relationship in terms of being... the embodied aspect, the emotional aspect and the intellectual aspect. (William , Pos. 10)*

However, it is important to note that while all participants referred to these three dimensions in the examples they provided, a number of them expressed that the experience of relational depth is predominantly embodied. When describing it, many participants conveyed a heightened sense of alert presence and vitality. In particular, Martin referred to the Hindu Chakra system, highlighting the orange chakra located just below the naval as representative of the experience of relational depth. He associated this chakra with a vibrant sense of pleasure, which he linked to the collective experience of relational depth:

*... this is about a connectedness that we just hold... the same kick one gets out of say... completing a painting or having done an essay that feels like... Ooh, that's nice. So there's that sort of vibrating which is close but isn't sexual. And I think... so the relation depth for me comes out of this very erotic sense of ....yes, being connected (Martin, Pos. 109)*

Sebastien conveyed a parallel sense of presence and vitality, following an intense and meaningful moment of deep connection within the group:

*I felt very present. Like there's an... I guess adrenaline and an alertness going on in me. Because it's unusual. And.... so time... time stands still... in a way (Sebastien, Pos. 26)*

While participants often conveyed a heightened sense of alert presence during the experience of relational depth in therapeutic groups, the embodied aspect was also described at times described as calm and soothing. In the following extract, Sebastien shares his account of a

collective experience of deep connection. He recalls a moment when a group member suggested holding hands at the end of a session, which was something they would not typically do:

*...it had a kind of peacefulness about it and, completion of something. And it also had a physical representation of what we'd been doing during the day. (Sebastien, Pos. 54)*

While embodied experiences often occur in close connection with the group's cognitive and emotional experiences, they can occasionally become the primary driver of relational depth within the group. In the following excerpt, Martin recounts a moment when a member shared a tapping exercise with the group, resulting in a profound transcendental encounter for all participants:

*... he introduced the group to tapping and he got the entire group to tap. So there were nine frames there and we were all following his instructions as to what we were doing, what he was doing, which was an incredible experience, whatever the tapping does. But there was such a transcendental transpersonal aspect to this. It was really, really powerful. (Martin, Pos. 45)*

While all participants acknowledged the embodied aspect of the experience of relational depth, for some, it constituted the primary aspect of deep connections. Relational depth was frequently linked to a sense of vital energy, while the presence of moments of calm peacefulness were also acknowledged. Moreover, it was noted that primarily embodied group experiences can occasionally lead to a collective transcendental experience.

#### 9.2.1.6 Conclusion

Group relational depth can encompass a range of experiences, including warm and pleasant interactions, often fostered by a sense of kinship, as well as the capacity to confront challenges within the group. The expression of differences and the verbalisation of difficulties are viewed by most participants as potential catalysts for deeper connections, enabling a greater understanding and integration of the experiences of the group members. Additionally, tensions within the group can initiate a process of relationship repair, often leading to the exploration of new relational depth.

In this context, the group leader often assumes the role of an alchemist, endeavouring to facilitate such deepening of connections within the group, yet unable to predict when and how they will manifest. When these instances of relational depth do occur, they are often accompanied by a palpable embodied sensation, frequently characterised by a sense of vibrant energy. However, there are also occasions when this embodied experience is associated with a feeling of calm and peacefulness.

### 9.2.2 The intertwining levels of relational depth in groups

To investigate the various dimensions of relational depth within groups, I included three specific questions into the information sheet that participants were asked to reflect on before the interviews. These questions aimed to elicit their experience of relational depth with individual group members, between individual group members, and for the entire group.



The findings revealed that these different levels of relationships are frequently intertwined within groups, forming a complex matrix of connections that generally holds significance for the group as a whole. The following section delves into the structure of these connections and dynamic ways in which they emerge within the group.

#### *9.2.2.1 Primacy of the group over individual connections*

When asked about their experience of relational depth with specific group members, most of the therapists who were trained as group analysts reflected on their aim to foster group experiences rather than individual connections, as expressed by Louise in the following extract:

*Whether I have an experience... I have experiences of deep connection with individual members in the group? I would say no.... and I would say... I think at some level I try not to .... I would try and prevent that. Because I see my job as mainly trying to think of the group as a whole... (Louise, Pos. 148)*

Most of the therapists trained as group analysts considered that whatever happened at an individual level is always relevant for the group as a whole, as expressed by Martin and Louise in the following extracts:

*So the emotional depth... and that's the difference I think between one on one... because there's only two of us in the room... is the entirety of the group and there's nothing that happens in the group is coincidental but it... all is part of ...it needs to be read as the...that is the emotional depth. (Martin, Pos. 151)*

*I think that if there is a strong sense between any two members in the group, it's there again because the group lets it be there ...so it's... it spreads out... it permeates the whole group. (Louise, Pos. 162)*

Therefore, by design, particularly in the case of participants who were group analysts, the focus is placed on prioritising the group over individual relationships. For most of these participants, the experience of a profound connection between individuals always holds significant relevance for the group as a whole.

#### *9.2.2.2 Connections between therapists and group members*

Despite most participants favouring group over individual experiences, several participants, including some of the group analysts, did provide examples of deep connections with specific group members. These connections are often discreet, at times almost secret. This is described by Jane in the following extract, after having mentioned two clients with whom she had felt particularly close:

*...these are almost like secret moments I would say. It's like a secret relationship, but it's not that I have it specifically for one person. I think those are the one, the stronger*

*ones that stand out. But I think I'm constantly sort of in and out of that. (Jane, Pos. 47)*

These feelings are often experienced as fleeting moments, conveyed through a gaze or a smile, where words are not necessary for the deep connection between the therapist and a group member to be felt:

*... they'd spoken to me about this in another context .... before when I'd worked with them, as their therapist with their relationship. I smiled at them, because I knew what that meant, them sharing that... and this lovely smile back. You ...haa.. remember... it's recognition, isn't it? (Leila, Pos. 61)*

*... she had sometimes a smile or she would look at me just every now and then she'd catch my eye in the group. But there were never, I suppose there weren't ever any words, it was never declared openly.... it was more on that kind of emotional, non-speaking level (Jane, Pos. 39-41)*

In most cases, experiences of relational depth between therapist and individual group members, when experienced and acknowledged by the participants, were described as discreet and unspoken. However, there were two notable exceptions, where participants described naming or openly experiencing connections with individual members in the group. In the following extract, Leila describes a remarkable event that happened within a group. One of the members, who had recently traversed a challenging life experience, shared about experiencing an obstructed heart chakra. This made it difficult for him to allow anyone to

touch his chest. Upon hearing this, Leila shared her own experience involving her crown chakra. She revealed that, despite facing similar touch-related issues in that part of her body, her participation in a ceremony had aided in unblocking it. The group member asked Leila if he could touch her crown, which she consented:

*...he smiled at me... and I said: would you like?... and he smiled back. And I said: how about...we touched the parts of us.... you know, I put my hand on his chest, he puts his hand on my crown. He's like: I'd love that, I'd love that. So we stood up in the group, and I put my hands on his chest and he put his hands on my crown. We just closed our eyes and breathed. And it was really beautiful. I felt such love coming from him and I felt such love for him. And a willingness to meet in that moment and, and a real warmth... (Leila, Pos. 37)*

In the following passage, Tania explains her engagement in profound moments connection with a group member. Recognising the significance, she felt compelled to elucidate this experience to the remainder of the group:

*I kind of understand relational depth is that something happens in the... in between. That kind of... it's kind of... it is really strange. It's like something happens and everything that's said feels kind of loaded with a meaning that is absolutely understood. It's very strange. That's how I understand it. And it's like, you kind of get there and you can't necessarily stay that space for very long. But it's a moment of very real connection. And I feel in the group with Joe that they and I share that sometimes, and it's interesting because I think in an individual therapy I might not name it, but in the group, I'm more likely to try and draw attention to it because there's always an*

*element of other people potentially feeling either shut out from that or not knowing what's going on. (Tania, Pos. 23)*

From the interviews, it becomes evident that the majority of participants express a preference for the group over individual relationships. Instances of profound connections between the therapist and individual members, when they do occur, are often experienced as discreet interactions. Notably, it is worth mentioning that the two participants who acknowledged a more open expression of deep connections with individual group members are both existential therapists. Tania is currently undergoing a training as a group analyst, while Leila does not have a background in group analysis.

#### *9.2.2.3 Connections between group members*

After conducting the interviews, I questioned whether it had been appropriate to include a question on the experience of relational depth among individual group members. The findings appeared to be less extensive compared to the questions regarding the therapist's experience of relational depth with individual members and the experience of the group as a whole. This discrepancy is likely due to the fact that this question does not directly address the therapist's personal experience of relational depth but rather asks them to convey their observations of something they have witnessed. One could argue that a question related to something participants witnessed, rather than directly experienced, distances itself from a typical phenomenological inquiry. Indeed, van Manen (2016) emphasises that a phenomenological interview should not involve the interviewee sharing their interpretations or opinions about something; instead, it should focus on them narrating their lived experience.

However, upon further reflection, I still believe that this question holds value in capturing a comprehensive understanding of the experience of relational depth in therapeutic groups.

Witnessing is another way of participating in an experience, and as such, can be seen as a form of lived experience. We naturally engage with and resonate with intense or deep emotions. As Stein and Scheler have expressed, empathy allows us to grasp the experiences of others through direct emotional engagement, while the distance between ourselves and the others is preserved (Stein, 1989; Scheler, 2017).

The relationship between two group members may bring to light internal issues experienced by one or both of them in ways that can be meaningful and conducive to deepening their connection. In the following passage, a woman expressed to another group member that she had been fearful of his reactions because he reminded her of her narcissistic brother:

*... they had a bit of a reality check and then it was much more real. It was a real connection where, you know, he wasn't her brother. (Magda, Pos. 98)*

The connection can also emanate from a sense of solidarity and expression of care, following the recognition of common struggles between group members, as expressed by Martin in the following extract:

*... he just said to her, and it was really important that he said that to her... that it was him and no one else because he knew a bit or two about drinking and drinking*

*compulsively. He said, look, I really care so much, I'd really love to either come and stay with you or you come and stay with me and I look after you. Which again triggered tears, triggered a sense of compassion (Martin, Pos. 38)*

While most participants favoured group over individual experiences, a few of them emphasised specific instances of profound connections between individual members. However, even in those examples, the group served as witnesses, and, as such, participated in the overall experience.

#### *9.2.2.4 Individual experiences permeating the entire group*

The experience of relational depth frequently originates from meaningful individual experiences that are either verbalised or enacted and subsequently permeate the rest of the group. It may arise from a disclosure by a group member of something significant, which resonates with the other group members. Certain participants have described such moments as suspended in time, as though they had touched upon something sacred:

*Something very... just something in the way somebody had spoken that had really resonated with everybody. Just in that moment there was something of a coming together... and it may even have been held as a silence that the group would just be sitting silently together (Jane Pos. 137)*

An individual's experience may also validate the expression of certain emotions for the group as a whole. The following extract shows how the group engaged in reflection after convincing a member to stay despite her initial desire to leave, as she had felt ashamed due to an outburst of anger:

*...that was a lovely moment because everyone said, God, you know what it's done is help me have permission to just have spontaneous anger. And I said, yeah, this is about raw feeling. We invite raw feeling here. This is what we want. We want to be raw ...and so it really helped set a culture of raw feeling, which I think again is about depth. (Magda, Pos. 120)*

Most participants reflected on instances in which an individual's sharing of a significant event or experience in their life, often accompanied by a sense of vulnerability, had a profound impact upon the entire group, fostering a deep collective connection. Similarly, some participants emphasised how a group member's enactment could actively engage the group members and create a deeper level of connection within the group. The common thread among these experiences appeared to be that the event held a personal significance for the individual member and resonated with the rest of the group.

#### *9.2.2.5 Multi-layered collective relational experiences*

The experience of profound connection within groups can be complex and multi-layered, often intertwined with resonant or enacted individual experiences that allow for the emergence of meaningful collective experiences. Relational depth is not always a



straightforward sentiment, but rather intricately connected to the significance of the bond fostered within the group dynamic.

Some of the participants, amongst those trained as group analysts, reflected on experiences of relational depth linked to the emergence of unconscious group material. This perspective was expressed by William and Louise in the following extracts, as they reflected on the experience of relational depth in groups:

*Whereas something resonates in the sort of... in the group generally. So that includes the... for me, the group leader as well as the group members. So it's something about ...something that's happening between members. Which is not always conscious, I think, in terms of the actual interaction that's going on ...so that, for me, the idea about the group is that we try and understand what's going on when it's happening.*  
(William, Pos. 8)

*... there's an idea that if one person says something, they're actually speaking on behalf of the group. They are the voice of the group. So it's not just them as an individual, which is quite a useful idea. And when I sometimes might say that, or I wonder if so and so is, you know... is that just other people might feel like this... then that resonates and that can promote a feeling of connectedness* (Louise, Pos. 168)

Martin shared a powerful experience that relates to the ideas mentioned above. During a group session, he confronted a member for his inappropriate behaviour, which led to the member storming out of the room. This incident left remaining group members furious, and

one of them burst into uncontrollable tears. The following is Martin's reflection on what had happened:

*It was a sort of split. So, there was a relational depth on some level because we got very, very, very angry with him. So that was just also I think an expression of relational depth. But the group as a whole gave a much more complete picture of the depth because the despair that is very often under rage came up and it came up, it manifested in one person who was just holding that. (Martin, Pos. 67)*

Relational depth can also be experienced in a group when something that one or more members say resonates in a meaningful way, albeit possibly in a different manner, with other members of the group, as illustrated in the following extract:

*...somebody brings an issue into the group, which then brings to light an unconscious process that's going on for somebody else in the group who've not previously talked about it. So, you know, I'm in a perfect relationship. I don't want children. Suddenly the group's talking about maternity and she's changing her mind (William, Pos. 170)*

The majority of participants who were group analysts discussed instances where unconscious material was crystalised within the group as a whole, and how the group leader's acknowledgment of it deepened the connection among group members. However, it is worth noting that neither Leila nor Sebastien, who are not groups analysts, referred to such occurrences in our interviews.

#### *9.2.2.6 Conclusion*

A notable aspect of most interviews is the therapists' shared aspiration to cultivate a profound level of connection within the group. This can occur in various manners, such as when the group collectively resonates with something they witness or when a significant experience emerges from intricate layers of connections and meaning. While relationships between individual members exist, they are often intertwined with the group as a whole.

The theoretical background of a group therapist can influence their experience of relational depth with individual members. In line with Foulkes' (1984) writings, many therapists trained as group analysts prioritise the group as a whole over individual relationships. However, even amongst the six participants trained or partly trained as group analysts, the experience of relational depth with individual group members varied greatly. Some consciously avoid any depth of connection with individual group members, while others may have had experiences of deep connections in the past in one-one-one therapy but choose not to foster them within the group. Some of them experience connections with individuals in the group discreetly or secretly, while others openly acknowledge and name those connections when they occur. Therefore, I believe that the findings indicate that each group therapist ultimately has their own unique way of experiencing individual connections within the group, regardless of theoretical orientation.

### 9.3 Factors Facilitating Relational Depth in Groups

The experience of relational depth cannot be forced or engineered. However, through the interviews, it became evident that relational depth is not a passive occurrence. It requires a particular mindset and intention from both the therapist and the group members - a blend of being prepared to be oneself and reaching out to others.

#### 9.3.1 Facilitating clients' factors

Throughout the interviews, a coherent picture emerged of the attitudes among group members that foster the emergence of relational depth. These attitudes encompassed active presence, trust in the group, care for others, courageous engagement, openness, authenticity, and willingness to self-disclose. It is important to note that the shaping of these characteristics was based on the examples provided by the therapists and their perceptions regarding the attitudes of group members that contribute to the development of relational depth. Directly interviewing group members about their experiences might have led to different findings.

##### *9.3.1.1 Clients actively choosing to be present*

Most interviewees consider that relational depth is not something that just happens. A decision by the members to be actively present in the group is often needed for the group to be able to experience relational depth, as expressed in the following extracts:

*... the thing about a therapy group is probably people have made a decision to come and talk about some of the deeper things. (Sebastien, Pos. 22)*

*I feel like they made a decision, they've spoken about this, to arrive to be here, for this to be their therapy. This is my therapy. And that really shifted and now I feel a consistent sense of depth in our conversations and our nonverbal engagements. (Leila, Pos. 174)*

Relational depth often involves staying present and engaged even when facing challenging experiences. In the following extract, Sebastien describes how the key element in three stories he shared, where the group experienced relational depth, was that everyone remained present as group members disclosed some profoundly difficult experiences:

*Some people in groups would have to dissociate in some way, would have to open the window.... distract, move back up for a moment. They probably all find their way to holding it. Whereas actually in these three incidents, nobody did that. Everyone was somehow able to be with the intensity of what was being offered. (Sebastien, Pos. 42)*

Therefore, actively engaging with the group and choosing to remain present despite challenges are essential elements in experiencing relational depth within groups.

### 9.3.1.2 Clients trusting

Most participants emphasised the importance of group members feeling a certain level of trust in the group, which is not always easy to achieve. In their view, this trust serves as a crucial condition for individuals to feel safe enough to engage at relational depth, as expressed in the following statements:

*The psychological safety is the first connection. And being able to trust, and ...actually trust is a really hard thing to allow yourself to do, to trust someone and not be let down by them or harmed by them. (Jane, Pos. 163)*

*... it's al it's also about trust and, you know, like yes... really trusting that that person is sincere and not trying to manipulate anything. (Tania, Pos. 93)*

While clients' trust is generally considered important, it is worth noting that one participant expressed the view that partial trust can be sufficient. This partial trust may involve having trust in the group members or even solely in the group leader, as Sebastien expressed in the following extract:

*I guess the safety that they feel within it, and the trust that they feel for the people either in the group or running the group, or both, means that they allow themselves to come into that depth. (Sebastien, Pos. 180)*

Louise, while mentioning the importance of trusting others, also referred to the importance of trusting oneself, in order to be able to engage with others at relational depth:

*...that depends also on your ability to trust yourself... not only you have to trust everyone else, you have to trust yourself that you can be yourself and survive ...*  
(Louise, Pos. 244)

Therefore, trust appears to be a crucial element for the emergence of relational depth. While most participants emphasised the significance of trust within the group as a whole, some also highlighted the importance of trust in the group leader or even in oneself.

#### *9.3.1.3 Clients caring*

Some participants highlighted that the expression of care from individual members towards another group member can be significant and foster moments of deep connection, as demonstrated in the following excerpt:

*... they both teamed up like a parental couple. And they just went: we want to hear more from you to the new girl who was like twenty-five. And it was so nice and containing and I did nothing. But you could... that was a moment of real connection that she... I think this girl felt really contained by that, even though she was being told off. (Magda, Pos. 116)*

Expressions of care can emanate from individual members as well as from the entire group, directed towards a specific member or even towards the conductor. In the following extract, Leila explains how she felt a sense of connection when experiencing care from the group, following a moment when she expressed vulnerability:

*... actually what dominated was it felt right. It felt okay. When I looked around the group I saw care, I didn't see fear, I didn't see concern, I didn't... I didn't see anyone frozen. I felt warmth. (Leila, Pos. 138)*

Experiencing care from the group can have a profound impact, especially for group members who may not have encountered such experiences in their personal life. Tania, in the following extract, reflects on how the expression of care by other group members created an opportunity for one specific member to experience relational depth:

*...I think she just hasn't really experienced that anywhere in her life where you might have people who just kind of cared about you without any other real agenda. (Tania, Pos. 83)*

Most of the examples of clients showing care emerged when I asked participants about their experiences of witnessing relational depth between individual members. These expressions of care were often linked to instances where one member's situation resonated with the experiences of others or when members demonstrated a protective stance towards a younger member. However, there were also instances when the group as a whole expressed care, which held significant value, especially for members who were unfamiliar with being cared for.



#### *9.3.1.4 Clients showing courage*

The choice of courage as a sub-category may not be immediately apparent. However, if we view courage as our ability to confront our fears, I would argue that the examples below likely involved a certain level of fear experienced by the group members, which they chose to confront.

In many of the examples provided by the participants, group members exhibited courage by expressing their vulnerability. They shared personal issues or revealed themselves in ways they typically wouldn't, thus exposing themselves to uncertainty. They were unsure of how people would react to their openness and the act of sharing something meaningful for them, which likely induced a certain level of fear.

Similarly, certain subjects such as race, politics, and religion can present challenges when engaging in meaningful discussions. Many of us have blind spots and hold certain beliefs about ourselves or others that can be difficult to confront. In the example provided below, the way in which individuals are willing to address these subjects, opening themselves up to acknowledging their own prejudice and genuinely listening different experiences, may feel threatening to their self-image and therefore induce fear. As such, I believe that a willingness to engage in these discussions also requires courage.

Several participants highlighted that relational depth often requires a willingness to hear the different voices and explore issues that might not be pleasant, sometime associated with a

certain level of guilt or shame. Recognising and confronting our biases can be seen as an experience requiring courage, allowing for a more meaningful encounter. This is shown in the following extract, as Martin reflects on the importance for the group to acknowledge the reality of their prejudice, as a black member was accusing them of being racist:

*I think for the relational depth to be there, it needs to be okay that we are racists, and we are sexists, that we are homophobes, because we cannot be but, since we grow up in a society that is like that. Relations to others will throw up issues around ageism, around sexism, around racism. And it isn't helped by us saying that I'm not a racist because I am (Martin, Pos. 75)*

Similarly, Sebastien reflected on how in a large group, some of the group members who felt particularly connected initiated a conversation around themes such as religion, race, migration and queer history. This seemingly daring engagement with meaningful but potentially sensitive subjects, ultimately proved to be an engaging and connecting encounter for the group:

*They got debated in a way that felt really original and fresh. And no one could have anticipated where this conversation would go. It was an original moment. And I think, I don't think everyone was thrilled by this conversation. I think quite a lot of people were engaged by it. And some of us were buzzing from the unpredictable contact that we were having as a result. (Sebastien, Pos. 122)*

Courage also means being able to express and engage with vulnerability and uncertainty.

When I asked her about what in her experience hinders relational depth, Tania mentioned

members in both of her current groups who feel uncomfortable with and try to shut down any expression of uncertainty or vulnerability:

*...both groups have got someone who's kind of trying, to stop ...or expressing vulnerability or uncertainty, or kind of things that maybe don't on the... on the surface make sense (Tania, Pos. 203)*

If we consider courage as the ability to confront our fears, courage can take many forms. In the reflections of the interviewees, one form of courage that emerged was the willingness of group members to engage with vulnerability. Additionally, another form of courage was noted as group members demonstrated readiness to challenge their own certainties, opening themselves up to sometimes uncomfortable new perspectives.

#### *9.3.1.5 Clients being open*

According to most participants, the willingness of clients to be open and vulnerable is a central factor for facilitating the emergence of relational depth, as expressed by Magda in the following statement:

*So I think I would say, yeah, the relational depth is when people can be very open and vulnerable and also... somebody else meets them in that ... in a similar way, you know, that it sort of re... it finds a, you know, this openness finds a sort of fertile ground in someone else. This sort of plants a seed with somebody else. (Magda, Pos. 36)*

However, not all forms of openness contribute to the development of relational depth. Several participants emphasised the importance of vulnerability being expressed with the genuine intention to share something difficult and intimate with fellow group members. This differs greatly from instances where vulnerability is for ulterior motives, such as indiscriminate oversharing to fulfil a personal void. Sebastien articulates this distinction in the following excerpt as he reflects on a member sharing the recent death of his mother with the group:

*I think they were moved. It's like, it's kind of touching that he... it wasn't...like a tiresome victim... show of emotion. I don't think anyone was in any doubt this was pure raw. It had been contained and then it exploded. (Sebastien, Pos. 26)*

Similarly, Louise elaborates in the following excerpt how a group member sharing's expression of vulnerability was directly linked to the active presence of the group, rather than being driven by an indiscriminate urge to disclose their experience:

*I can't remember exactly whether they asked her about it or whether somebody talked about something that was related to it, which made her open up. So it wasn't that she came in and vomited on the group, burst out, it didn't burst out of her. It was touched by something in the group. So it was in, it was a, a group effort, rather than somebody just exploding ... (Louise, Pos. 120)*

At first glance, there may seem to be a contradiction between Sebastien and Louise's statements. Sebastien describes how a member's openness led to relational depth by being

contained and then exploding, while Louise suggests that an explosion of sharing is not conducive to relational depth.

On one level, they are making different points: Sebastien emphasises that the member's sharing was genuine and meaningful, not a repetitive narrative aimed at seeking victimhood. Conversely, Louise focuses on a member who opened up in response to something that happened in the group, rather than a sudden outpouring of emotions.

However, if we look beyond the specific wording and emphasis of each quote, it becomes apparent they are actually making a similar point. Both highlight that these members did not share their stories indiscriminately. It was a deliberate and purposeful act, influenced by the presence of the specific group. It was not a generic mode of operation for the member, irrespective of the audience. It is this intentionality and group context that contribute to the development of relational depth.

Being open can be a challenging at times. When reflecting on a situation where a group member expressed something about another member that they had previously been unwilling to acknowledge, William emphasises how this enabled them to be more open and flexible in their conversation. While it had deepened their level of connection, William clarifies that this is not necessarily about liking each other more, but rather about fostering an environment of openness:

*... you think of situations where doesn't necessarily mean that you like the person any more... not necessarily to do with liking, it's to do with being... the openness of the communication, I suppose. (William, Pos. 108)*

Hence, according to the majority of participants, the willingness to be open and vulnerable with the group is a crucial factor in fostering relational depth in therapeutic groups. Some participants highlighted the importance of a specific quality of openness characterised by intentional engagement with the group. In a broader sense, open communication, even in challenging situations, plays a vital role in deepening connection.

#### *9.3.1.6 Clients being real*

I deliberately opted to use the word “real” instead of “authentic” or “transparent” for this subcategory. There are a few reasons for this choice. Firstly, some of the participants themselves used the term “real” to describe their experience of relational depth. Additionally, as Mearns and Cooper (2018) suggest, the word “real” encompasses both authenticity, in the sense of the absence of a mask, and transparency, referring to self-disclosure. Both aspects of “realness” emerged throughout the interviews.

Being real and honest fosters the emergence of relational depth, as expressed by Leila in the following extract when discussing a group that experienced a particularly profound level of connection:

*... I can't even find the words... it was just so alive, it was so raw, it was so real, it was so honest, it was so connected (Leila, Pos. 93)*

Magda referred to situations where there appears to be relational depth, but it is not transparent. People don't share anything significant to them, which often serves as a warning sign that they may eventually leave the group. She referred to this type of situations as fake depth, which she describes as follows:

*... when people sort of talk about, they might talk a lot, but they don't talk about, they don't say anything that they really have a problem with or that they, they don't reveal anything that they need help with. They just reveal stuff that they don't need help with it they've already sorted out (Magda, Pos. 128)*

Several participants highlighted the importance of delving into genuinely meaningful topics to foster relational depth. This often involves a readiness to engage in authentic self-disclosure. The term “real” aims to encapsulate this combination of authenticity and willingness to openly share meaningful personal experiences.

#### *9.3.1.7 Conclusion*

To summarise and reflect on the facilitating clients' factors for the emergence of relational depth, a certain level of engagement and trust within the group is necessary for clients to be able to open up sufficiently to engage with each other at relational depth. The willingness to be authentic, show vulnerability, and express care for other group members can foster the emergence of deep connections.

Such openness with one's vulnerabilities often requires courage, as there is no guarantee of its outcome. Furthermore, courage can also manifest in group members' readiness to discuss meaningful yet potentially divisive subjects and recognise undesirable tendencies within themselves. As a result, topics that are often left unspoken outside the group can be openly and authentically addressed, leading to a unique and transformative relational experience within the group.

### 9.3.2 Facilitating therapists' factors

Alongside the group members, the group leader also plays a crucial role in establishing an environment conducive to relational depth. It is important for them to demonstrate care for the group and its members, embody the courage required in their position, and potentially name significant occurrences within the group. Their ability to do so is often supported by the nourishment the group can provide, stemming from a sense of pride and achievement.

#### 9.3.2.1 *Therapists caring*

During the interviews, all the participants consistently expressed profound care and thoughtfulness for their respective groups. Interviewees' reflections indicate that they are attentive, alert, and proactive in maintaining the integration and engagement of both the group as a whole and individual members. This is exemplified in the following excerpt, where Leila shares her experience of feeling a deep sense of connection as she showed concern for a struggling group member, who, in turn, expressed gratitude for being acknowledged:



*... it's part of care, it's an active component of care. So I like I feel that...I feel my care. I feel the responsibility or the wanting to be active in it, and not just passive.*  
(Leila, Pos. 65)

Several participants related to the notion of parenting to articulate their nurturing approach towards certain groups and their members. This nurturing role is often prominent during the early stages of the group, and in some cases may be necessary for an extended duration. In the ensuing excerpt, Tania reflects on her experience providing care, akin to mothering, to a young individual who had encountered prolonged difficulties in finding a sense of belonging within the group:

*I think it's taken me a long time to... to be able to get to them kind of, letting their guard down enough for me to kind of not mother them, but be able to pay them attention in a...Yeah... and that, that has taken a while... more than a year of weekly sessions actually. (Tania, Pos. 25)*

Consistently caring for the group can be a challenging task. Jane emphasised the importance of remaining fully present and attentive to the group as it navigates through difficulties. She shared that when group members face struggles, often related to past trauma, she tends to keep them in mind more prominently outside the group, from one week to another. However, maintaining a certain separation from the group members is crucial for therapists to preserve their ability to care for the group, as she expressed in the following excerpt:

*...it's almost like there's an, an internal membrane that kind of holds, separates something. Because I think if the intrusion is complete, then you could go mad with it, and that's not relational depth, that's a violation. (Jane, Pos. 63)*

The expression of care can also involve acknowledging and addressing group members' shared struggles. In the following passage, Sebastien describes his approach to addressing the challenges faced by queer people in groups he facilitates, highlighting how this can foster a deeper sense of connection. These individuals have frequently been deprived of genuine connections and acceptance throughout their lives:

*...there's an apprenticeship, a learning how to be emotionally and psychologically intimate in a therapy group for queer people. And there's an apprenticeship and a learning how to be physically, sexually, emotionally intimate with other queer people... that happen... that happens between people, and I guess in both states there's a yearning for a kind of contact that is not happening in their lives, and they find their way to it. (Sebastien, Pos. 186)*

Throughout the interviews, it became evident that the care displayed by the participants towards their respective group played a pivotal role in nurturing deep connections. However, despite the profound nature of this care, it is important for the therapist to maintain a certain level of separation and not become overwhelmed by the group dynamics.

### 9.3.2.2 *Therapists showing courage*

The therapists' care for the group and individual members frequently requires an accompanying show of courage, as they can encounter challenging situations that may persist for extended periods of time. Navigating through difficult moments within the group becomes essential for therapists to establish a supportive environment that cultivates deep connections. Such situations may involve instances where anger is directed towards the therapist, whether by an individual member or the group as a whole, as depicted in the following extracts:

*... if somebody's really, really angry with me, I have to sort of tolerate that anger in a, in a much different way. Probably... perhaps in a more... colder way to not retaliate, but to try and have it as a wall to back against. But I guess that's relational depth as well. That it's a cold, it's a colder depth rather than a, a warmer depth. And I have to wait until they can start to see me because the transference can be so strong that I'm sort of getting a battering (Jane, Pos. 47)*

*Especially if you're in a big group and they've just gone for you and you haven't... because I think sometimes you just can't fend it off at the moment. You just have to say, this is happening. They're all really pissed off at me. I don't think it's about me that you're pissed off, but we will process it over time. Maybe we'll find out. But you can't change it, you know, it's horrible. So you get the love and you also get the hate. (Magda, Pos. 72)*

Most participants expressed the importance of maintaining a steady and attentive presence when faced with challenging group dynamics and tensions. These challenges may involve instances of anger and rejection from the group, directed towards the therapist, requiring a great deal of courage to navigate.

I was struck by the challenges that can arise in group therapy and the distinctive courage it requires from therapists. It calls for therapists to consistently show up, navigating through difficulties with both flexibility and empathy. We all have a sense of how being intensely rejected by a group can evoke a profound sense of vulnerability at a primal level. Given my personal history, which includes being raised by a mother who survived the Holocaust, the prospect of facing fierce rejection from a group feels particularly daunting. Throughout the interviews, I noticed a common quality among the participants – a blend of resilient strength, empathy, and the willingness to embrace vulnerability. It left a lasting impression on me.

#### *9.3.2.3 Therapist experiencing nourishment from the group*

As mentioned earlier, the role of a group therapist is demanding, necessitating a sense of care and responsibility towards both the group as a whole and its individual members. The challenges that arise within the group setting can be unsettling for the therapist, and they often need to seek sources of energy to navigate through these difficulties, sometimes enduring them for prolonged periods. In the following extract, Jane reflected on a particular group that left her feeling thirsty and longing for nourishment at the end of each session:

*I sort of liken it to being a mother, trying to supply lots of babies and not enough milk. And that makes sense. I just needed that condense that I never had... the condensed milk, but that was my craving for something just to give me supplements... and I think that that's, that is relational depth as well. When the... you're in a really difficult place and the group is quite draining. (Jane, Pos. 109)*

It appears that the sustenance required for this endurance stems in part from the nourishment provided by the group, often described as a vital energy, as depicted in the following excerpt:

*...after the group had finished... like feeling really quite elated. Which.... after the young person's group, I often feel like that, I feel really kind of like, yeah... kind of energised (Tania, Pos. 129)*

Several participants expressed a sense of pride in their groups, their members, or themselves, that imbued them with vitality and deep satisfaction. This sentiment is exemplified in the following extracts:

*...relational depth is a...you know... just holding the group and thinking well, oh they did really well, or that there's something that's going on, which we managed quite well. So that's also perhaps... it's difficult to distinguish from pride and from a vibrating at the end of a session... of the fullness (Martin, Pos. 93)*

*I just love it. I just feel very warm and I feel like I'm doing a good job and I feel proud of myself and... but I think more than anything I just, I love, I love how moving groups can be. (Magda, Pos. 122)*

Considering the therapist's ability to derive nourishment from the group as a factor that facilitates relational depth may seem like a debatable choice. Furthermore, since none of the interviewees explicitly made the connection between the potentially draining nature of group work on one hand and the fulfilment they derive from it on the other hand, it may appear as an unexpected association. However, although this link was not explicitly articulated in the interviews, I believe that it was present through the examples provided. These examples showcased a blend of challenging and demanding group dynamics alongside deeply gratifying and nourishing encounters. Therefore, in my understanding, it was not too much of a leap to establish the connection between these two aspects of the group therapist's experience and recognise its significance in enabling the therapist to cultivate a quality of presence that fosters the experience of relational depth.

While most participants highlighted how group work provides them with a sense of vitality and, at times, even elevation, several participants also discussed experiencing a sense of pride. This pride was sometimes associated with a particular group member, the group as a whole, or even themselves as the group leader. It appears that these elements serve as significant nourishment for therapists, helping them navigate the more challenging aspects of group therapy.

#### *9.3.2.4 Therapists naming*

Most of the participants emphasised the importance of naming what is happening, sometimes unconsciously, within the group. After Magda expressed her observation that the group was trying to parent one of their members instead of allowing her to freely express herself, a split

occurred within the group in terms of the members' feelings about that person's attitude. This division led to a more open and authentic exchange. This ultimately resulted in a more meaningful and deeper connection between the group members, as expressed in the following extract:

*It's a conversation that I intervened to deepen the... you know, you have to, I think you have to act, you have to be quite active as a therapist to make sure the conversations are deep. That's your job. If you haven't got relational depth in a group, you won't have a group. They will leave. (Magda, Pos. 58)*

Naming what is happening in the group can sometimes bring a sense of relief, as group members feel they have a better understanding of the nature and underlying meaning behind the group dynamics:

*...I will identify a theme and give it a name. And you have a sense then of relief that somebody that they... they feel someone knows what's going on or can name it, can identify it, and yeah, I suppose that gives me a sense, and I think, I feel that they have a sense that we're all together... (Louise, Pos. 38)*

Several participants emphasised the significance of naming when the group appears to lack commitment and stays at a superficial level, as expressed by Leila in the following passage:

*I felt that. The separateness felt more... felt highlighted, rather than the mutuality or the cohesion. And the shift came, I did say at some point: "how's the energy? How are people experiencing this conversation?" (Leila, Pos. 97-99)*

All therapists, regardless of their specific training modality, acknowledged the importance of naming what is occurring within the group as an important aspect of their role. This practice was seen at times as a way to deepen the emotional connection among group members. Specifically, therapists trained as group analysts tended to reflect on instances where they attempted to reveal unconscious group experiences.

#### *9.3.2.5 Conclusion*

Through my interviews with group therapists, it has become evident that each one of them harbours a profound dedication and genuine care for their groups. This commitment seems instrumental in establishing an environment conducive to the emergence of relational depth. They demonstrate a distinctive form of courage that is essential for maintaining a continuous and unwavering presence, as well as a deep desire to comprehend and name the dynamics unfolding within the group, even amidst its often challenging dynamics. In my perception, the satisfaction derived from fostering meaningful and deep relationships within the group serves as the driving force behind this profound level of commitment.



## 9.4 Development of Group Relational Depth over Time

As evident from these excerpts, participants often describe relational depth as moments of deep encounter, sometimes accompanied by a feeling that time has come to a halt.

Alongside these descriptions of moments of relational depth, participants also revealed that the nature of groups and the quality of the connections within them undergo changes over time. Generally, groups tend to develop deeper and more meaningful connections as time progresses. However, this progression is not always linear, and events such as the introduction of a new member can alter the group dynamic. The following section explores the evolving nature of the experience of relational depth in therapeutic encounters over time, starting with the group preparation stage, traversing through the various phases of the group experience, and extending to the unfolding events occurring beyond the boundaries of the group in both space and time. It is important to note that only one participant mentioned the experience of relational depth during the ending phase of the group, and even that interviewee did not delve deeply into the topic. This is why I have not included group endings in this section, despite its significance in the overall lifespan of the group.

### 9.4.1 Relational depth: deepening over time but progression not always linear

The majority of participants conveyed the idea that the nature and quality of relational depth in therapeutic groups undergoes a transformative process over time. This sentiment is echoed

in the following statement shared by Jane, as she reflects on the distinct phases of the group's journey:

*... when I start groups, it's working hard to get a relational connection, and then to have some relational depth, so it's not a thing that's instantaneous, it's something that's worked ...done over time. But I also, I guess for me, sometimes the depth is a, is about something that's very, very painful... but also as people are coming towards their end of the journey in the group, the depth is more of a celebration. (Jane, Pos. 12)*

Most interviewees shared the perspective that group connections generally deepen over time as members become more familiar with each other, build trust, and are better able to navigate challenging experiences together. However, it is important to acknowledge that this process is not always linear, and the evolution of group relational depth with time can be complex, as expressed in the following extracts:

*... so the different thoughts that went through my mind is, yeah, it deepens over time. And then I thought, oh, sometimes it doesn't. Sometimes it shallows over time, and then I thought, and... but the groups with the same people in, they go deeper. And then I thought, yeah, but sometimes when somebody leaves and a new person comes, there's an opportunity to go deeper. So I kept contradicting myself. (Sebastien, Pos. 104)*

*I would say the longer the people are in a group, the more trustworthy they are about their relationships with the other members of the group. But it's not something that's static or continuous. It's, it can be up and down in the sense of new people particularly (William, Pos. 70)*

Therefore, while most interviewees considered that relational depth in groups typically deepens over time, they also recognised that the process is not always linear. Specifically, the introduction of a new member into a group may introduce new and sometimes unexpected dynamics that may influence the development of relational depth.

#### 9.4.2 Preparing the ground: setting the stage for relational depth before the group begins

The interviewees who discussed group preparation emphasised its significance in the group therapy process. They highlighted their need to assess whether potential participants are a good fit for the group they are planning to form. This selection process often involves an important initial individual meeting, where the relational experience between the therapist and the client is key, as described by Jane in the following extract:

*... there've been some people that I've met, and I've just thought: I really can't work with you. And that's been very instantaneous reaction. So I think even in that reaction, there's a, there is a relational depth, because I've really got to pick up something in a very strong way within, within one session. (Jane, Pos. 81)*

Three of the participants mentioned that they included individuals in their groups who had previously been their clients in one-on-one therapy. In these instances, a certain level of relational depth had already been established between the therapist and their clients prior to the group's initiation. It appears that not all group therapists are open to working in this manner, but for some, it is considered a valuable aspect of the process. Martin expresses this viewpoint in the following excerpt:

*I think where the relational depth for me starts is possibly a no-go area for other therapists. I quite like asking people who have been working with me one to one, whether they would like to come and join a group. (Martin, Pos. 4)*

The majority of participants shared a consensus that a prospective group member who lacks empathy or faces significant challenges in relating to others would likely impede the development of relational depth within the group. As a result, therapists would typically reject such individuals during the initial process of enrolment. Louise articulates this perspective in the following extract:

*... she was very damaged and talked in a way that made me think she, she needs to have an experience of a good enough relationship before she can come to the group. (Louise, Pos. 234)*

Only a subset of the participants reflected on the preparation process for the group. Amongst those who did, some expressed that a certain level of connection with potential participants was necessary before introducing them to the group, even if that connection was established

within a single session. Additionally, the ability of group candidates to effectively connect with others was mentioned several times as a prerequisite for the group to achieve deep levels of connections.

#### 9.4.3 Group initiation: projections and their influence on early relationship dynamics

It became apparent during the interviews that the majority of participants share the belief that a certain amount of group history is essential for the attainment of genuine relational depth. In the following excerpt, Louise uses the term “delusion” to describe any sense of deep connection that may arise in the early stages of the group:

*Maybe people do, but I think it would be a delusion then. Because... and I think people underestimate ...I don't see, actually... I can't think of having read something that says ....it takes time... well, I do, you know... it does take time to get to know other people (Louise, Pos. 132)*

However, it is worth mentioning that not all participants shared the belief that authentic moments of relational depth are impossible during the early stages of a group. While acknowledging that such occurrences are relatively rare, Sebastien reflects on an experience within a newly formed group in the following passage. The group members were deeply moved by an individual's poignant reflection on the recent death of their mother:

*...this would be unusual. People often start a group tentatively, nervously, not sure how much to give away, but he came in and the floodgates opened, and I think there was a meeting of relational depth. (Sebastien, Pos. 22)*

Most interviewees discussed the presence of a certain immaturity during the early stages of the group. They observed that both positive and negative projections can emerge, giving rise to either a sense of chaos or, conversely, a feeling of relational comfort. During this initial period, the role the therapist becomes crucial as they actively maintain focus and articulate the dynamics occurring within the group. This proactive approach helps prevent the group from dwelling on superficial or illusory experiences and guides them towards deeper and more authentic interactions:

*So, you are also caught up in that you can get big counter transference sort of waves at the beginning of a new group, especially because there's lots of idealisation and denigration and sort of projections and nobody's really owning anything. And no one really can reflect on anything. And it's just all a bit crazy. And your job is really try and work hard with this counter... or this big buffeted, you know, you are sort of buffeted by emotions and you have to work really, really hard to make sure it's processable, reflective (Magda, Pos. 50)*

The initial phase of the group can take time. It is essential for the therapist to be patient and remain continuously present, prepared to wait for the group to mature, as articulated by Jane

in the following passage:

*....and sometimes you have to wait for quite a while before something will change. And sometimes people do disappear or drop out and you can't re... regain that connection. But if both, if all of us can stay, something will change. And it's the waiting, I suppose as well, that keeps hold of the connection. (Jane, Pos. 57)*

In conclusion, for most participants, a certain level of group maturity is necessary for the emergence of relational depth. In the initial stages, the group dynamics are often characterised by projections, and the consistent and active presence of the therapist becomes particularly important in navigating this phase and guiding the group towards a higher level of maturity.

#### 9.4.4 Maturation process: strengthening independence and confronting challenges in groups

The significance of the therapist tends to diminish as the group matures. Group members gradually develop the ability communicate openly with one another, reducing their reliance on the therapist. Consequently, the group leader assumes a more a background role, as expressed by Magda in the following excerpt:

*... I mean, now my groups have been running a year and a half, two private groups and mostly they kind of can do it now... (Magda, Pos. 50)*

Several participants expressed that one of the key indicators of a group's maturity and its ability to foster profound and meaningful connections is its capacity to navigate challenging exchanges and work through difficulties. Jane, in the following excerpt, explains that this is increasingly facilitated by open verbal communication:

*... that can take two, three years before something can be expressed really in some ways. But I think the words and the emotional state... or the maturity of the group even... when the group is more mature and people can have more robust exchanges with each other... then the words become part of that relational depth. (Jane, Pos. 155)*

As the group matures, it develops what could be considered its unique culture, where things are understood without the need for explicit explanations, as articulated by Tania in the following excerpt:

*... groups will have themes I think that develop over the weeks. Like... and you get a kind of shorthand and maybe that is a, an example of relational depth in the group that actually the group has a kind of shorthand... (Tania, Pos. 181)*

The link between length of a group's history and the depth of its relationships does not always follow a linear progression. There may come a point where things reach a plateau, or the introduction of a new member and the departure of a long-term member can unexpectedly enable the group to deepen their connections. Sebastien reflected on this dynamic in the following extract:



*... he just had a knack for talking and talking very fast. And the group worked on this with him. And he understood things. He got under... he made better contact. But this habit of his never really went. And when he left and somebody else came in who didn't have that habit. I think it was a relief to some of the people... especially for two women in the group. And a new level of depth was achieved at times as a result.*

*(Sebastien, Pos. 108)*

According to most participants, mature groups are characterised by increased independence from the therapist, enhanced communication skills, and the ability to address challenging issues. They believe that such groups have a higher likelihood of experiencing relational depth than relatively new groups. As illustrated above, it is important to note that the progression towards maturity is not always linear, as the group may occasionally experience shifts in dynamics, particularly when new members join.

#### 9.4.5 Space and time beyond the group: transcending immediate significance

Several participants reflected on how the experience of relational depth in the group can transcend its immediate significance. They explored the profound meaning that can emerge from these connections, extending beyond the confines of the group itself. This sentiment is echoed by Leila in the following extract:

*... they're going outside and each of us will take the effects of that group experience into the rest of our lives, and other people benefit from the kind of... the vibration or*

*lead to change, the experience we've had... it comes with us, it carries on, ripples on and on and on (Leila, Pos. 119)*

Some participants expressed a yearning for a more interconnected world and harboured hopes that group experiences of deep connections could contribute to addressing some of the societal problems stemming from the ills of individualism and social isolation prevalent in our contemporary society. The following extracts, each in their own way, vividly capture their sentiments:

*... Foulkes who is part of the Frankfurt school which is a sort of Marxist... you know...psychological thing that started in Germany. And it's all about the... there's no such thing as the individual, it's something to do about the individual are being connected to others. And that, for me, the whole thing about the group is that... it's the experience of being part of a group, which is actually the therapeutic work because it's counteracting the individuality that is forced on people in the culture. (William, Pos. 136)*

*I feel very protective of us as a human race, and the ...how fragile we are, you know, and, and so it's a ...it feels like a real, very important thing to be working with the fragility of humans in a world which is.. a capitalist structure that is about separating people from one another, people from their bodies, people from their feelings, people from progressive thinking. So doing the opposite feels like my way of one of my ways of living my, my values, living my politics, living what's important to me. (Leila, Pos. 129)*

Several participants shared their hope and belief that the relational aspect of their work would serve a societal purpose beyond the boundaries of the group itself, as they recognise the prevailing sense of alienation caused by individualism and isolation in today's world. This sentiment strongly resonates with my motivation to study the experience of relational depth in group therapy.

I felt a sense of excitement when some participants naturally brought up societal aspects in their work as group therapists while discussing the fostering of a deep sense of connection. It felt as though we had touched on something important. However, since only a minority of participants reflected on this aspect, I wondered whether the importance I attributed to it was influenced by my own bias, and whether including the ideological aspect that some therapists referred to might seem contrived in the section on relational depth and time.

Upon reflection, I decided that it made sense to include the aspect of the interview relating to the above-mentioned issues in the section on relational depth and time. The sentiment expressed by the interviewees was powerful and omitting it would have deprived the findings of one of their essential elements. The connection with time and space stems from the idea that experiencing relational depth in group therapy transcends the here and now; it encompasses something greater and operates on a significantly longer time scale. For some interviewees, it even involves changing the world we inhabit.

#### 9.4.6 Conclusion

Intense moments of genuine connection often occur only once the group has developed a certain history, although there are exceptions. It appears that shared experiences and the cultivation of a specific quality of relationship are crucial for the emergence of deep connections within groups. The establishment of trust among group members, which often requires time, is fundamental for clients to feel safe enough to reveal their vulnerabilities and engage in meaningful interactions. Trust and belief in the benevolence of other group members are also essential for navigating disagreements and conflicts within the group. When trust is present, these challenging experiences can lead to a deep sense of authentic connection, rather than feelings of rejection and isolation.

## 10 Discussion

### 10.1 Introduction

#### 10.1.1 Background and research aim

My interest in understanding the experience of relational depth in group therapy is grounded in my belief that we are currently living through a period of profound and deeply unsettling changes, and that the development of strong, open, and authentic interpersonal relationships,

characterised by mutual empathy, can provide an invaluable source of meaning and resilience in these challenging times.

Relational depth has received extensive research attention within the client-therapist dyad over the past two decades, but there appears to be a notable absence of research specifically focused on the experience of relational depth in group therapy. Furthermore, long-term, process-oriented therapeutic groups can be seen as microcosms of life in the world. I view researching relational depth in such settings as an initial step toward comprehending the experience of relational depth in groups in general. In the future, I hope to further explore the nature and quality of relational depth in groups and its potential applications in the broader social context.

After conducting interviews with eight group therapists focused on their experiences with relational depth within long-term process-oriented therapeutic groups and conducting a comprehensive analysis of their transcripts, I have opted to present my research findings through three overarching themes, aiming to capture the most prominent aspects of the interviews and convey the intricate multidimensionality of relational depth in group settings:

1. The unique nature of relational depth in groups
2. Factors facilitating relational depth in groups
3. Development of group relational depth over time

As mentioned earlier, relational depth has predominantly been explored within the context of the therapeutic dyad, with a noticeable absence of research dedicated to the experience of

relational depth in group therapy. Consequently, there is a keen interest in examining the specific elements that define the experience of relational depth in group therapy settings.

The findings within my first primary theme, which covers the unique nature of relational depth in groups, emphasise the significance of relational depth as a foundational element of group therapy. It encompasses not only experiences of kinship but also the embrace of tensions and differences, and it is often manifested in an embodied manner. Moreover, relational depth tends to emerge during moments when the group is fully engaged with profound and universally relevant human themes. Finally, relational depth in group settings is intricate, characterised by interwoven layers of connections, all of which contribute to its understanding.

I have organised my second overarching theme, that covers the factors facilitating relations depth in groups, along the investigation of facilitating clients' factors and facilitating therapists' factors. Some of those overlap, while others are specifically associated with group members or therapists. Facilitating clients' factors include them choosing to be fully present in the group, trusting the group and caring for its members, showing courage, being open and real. Facilitating therapists' factors include therapists caring, showing courage, experiencing nourishment from the group and naming group dynamics and experiences that may not be recognised by group members otherwise.

My last overarching theme delves into the development of group relational depth over time. Generally, groups tend to develop deeper and more meaningful connections as time

progresses. However, this progression is not always linear, and events such as the introduction of a new group member can alter the group dynamic.

### 10.1.2 Discussion overview

I begin the discussion by highlighting and analysing the findings I consider most meaningful. I then delve into some of the central themes addressed in the literature review and explore possible links with the findings of this research.

Starting with an exploration of the literature on group therapy, I pose questions about whether the experience of relational depth in therapeutic groups can be linked to therapeutic factors as defined by Foulkes and Yalom, as well as more recent empirical research on therapeutic factors in group settings.

I then examine the potential connections between my findings on relational depth and time and Foulkes' and Yalom's discussions of time in group therapy. Furthermore, I investigate the similarities and differences between my findings regarding relational depth in group settings and existing research on relational depth in individual therapy.

Finally, I reflect on how the findings of this research align with my initial assumptions at the outset of the research process. I review its trustworthiness, limitations, and reflect on its possible implications and recommendations.

## 10.2 Reflection on Most Meaningful Findings

In the following section, I highlight the findings I consider most meaningful. Determining which findings are most significant can be subjective. However, the principles of social constructivism suggest that knowledge is co-constructed through social interactions and shared experiences. This perspective acknowledges that my interpretations and insights are shaped by my personal experiences, beliefs, and interactions with the research participants (Beaumie, 2001). This approach has been particularly influential in shaping the content presented in the following section.

### 10.2.1 The importance of relational depth

The majority of participants regarded relational depth as a fundamental aspect of group therapy, with some even considering it essential for the group's long-term survival. I believe that this significance attributed to relational depth by participants is an important finding, suggesting that this profoundly human experience, previously unexplored in the context of group therapy, may play a central role in the success of therapeutic groups.

However, an important caveat must be noted. Participants who view relational depth as crucial to group therapy may have been more inclined to participate in the study, raising the possibility of selection bias. This makes it challenging to determine whether this perspective is representative of all group therapists' experiences. A potential area for future research is



the development of a questionnaire to be distributed to a larger participant pool. Such a tool could explore whether individuals have experienced relational depth in group therapy and assess the perceived importance of this experience in the group therapeutic process.

### 10.2.2 Relational depth associated with difficult experiences

As mentioned earlier, I chose to provide only a high-level definition of relational depth, describing it as a state of profound connection and engagement between people that can be experienced in specific moments, but also relates to a certain quality of the relationship itself. I wanted to give participants the flexibility to connect with their own understanding of the phenomenon, and therefore, I did not offer further details in describing the experience of relational depth.

One of the striking—and somewhat surprising—findings is that all participants, either explicitly or through examples, expressed that relational depth in groups can be a challenging experience. Experiences of tension and difference appeared to serve multiple important roles. First, and most importantly, their expression was often associated with authenticity and meaning, enabling a deeper relational experience. Additionally, it was frequently linked to processes of rupture and repair, fostering the development of stronger bonds both between individuals and within the group as a whole.

Participants provided examples that ranged from complex and difficult group interactions—where, at times, deep, unconscious material emerged—to tense exchanges between group

members on meaningful but divisive topics. I used “Embrace of tensions and differences” as one subtheme to address the phenomenon of difficult experiences resulting in a deepening of connections among group members. However, it is interesting to note that this phenomenon is also represented across multiple other subthemes, such as “Group presence and engagement with meaningful human experiences,” “Multi-layered collective relational experience,” “Clients showing courage,” and “Therapist showing courage,” making it a prominent finding of this research.

The prominence of tensions and differences in the experience of relational depth within groups is particularly striking in light of the fact that the vast majority of research on relational depth in one-on-one therapy emphasises its association with positive experiences (Cooper, 2013; Mearns and Cooper, 2018; Knox, 2008, 2013). While there are mentions of relational depth being potentially frightening or uncomfortable for both clients and therapists (Wiggins et al., 2012), these aspects are not often explored in the literature on relational depth in one-on-one therapy. In groups, the experience of relational depth is linked to both the experience of care and kinship, and to the embrace of tension and difference. Interestingly, this aligns with Arnett's (1986) concept of dialogic ethics. According to him, “the mix of conflict and caring is the earmark of a dialogical ethic of communication” (p.96).

The idea that tension and differences can foster relational depth aligns with Nitsun's concept of the anti-group as a source of creativity and growth (2015a). The author notes that a key reason people often prefer individual therapy over group therapy is the perception that their needs for love, acceptance, and emotional support are more likely to be met in an individual therapy setting, which is perceived as safer, less complex, and more personally focused.

However, one could argue that by avoiding the tensions and differences inherent in group therapy, they miss not only the creative potential these experiences offer for the group and its members but also an opportunity to deepen relationships in a way that is rarely present in one-on-one therapy.

### 10.2.3 Existential themes

Some existential themes emerged as particularly prominent in the interviews. Notably, most participants recounted at least one story in which the sharing of an experience related to death or illness resulted in profound relational connections within the group. The importance of acknowledging our mortality for living an authentic human existence is one of the central elements of Heidegger's philosophy (Heidegger, 2010). The prominence of these themes throughout the interviews may be linked to the fact that death is often kept at arm's length in modern societies. With scientific advancements, death has become less visible in our daily lives, and we have developed a tendency to live in denial by relegating the dying to hospitals, away from the public eye. Despite being a fundamental source of human anxiety throughout history, as noted by existential philosophers like Tillich (2014), death is rarely addressed openly. When individuals open up about their experiences of grief or illness, it seems that being allowed to approach this universally shared yet seldom expressed phenomenon creates an opportunity for the emergence of a profound sense of connection.

Not surprisingly, a number of the themes that emerged from this analysis can be related to the concepts of I-Thou as expressed by both Buber and Marcel. Notably, the theme of "active presence" can be seen as part of Buber's I-Thou relationship. According to Friedman (1965,

p.12), this relationship “is characterized by mutuality, directness, presentness, intensity, and ineffability.” Furthermore, the importance of “openness” resonates with Marcel’s I-Thou relationship. In his view, the only way to avoid experiencing existence as trapped or walled up and to embrace the inherent freedom of our itinerant human condition is by opening ourselves to others.

### 10.3 Comparing Therapeutic Factors to Relational Depth in Groups

The question of whether the experience of relational depth in groups has therapeutic value lies outside the scope of this research. However, it is interesting to note that a remarkable aspect of the interviews is the significance that participants attach to the group reaching states of relational depth. For some participants, it is even deemed indispensable for the group's continuity. Hence, one may consider the possibility of a connection between the experience of relational depth and the therapeutic factors defined by Foulkes (1984) and Yalom and Leszcz (2005), as well as those identified in more recent empirical research.

#### 10.3.1 Conceptual frameworks and research on therapeutic factors

The conceptual frameworks of therapeutic factors, as proposed by Foulkes (1984) and Yalom and Lezcz (2005), are discussed in this research’s literature review.

Foulkes (1984) classifies therapeutic factors into two broad categories: supportive and analytical. The latter, though more demanding, tends to lead to more lasting changes. The

author underscores several supportive factors, including the social integration facilitated by therapeutic groups, the exchange of information among members, and what he terms "mirror reactions." These mirror reactions involve the recognition that others in the group share similar thoughts, impulses, and anxieties.

Furthermore, Foulkes (1984) asserts that group experiences can catalyse the emergence of deep unconscious material, a crucial analytical factor. The group functions as a matrix where interactions between individuals are unique to their dynamic and would not unfold in the same manner if each individual were considered separately. Consequently, the group develops its own collective unconscious, acting as a 'condenser' for the deep unconscious material of individual members. Foulkes (1984) likens the group leader to a catalytic agent, as one of their roles is to bring this material to light and articulate the unconscious content as it arises.

The eleven therapeutic factors defined by Yalom and Leszcz (2005) include the instillation of hope, universality, imparting information, altruism, development of socialising techniques, imitative behaviour, interpersonal learning, catharsis, the corrective recapitulation of family dynamics, group cohesiveness and existential factors. While Yalom and Leszcz (2005) provide some information on empirical studies related to the eleven therapeutic factors emphasised in their book, these studies are not systematic and do not constitute their primary focus.

Over the years, a broad spectrum of empirical studies has delved into group therapeutic factors. In a study that compares therapeutic factors in group and individual therapy,

Fuhriman and Burlingame (1990) offer a comprehensive review of the existing research available at the time of their publication regarding group therapeutic factors. Empirical evidence shows that certain factors directly result in client improvements, while others exert an indirect influence by facilitating other therapeutic factors.

Among the elements linked to direct improvements in clients, the authors emphasise several key factors. These include insight, where group members gain self-awareness through the new information generated within the therapeutic groups; hope, which pertains to the expectations of improvement held by group members; identification, involving the recognition of similarities with other group members and/or the group leader; universality, where group members realise that others are grappling with similar challenges; and finally, interpersonal learning, encompassing the development of enhanced socialisation skills and adaptation to group interactions (Fuhriman and Burlingame, 1990).

Within the realm of indirect therapeutic factors, Fuhriman and Burlingame (1990) draw attention to catharsis, which they define as the release of emotions and the expression of ideas. They also note the significance of reality testing, where group feedback enables members to examine distorted perceptions, and self-disclosure, which pertains to a group member's readiness to share personal information.

The authors bring to attention additional factors from the literature on group therapy that empirical research does not substantiate as significant therapeutic elements in long-term therapeutic groups. These factors encompass vicarious learning, where improvement occurs through the observation of other group members experiencing and dealing with similar

issues; altruism, which involves group members providing support and reassurance to others; and family reenactment, which entails the revisiting and rectification of early unhealthy family dynamics.

More recently, Burlingame et al. (2001) have focused their analysis to the examination of cohesion as a singular, pivotal therapeutic factor in groups. Cohesion in group therapy is characterised by intricate, multi-layered connections, where the relationships among individual group members and between each member and the group as a whole take centre stage in the therapeutic process. The authors underscore six principles, substantiated by empirical research, that nurture the development and maintenance of these relationships, thereby promoting cohesion in group therapy. These principles encompass pre-group preparation and training, the establishment of a clear structure in the early stages of the group, the leader's role in modelling and reinforcing group members' relational engagement, the leader's facilitation of timely and appropriately delivered feedback, the leader's demonstration of warm, supportive, and accepting relationships, and the group members' first-hand experience and expression of empathy, care, acceptance, and trust.

### 10.3.2 Comparison of therapeutic factors with findings on relational depth in groups

A comparison between therapeutic factors and the elements I have identified in this research findings that facilitate the experience of relational depth reveals both commonalities and distinctions. Certain therapeutic factors can be directly associated with elements that foster relational depth or with findings that illustrate the nature of relational depth in groups, while

other connections may necessitate some degree of interpretation, and there are also some factors that do not intersect at all.

The following section emphasises the therapeutic factors that align with my findings on relational depth. It draws a comparison between the research findings on relational depth in groups and the therapeutic factors outlined by Foulkes (1984), Yalom and Lezcz (2005), as well as those emphasised in empirical research (Fuhriman and Burlingame, 1990). I have chosen to exclude factors emphasised by Yalom and Lezcz (2005) that empirical research, as indicated by Fuhriman and Burlingame (1990), does not support as significant therapeutic elements in long-term therapeutic groups. These factors encompass vicarious learning, altruism, and family reenactment.

Although the terminology employed in the literature to delineate therapeutic factors may vary across sources and may not always precisely correspond to the terms used in my findings, specific connections can still be discerned. The analysis that follows elucidates the reasoning behind these connections. Additionally, a table at the end of this section underscores the correlation between therapeutic factors and this research findings on the experience of relational depth.

#### *10.3.2.1 Universality, mirror reaction, and kinship*

The experience of universality, where group members find relief in realising the similarities of their struggles and questions with those of other group members, is a therapeutic factor



highlighted by Foulkes (1984), Yalom and Lezcz (2005), as well as in the empirical research conducted by Fuhriman and Burlingame (1990). Foulkes terms this factor the 'mirror reaction,' demonstrating not only the relief experienced by group members when they discover that others share similar difficulties but also the therapeutic potential of the group collectively reflecting on these challenges. This resonance can also be advantageous for members who are not the focal point of that reflection.

These experiences can be linked, at some level, to the concept of kinship, which, according to the findings of this research, constitutes one of the unique characteristics of relational depth in groups. It should be noted that the sense of kinship goes beyond the relief members experience when they recognise that their struggles are not unique. Furthermore, it does not involve the self-insight gained through others' experiences, as described in Foulkes' concept of mirroring. However, it often arises when the recognition of shared struggles fosters a deep sense of connection and equality among group members.

#### *10.3.2.2 Social integration and interpersonal learning*

Foulkes identifies social integration fostered by groups as a key therapeutic factor in group therapy. According to him, social integration is facilitated when group members can openly express themselves, be understood, and demonstrate an understanding of others. This allows them to see themselves as "fellow beings on equal terms with the others" (Foulkes, 1984, p.33).

According to Yalom and Lezcz (2005), therapeutic groups have the potential to facilitate corrective emotional experiences, a fundamental aspect of interpersonal learning. Cultivating a supportive and secure atmosphere within the group, where members willingly engage, self-disclose, and provide honest feedback to one another, is essential for such experiences. Corrective emotional experiences encompass the expression of intense positive emotions, such as profound care for someone in distress, as well as the inclusion of more challenging elements, including the ability to express negative emotions, navigate tensions and experience relationship repair. Ultimately, these experiences involve the “facilitation of the individual’s ability to interact with others more deeply and honestly” (p. 29).

While not identical, both Yalom and Lezcz's (2005) concept of corrective emotional experiences, a form of interpersonal learning, and Foulkes' (1984) notion of social integration underscore the importance of individuals interacting openly and fostering mutual understanding. This is substantiated by empirical research, as reviewed by Fuhrman and Burlingame (1990), which supports the assertion that interpersonal learning, as outlined by Yalom and Lezcz (2005), is indeed a pivotal therapeutic factor in group settings.

While Yalom and Lezcz (2005) do not explicitly mention relational depth, it is interesting to note that they emphasise the importance of the depth of interaction in connection with corrective emotional experiences. It is noteworthy that several key supportive factors facilitating relational depth among group members in the present research can be associated with those factors described by Yalom and Lezcz (2005) as constituting corrective emotional experiences. As mentioned above, these resonate with Foulkes' (1984) concept of social integration, as well as with the empirical research reviewed by Fuhrman and Burlingame (1990). These factors include clients actively choosing to be present and engaged,

demonstrating trust in the group as a crucial prerequisite for feeling safe enough to engage at relational depth, caring for other group members, showing courage by being ready to express vulnerability and address potentially difficult subjects, being open and willing to experience difficult emotions, and being real, involving both authenticity and a readiness to engage in self-disclosure. Moreover, the research findings demonstrate that relational depth in groups often entails a willingness among group members to embrace tensions and differences, which, in some cases, can facilitate a process of relationship repair.

#### *10.3.2.3 Cohesion*

Yalom and Lezcz (2005) see group cohesiveness, or cohesion, as a concept similar to relationship in individual therapy, only in group it is multi-dimensional, involving the relationship between group members with the therapist, with other individual members as well as with the group as a whole. Group cohesion is constituted by the forces that compel members to stay in the group. Group members' emotional connectedness as well as the sentiment that the group is effective both contribute to it. The authors see group cohesion not only as a therapeutic factor in its own right, but a particularly important one in that group cohesion is a necessary for the other factors to work optimally. They stress the importance of creating a sense of safety and trust within the group to promote cohesion. Members, when opening up about their inner world, need to experience the acceptance of other for their self-disclosure to promote group cohesion. Furthermore, members need to be actively engaged in generating relationships in order to achieve group cohesion. It should be noted that cohesiveness doesn't imply the absence of tensions and conflicts; in fact, they are expected

and can offer valuable therapeutic opportunities. Cohesion enables group members to take risks, engage in self-disclosure, and address conflicts constructively.

Several aspects of group cohesiveness, as defined by Yalom and Lezcz (2005), align with the findings on relational depth. These similarities include the interwoven levels of relational depth within groups, connecting group members with the therapist, fellow group members, and the group as a whole. Factors that foster relational depth, such as client trust, care, and active engagement, also exhibit parallels. This extends to the capacity to embrace tensions and differences, a defining feature of the relational depth experience in groups.

In their research on group cohesion, Burlingame et al. (2002) underscore its significance. According to the authors, group cohesion is characterised by intricate, multi-layered connections. They highlight several principles, supported by empirical research, that foster cohesion in group therapy. Some of these principles align with the research findings on relational depth presented below. These include the leader's facilitation of timely and appropriately delivered feedback, their demonstration of warm, supportive, and accepting relationships, and the group members' first-hand experience and expression of empathy, care, acceptance, and trust.

Similarly, the leader's readiness to identify and name what is happening in the group is a crucial factor in facilitating relational depth in groups. Additionally, clients experiencing and expressing care and trust for the group and its members are important factors that contribute to relational depth.

#### *10.3.2.4 Emergence of unconscious material*

Foulkes (1984) underscores the crucial role of the group matrix - an intricate network of interpersonal relationships within the group - in facilitating the emergence of profound unconscious material. He asserts that every form of communication within the group carries significance, encompassing both verbal and non-verbal expressions, as well as subtler, unconscious modes of communication. Against this backdrop, the leader often assumes a significant role in articulating the unconscious material manifesting within the group.

Similarly, in this research's findings, participants highlighted the importance of uncovering meaning for the group to reach deeper level of connections. This is facilitated by the integration of the group, that takes precedent over individual connections, and the importance of acknowledging the relevance of all group members and all forms of experiences. This provides the backdrop for the uncovering of important meaning for group members, a process that may be facilitated by the therapist naming what is happening in the group.

Table 4: Therapeutic factors comparison to research findings

Therapeutic factors - Yalom	Therapeutic factors - Foulkes	Therapeutic factors – empirical research	Current research findings on relational depth
Universality	Mirror reactions	Universality	Kinship
<p>Interpersonal learning - corrective emotional experience:</p> <ul style="list-style-type: none"> <li>• Safety and support</li> <li>• Members engaged, offering honest feedback</li> <li>• Care</li> <li>• Self-disclosure</li> <li>• Navigate tensions and experience relationship repair</li> </ul>	<p>Social integration</p> <ul style="list-style-type: none"> <li>• Open expression</li> <li>• Be understood</li> <li>• Understand others</li> </ul>	<ul style="list-style-type: none"> <li>• Interpersonal learning</li> <li>• Self-disclosure</li> <li>• Group feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Trust</li> <li>• Members actively choosing to be present and engaged</li> <li>• Courage</li> <li>• Care</li> <li>• Openness</li> <li>• Realness</li> <li>• Willingness to embrace tensions and differences</li> </ul>
<p>Group cohesiveness:</p> <ul style="list-style-type: none"> <li>• Multi-dimensional</li> <li>• Trust and safety</li> <li>• Members actively engaging with the group</li> <li>• Allows for navigation of conflicts</li> </ul>		<p>Group Cohesion</p> <ul style="list-style-type: none"> <li>• Multi-dimensional</li> <li>• Trust</li> <li>• Care</li> <li>• Empathy</li> <li>• Leader providing appropriate feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Intertwining levels of relational depth</li> <li>• Trust</li> <li>• Care</li> <li>• Active presence and engagement</li> <li>• Leader naming</li> <li>• Willingness to embrace tensions and differences</li> </ul>

Table 4 (continued): Therapeutic factors comparison to research findings

Therapeutic factors - Yalom	Therapeutic factors - Foulkes	Therapeutic factors – empirical research	Current research findings on relational depth
		<p>Emergence of deep unconscious material</p> <ul style="list-style-type: none"> <li>• Group matrix</li> <li>• Therapist articulating unconscious material</li> </ul>	<p>Uncovering meaning</p> <ul style="list-style-type: none"> <li>• Primacy of the group over individual connections</li> <li>• Leader naming what is occurring in the group</li> </ul>

### 10.3.3 Conclusion and interpretation

It is noteworthy that there is often a parallel between what is considered therapeutic by Foulkes (1984) and Yalom and Lezcz (2005), often substantiated by more recent empirical research, and the findings of this research regarding what fosters the experience of relational depth. One might ponder whether this connection arises from participants equating relational depth with therapeutic factors in group experiences. This would imply that relational depth, in itself, may encompass many aspects of what is considered therapeutic in group therapy. Another possibility is that relational depth may facilitate the emergence of key supportive therapeutic factors, such as corrective emotional experiences and group cohesiveness, enabling the group to navigate more challenging experiences, such as conflicts and tensions,

and uncover unconscious material. In turn, this may allow group members to reach new levels of relational depth.

#### 10.4 Examining Relational Depth and Group Therapy Theory through the Lens of Time

Foulkes (1984) and Yalom and Lezcz (2005) have both explored the development of therapeutic groups over time. Similarly, most participants in this research often spontaneously offered insights into how the quality and depth of connections within groups change as time advances. The available empirical research on group therapy across the lifespan of a group is rather limited. Most of the analyses I could find on this topic focus on the development of group cohesion over time and its connection to therapeutic outcomes. Studies suggest that group cohesion tends to increase, along with its therapeutic benefits, as the group matures (Lorentzen et al., 2018; Chapman and Kivlighan, 2019).

Given the limited scope of empirical research on the evolution of group therapy over time, I have chosen not to focus on it in this section. Instead, this section will delve into exploring potential connections between my findings on relational depth, considering the element of time, and the discussions of time in group therapy by Foulkes (1965, 1984), and Yalom and Lezcz (2005).



#### 10.4.1 Development of therapeutic groups over time

As previously outlined in the literature review, Foulkes (1965) draws a parallel between the evolution of a group and the maturation process of a child, where the initial dependency on parents gradually gives way to a growing independence from parental authority. He delineates three overarching phases that encompass the lifespan of a therapeutic group: the initial phase, the intermediate phase, and the final phase. In the context of this research, I will primarily concentrate on the first two phases, as most of my participants did not provide insights regarding the process of group endings.

According to Foulkes (1965, 1984), the initial phase typically starts with group members projecting strong expectations onto the therapist, perceiving them as all-knowing and omnipotent. However, as group members gradually come to realise that the therapist does not hold all the answers, they begin to value and benefit from the support provided by the group. In the second phase, the group itself, rather than the therapist, becomes the central point of reference. This is the phase during which most of the therapeutic work occurs. During this stage, group members become more proficient in communicating complex or challenging experiences than in the initial phase, and they become better listeners to one another. The group offers both support and a platform for the examination of deeper-seated experiences among its members. While tensions and struggles may emerge, often related to the exploration of difficult unconscious material, the heightened support and strength of the group assist members in navigating these challenging paths. If this second phase persists for an extended period, there is a risk of group stagnation. Therefore, it is vital for the therapist to consider either recommending the dissolution of the group or introducing a new member before reaching this point.

Yalom and Leszcz (2005) outline three overarching phases in group dynamics. The initial stage of the group is marked by members' hesitancy, their reliance on the therapist for guidance, and their quest for meaning and a sense of belonging within the group. During this phase, members openly share their challenges and symptoms, often seeking commonalities with the experiences of their peers and offering and seeking advice. The authors propose that the identification of these shared experiences often serves as the foundation for the initial development of group cohesion. The second stage of group dynamics is frequently characterised by conflicts that may arise among members or between members and the group leader. Hostility towards the therapist is not uncommon during this phase, as expectations are likely to go unmet. The third stage of the group is distinguished by the emergence of group cohesion. The authors further divide this phase into two sub-stages: an initial one marked by unity and mutual support, and a subsequent phase in which the group attains true maturity, allowing it to effectively manage and process tensions without them escalating into struggles for dominance.

#### 10.4.2 Comparison with development of relational depth over time

When comparing the phases mentioned above with the findings of the present research, it is interesting to observe that while Yalom and Lezcz (2005) do touch on the preparation for group therapy, they provide limited information about the initial sessions between clients and therapist. Nevertheless, they do mention that pre-group individual sessions are intended to establish a therapeutic alliance and prepare clients for group therapy. In Foulkes' (1965, 1984) writings, the only reference I could find related to group preparation was in the context

of contraindications for group work, which he considered rare, such as clients exhibiting strong paranoid features.

In contrast, in the results of this research, several participants emphasised the importance of their relational experiences with clients during the preparation phase for group therapy. Some highlighted the need to establish a genuine connection with the client, even within a single one-on-one session, before introducing them to a group they would be leading. Others introduced clients to the group with whom they had already developed a deeper relational connection during individual therapy sessions. Some participants stressed that the ability of potential group members to relate to others and experience empathy was a prerequisite for the group to achieve meaningful levels of connection.

The majority of participants in this research believe that achieving genuine relational depth in a therapeutic group requires a certain degree of group history. While there is no perfect alignment between the phases described by Foulkes (1965), Yalom and Lezcz (2005), and those emphasised in this research concerning relational depth, participants have used remarkably similar milestones to those of these authors to illustrate the evolution of relational depth within therapeutic groups. These milestones include an initial phase characterised by projections, where the therapist plays an active role in facilitating the group's development of its unique communication style. This is followed by the emergence of a distinct group culture associated with a sense of cohesion and reduced reliance on the therapist. In this more mature phase, the group becomes skilled at efficient communication and navigating tensions and difficulties, enabling a deeper sense of connection. It has also been highlighted that even

though groups tend to develop deeper and meaningful connections as time progresses, this progression is not linear, and the introduction of a new member can alter the group dynamic.

The table below underscores the parallels between the development of therapeutic groups as described by Foulkes (1965, 1984), Yalom and Lezcz (2005), and the findings of this research regarding the progression of group relational depth over time.

Table 6: Group therapy, relational depth and time

Phases of therapeutic groups – Yalom and Lezcz	Phases of therapeutic groups - Foulkes	Current research findings on relational depth over time in therapeutic groups
<p><i>Preparation for group therapy</i></p> <ul style="list-style-type: none"> <li>• Build therapeutic alliance</li> <li>• Prepare clients for group therapy</li> </ul>	<p><i>Counter indications for groups</i></p> <ul style="list-style-type: none"> <li>• Counter indications are rare – include issues such as strong paranoid features</li> </ul>	<p><i>Preparing the ground</i></p> <ul style="list-style-type: none"> <li>• Relational experience between therapist and client is key</li> <li>• Group candidates must have the ability to effectively connect with others</li> </ul>
<p><i>Initial stage</i></p> <ul style="list-style-type: none"> <li>• Members hesitancy and need for guidance</li> <li>• Members seek similarities, the initial bedrock of group cohesion</li> </ul> <p><i>Second stage</i></p> <ul style="list-style-type: none"> <li>• Often involves hostility towards therapist and/or conflicts between members</li> </ul>	<p><i>Initial phase</i></p> <ul style="list-style-type: none"> <li>• Strong projection on therapist</li> <li>• Start to enjoy support of the group</li> </ul>	<p><i>Group initiation</i></p> <ul style="list-style-type: none"> <li>• Group dynamics dominated by projections</li> <li>• Therapist plays an active role in maintaining focus and articulating group dynamics</li> <li>• Any sense of deep connection is rarely authentic</li> </ul>

Table 6 (continued): Group therapy, relational depth and time

Phases of therapeutic groups – Yalom and Lezcz	Phases of therapeutic groups - Foulkes	Current research findings on relational depth over time in therapeutic groups
<p><i>Third stage</i></p> <ul style="list-style-type: none"> <li>• Emergence of group cohesiveness</li> <li>• Unity and mutual support</li> <li>• Group able to handle and process tensions</li> </ul>	<p><i>Second phase</i></p> <ul style="list-style-type: none"> <li>• Group becomes centre of reference</li> <li>• Improved communication and listening skills</li> <li>• Ability to enjoy support as well as experiencing tensions and analyse unconscious material</li> <li>• If this phase lasts too long without changes, group might stagnate – therapist to introduce new member or propose to end the group</li> </ul>	<p><i>Maturation process</i></p> <ul style="list-style-type: none"> <li>• Group develops its unique culture</li> <li>• Reduced reliance on the therapist</li> <li>• Ability to foster deep connections linked to open communication and capacity to navigate difficulties</li> <li>• Process not linear and introduction of new member may change relational experience</li> </ul>

### 10.4.3 Conclusion and interpretation

Several participants in this research emphasised that the decision to include a candidate in a group depends on the initial sense of connection with potential members during the group preparation phase. I did not come across a similar emphasis in the writings of Foulkes (1965, 1984). While Yalom and Lezcz (2005) do mention that the therapeutic alliance begins to form during group preparation, they don't provide detailed information about what it entails.

The description of the main phases in the life of a group, as delineated by Foulkes (1965, 1984) and Yalom and Lezcz (2005), aligns to some extent with the evolution of relational

depth over time in therapeutic groups, as highlighted in this research. Notably, group maturity, which encompasses increased integration and the ability to effectively navigate tensions, is often linked to deeper levels of connection, along with enhanced cohesion and more profound therapeutic work. Here again, one could ponder whether relational depth, cohesion, and effective therapeutic work all emerge simultaneously as the group matures or whether they happen in succession. In particular, given the view by Yalom and Lezcz (2005) that group cohesion is necessary for the other therapeutic factors to work optimally, one could ponder whether relational depth may be a pivotal factor that fosters the emergence of group cohesion, which in turn allows for therapeutic factors to function optimally.

### 10.5 Relational Depth in Groups Compared to Individual Therapy

Relational depth in individual therapy has generated growing interest and research in recent decades. Numerous findings in the current research align with those concerning relational depth in individual therapy. The following provides an overview of the similarities and differences in the findings on relational depth in group therapy as compared to individual therapy.

## 10.5.1 Similarities

### *10.5.1.1 Clients' experiences and facilitating factors*

According to Mearns and Cooper (2018), factors contributing to the establishment of relational depth in individual therapy involve client openness and a willingness to "express those aspects of themselves that are most vulnerable and frightening" (p.57). They also encompasses being fully present with the therapist and engaging in both expressive and receptive, verbal, and non-verbal communication. Likewise, in this research, participants view client openness and a willingness to express vulnerability, with the sincere intent to share challenging and intimate aspects with fellow group members, as central to the development of relational depth. Additionally, clients actively choosing to be present and engaging with a wide range of experiences within the group are crucial factors for the emergence of relational depth in group therapy.

In a study conducted by Cooper (2005), therapists observed their clients as transparent and real during moments of relational depth, noting their readiness to embrace vulnerability and confront core issues. Similarly, in this research, clients being real, characterised by the absence of mask and a willingness to self-disclose, stands out as a pivotal factor contributing to the experience of relational depth within groups.

Wiggins et al. (2012) propose that relational depth can be considered an expansion of Rogers' six facilitating therapeutic conditions and the concept of the working alliance. The working alliance is characterised by an affective bond of trust and attachment between the therapist



and the client (Bordin, 1979). It is a dynamic process involving episodes of ruptures and repairs in the client-therapist relationship (Safran and Muran, 2000). Furthermore, Wiggins et al. (2012) highlight that relational depth is not always a positive experience, as it can present challenges for both the client and the therapist. This parallels the findings in this research, which underscore the significance of group members' capacity to embrace tensions and differences. Relational depth is not exclusively seen as a pleasant experience; in its mature phase, the group often forges deeper connections by navigating through tensions and challenges.

As per Knox's research (2008, 2013), clients associate the experience of relational depth with their capacity to embrace vulnerability within a secure therapeutic setting. They convey feelings of authenticity, wholeness, and internal connection during these profound encounters, both on psychological and embodied levels. These moments are perceived as intimate, fostering a deep connection that transcend the need for words. Many clients express a conscious, active choice to engage, demonstrating a willingness to take risks to facilitate the emergence of these profound experiences. This aligns with the accounts from participants in this research, who often describe relational depth occurring when group members share deeply intimate, moving, and meaningful stories, while the group remains fully present and engaged. The notion of courage, a contributing element in this research, can be related to clients' readiness to take risks, as emphasised by Knox. However, it is important to clarify that within the scope of this research, courage encompasses not only the willingness of group members to express vulnerability but also their capacity to engage with potentially divisive topics and their preparedness to acknowledge and confront their biases. Lastly, while the embodied dimension of the experience is underscored in the study on relational depth in

individual therapy, it's noteworthy that several participants in this investigation regarded it as the most central aspect of the experience of relational depth in groups.

#### *10.5.1.2 Therapists' experiences and facilitating factors*

One of Roger's conditions that pertains to the therapist's attitude toward clients is the establishment of a psychological connection with the client (Mearns and Cooper, 2018). Furthermore, an investigation conducted by Knox and Cooper (2011) underscores that certain clients consider a strong initial rapport with the therapist as a significant contributing factor in creating a deep sense of connection. A similar perspective is evident among the participants in this research, where they emphasise the importance of a genuine connection between the therapist and the client during the pre-group individual sessions designed to select group members. However, the individual connection between the therapist and clients holds less prominence within the context of therapeutic group sessions.

In a study conducted by Cooper (2005), therapists expressed a sense of immersion, aliveness, and satisfaction when they experienced relational depth. These sentiments can be connected to the findings of this research, which underscore the significance of therapists experiencing a sense of nourishment within the group, often described as a vital source of energy.

A study conducted by Knox and Cooper (2011) brought to light that, as clients approached moments of relational depth, they encountered both acceptance and a genuine sense of care from their therapists. In research by Knox (2008, 2013), clients expressed that the therapist's care, warmth, and empathy played a crucial role in the emergence of moments of relational

depth. This aligns with the findings of this research, demonstrating that the profound care and thoughtfulness exhibited by the participants in their leadership of the groups play a pivotal role in nurturing deep connections.

*Table 5: Similarities between relational depth in groups with individual therapy*

One-on-one therapy	Group therapy
<p><i>Client</i></p> <ul style="list-style-type: none"> <li>• Openness</li> <li>• Presence</li> <li>• Realness</li> <li>• Embrace of vulnerability</li> <li>• Working alliance – including trust</li> <li>• Relational depth can be a challenge for both client and therapist</li> <li>• Actively decide to connect, with a willingness to take risks and express vulnerability</li> <li>• Willingness to take risks</li> <li>• Intimate and embodied experience</li> </ul>	<p><i>Clients</i></p> <ul style="list-style-type: none"> <li>• Openness</li> <li>• Active choice to be present</li> <li>• Realness</li> <li>• Embrace of vulnerability (under heading ‘clients being open’)</li> <li>• Trust</li> <li>• Embrace of tensions and differences</li> <li>• Group actively engages with meaningful human experiences</li> <li>• Courage</li> <li>• Importance of embodied experience</li> </ul>
<p><i>Therapist</i></p> <ul style="list-style-type: none"> <li>• Establishment of psychological contact and significance of strong initial match</li> <li>• Care</li> <li>• Immersion, aliveness and satisfaction</li> </ul>	<p><i>Therapist</i></p> <ul style="list-style-type: none"> <li>• Pre group preparation – importance of genuine connection (under heading ‘preparing the ground’)</li> <li>• Care</li> <li>• Being nourished by the group</li> </ul>

## 10.5.2 Differences

### *10.5.2.1 Clients' experiences and facilitating factors*

One of the three themes in my findings pertains to the unique nature of relational depth within groups. Consequently, many elements of this theme are specific to the group experience and cannot be directly compared to the experience of relational depth between a client and a therapist in individual therapy.

### *10.5.2.2 Therapists' experiences and facilitating factors*

Mearns and Cooper (2018) propose that Rogers' six conditions, in addition to extra factors, play a role in nurturing relational depth. The conditions linked to the therapist's attitude towards clients include establishing a psychological connection, therapist congruence, empathy, unconditional positive regard, and effectively conveying these experiences to the client. Mearns and Cooper (2018) have recognised additional therapist qualities beyond Roger's conditions that contribute to the development of relational depth. These qualities encompass authenticity, full presence, and maintaining an affirming stance towards clients. Several of the factors mentioned by Mearns and Cooper (2018), such as therapist congruence, unconditional positive regard, empathy, and an affirming stance towards the client, do not appear in the findings of this research on the facilitating factors for the emergence of relational depth within therapeutic groups.

One reason for this difference may be the distinct role of the leader in group dynamics. Group

leaders are primarily tasked with assisting members in engaging with each other, fostering the development of their unique group culture, and shedding light on the underlying meanings within the group's interactions.

### 10.5.3 Conclusion and interpretation

All client factors that facilitate the experience of relational depth, as revealed in this research, exhibit varying degrees of resonance with the client factors highlighted in one-on-one therapy research. Fewer similarities emerged concerning the facilitating factors and experiences of therapists. This discrepancy is likely attributed to the significantly different role of the therapist in the group setting. As the group matures, the therapist's role diminishes, and relational depth primarily becomes an experience involving the entire group.

It is important to note that the participants in this research are therapists. This implies that, while we can draw parallels when examining the therapist's internal experience, further research will be necessary to compare the internal experiences of clients in group settings versus individual therapy.

## 10.6 Comparison of Initial Assumptions and Research Findings

I began my thesis with the belief that relational depth is a profound source of meaning. While many of the examples participants provided were linked to group presence and engagement with meaningful human experiences, they did not directly address whether the relational

depth they experienced was a source of meaning for themselves or for the group members. One might assume this is implied by the importance they place on the experience of relational depth in group therapy, but further research would be needed to clarify this point.

I assumed at the start of the research process that long-term, process-oriented groups provide fertile ground for exploring experiences of relational depth. I believe that the importance participants assigned to these experiences in therapeutic groups, and the ease with which they shared diverse and rich examples of relational depth, suggest that these types of groups offer an environment conducive to fostering such experiences, supporting my initial assumption.

I hypothesised that long-term, process-oriented groups, which prioritise and emphasise the relational dynamic among their members, would be characterised by qualities such as benevolence, commitment, authenticity, and openness, allowing for the emergence of experiences of relational depth. Indeed, across the interviews, examples of experiences of relational depth were often associated with active presence, which can be linked to commitment, as well as authenticity and openness. These are some of the facilitating factors identified in my findings for the emergence of relational depth. However, it should be noted that while the experience of care and kinship can facilitate the emergence of relational depth, group members are not always benevolent with one another, and, as mentioned earlier, relational depth can also emerge from the navigation of tensions and differences among members.

Influenced by my philosophical readings over the years, I approached this research with the belief that relational depth may be connected to a spiritual experience, offering access to

‘intuitive knowledge’ that enables us to transcend ourselves and connect with the ineffable, infinite aspect of being. While two participants expressed what could be interpreted as a spiritual dimension of relational depth—such as Martin recounting a moment when a member shared a tapping exercise with the group, which he described as a ‘transcendental’ experience, or Jane reflecting on the group sitting in silence, ‘holding a sort of memorial,’ as one member shared their recent loss of a father—I felt that this dimension was not sufficiently prevalent to warrant inclusion as a theme in my findings.

Although social constructivism acknowledges that research is co-constructed, I was concerned that framing the findings around a spiritual dimension might overly project my own narrative. However, upon reconsideration, I realise that I am intrigued by the potentially hidden spiritual meanings behind some of the participants’ insights. While it might feel somewhat contrived to include spirituality as a theme in the current study, it could be worthwhile to re-examine the interviews specifically through the lens of spirituality as part of a secondary analysis, applying a perspective inspired by Carla Willig’s concept of suspicious interpretation (Willig, 2013). This approach would involve revisiting the participants’ accounts to explore whether there are underlying spiritual dimensions or meanings that may not have been immediately evident or explicitly articulated. This could form the basis of a follow-up article on the present research.

## 10.7 Trustworthiness

Qualitative analysis generally does not lend itself to fixed, universal standards for quality control. However, it remains necessary to apply certain criteria to ensure the validity of the research.

Yardley (2000) proposes four general criteria to assess good qualitative research, which I have tried to use as a guide throughout my research process.

The first criterion is sensitivity to context, which entails considering various factors such as the relevant literature, existing empirical data, socio-cultural settings, the participant's perspective, and specific ethical issues. I conducted a comprehensive and systematic review of the existing literature on relational depth. Additionally, I thoroughly reviewed and incorporated the most pertinent literature on process-oriented group therapy, emphasising the existential tradition. Given the extensive literature on terms associated with relational depth, such as intersubjectivity, attunement, or relatedness, I opted to provide an overview of the works of phenomenological and existential philosophers. Additionally, I included a succinct description of the evolution of intersubjectivity in the therapeutic encounter.

The participant's perspective is central to the interview and analysis process. Upon completing the findings section, I sought feedback from two participants, both of whom provided very positive responses. Considering the sensitive nature of the material, often involving real-life events in groups they run, I sent all participants the quotes I intended to use from their interviews to ensure their comfort and compliance. Two participants requested minor tweaks



in some quotes to avoid potential recognition by group members. I made the changes and sent the revised quotes to them for approval. All the quotes used in this research have been approved by the participants. Finally, I offered to change the names I had chosen for participants if they wished. Three of them proposed different names than the ones I had chosen, and I made those changes accordingly.

The second criterion involves commitment and rigour when collecting, analysing, and reporting the data. This includes the development of skills and competence in the method used, thorough data collection, and completeness and depth of the interpretation. I have read several theses based on van Manen methodology that has helped me to find my own way to implement some of his ideas. Also, to add some structure to the data analysis process, I have followed the approach and steps suggested in Clarke and Braun's thematic analysis.

The third criterion is transparency and coherence, where the rhetorical power of the text is achieved via the strength and clarity of descriptions, as well as the transparency of the method and data presentation, that is inseparable from a process of reflexivity. I have striven to be clear and transparent, although English is not my mother tongue. I have ensured to keep constantly alive a process of reflexivity, both on my personal experience of relational depth and on my personal biases when reading and analysing the interview transcript.

Finally, the research needs to be relevant, and therefore should have a theoretical, practical, and/or socio-cultural impact. As stated earlier, given that there does not seem to be any empirical research on relational depth in group therapy, which research shows is at least as effective as individual therapy, while being more cost effective (Burlingame et al. 2014;

Yalom and Leszcz, 2005), I believe that this analysis can have a real practical and socio-cultural impact.

## 10.8 Limitations

Six out of eight of my participants were either group analysts, or training to become group analysts. However, this research is neither on group analysis theory, nor on the difference between the different group therapy modalities. I have chosen to refer to Foulkes' writing when relevant to understand how much some of the comments of the participants were influenced by the theoretical framework in which they were trained, but I have purposefully chosen not to analyse in detail my findings through the lenses of Foulkes theory, as this is not the object of my research. However, one may question how much participants were influenced by the framework they were trained when asked about their experience of relational depth in group therapy. One particularly salient example is the importance given by participants trained as group analysts to the uncovering of unconscious material for reaching deeper levels of connection. They see their role as the group leader as central, in naming unconscious processes taking place within the group. This, on the other hand, was not mentioned by the two participants that were not trained as group analysts. The question of how much the participants were influenced by their training in their answers to this research is not addressed in this analysis, and this may be seen as a limitation.

This research is grounded in interviews with group therapists, and while certain findings pertain to their personal experiences, others align with what they observe occurring within the group and among its members. While observation can be seen as a form of participation

in an experience, conducting interviews with the group members would likely offer a different perspective, and perhaps even reveal contradictions to some of the findings in this research.

The majority of participants regarded relational depth as a fundamental aspect of group therapy. However, determining whether this perspective resulted from selection bias poses a challenge, as it is likely that participants who view relational depth as crucial to group therapy were more inclined to participate in the study.

## 10.9 Implications and Recommendations

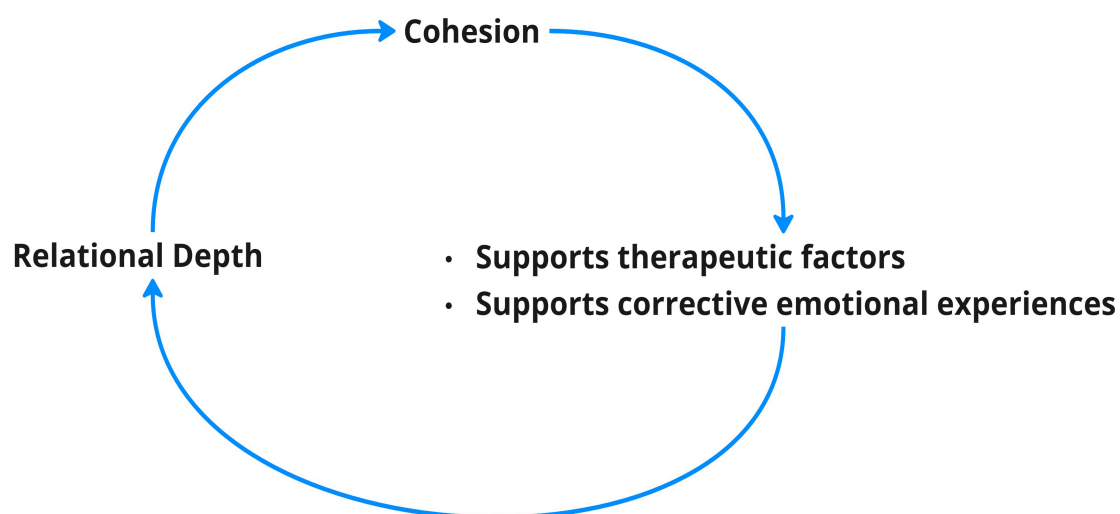
### 10.9.1 Link between relational depth, group cohesion and therapeutic factors

Yalom and Leszcz (2005) consider group cohesiveness—or what is more commonly referred to today as group cohesion—as a pivotal therapeutic factor in group therapy. They regard it as a necessary condition for other therapeutic factors to function optimally. Group cohesion is widely regarded by group researchers and theorists as a central determinant of success in group therapy. Its presence has been linked to increased member participation and improved therapeutic outcomes. Some research even emphasises cohesion as a singular, pivotal therapeutic factor in groups (Burlingame et al., 2001).

As highlighted in this discussion, the factors that facilitate the emergence of relational depth, along with the nature of its experience, often resonate with the therapeutic factors and the experience of cohesion described in the group therapy literature. Furthermore, a parallel can

be drawn between the deeper connections associated with group maturity and the literature on group therapy, which links group maturity to increased cohesion and more effective therapeutic work (Lorentzen et al., 2018; Chapman and Kivlighan, 2019). Based on these observations, an intriguing question for future research is whether these elements emerge simultaneously or sequentially. If they occur in succession, it would be valuable to determine whether relational depth is a necessary precursor to fostering group cohesion. Specifically, one might speculate that there is a virtuous cycle involving relational depth, group cohesion, and therapeutic factors in general—particularly corrective emotional experiences—that deepens connections and enhances group cohesion over time, as illustrated in the drawing below. In this scenario, the emergence of a sense of deeper connection facilitates an increasingly cohesive group, which in turn fosters the emergence of key supportive therapeutic factors. Notably, this includes the ability to navigate tensions and differences, thereby allowing for the occurrence of corrective emotional experiences. These experiences, as highlighted in this research, provide fertile ground for further deepening group connections.

*Graph 1: Possible link between relational depth, group cohesion and therapeutic factors*



### 10.9.2 Relational depth and wider societal implications

My interest in groups and interpersonal relationships stems from my belief that modern societies are at an inflection point and that there is a strong societal need for more meaningful forms of human connection. My experience has been that the individualistic modern societies we live in are not well-suited to addressing the profound collective existential challenges we face, such as climate change, the rise in wars and geopolitical tensions, and a world increasingly shaped by data and artificial intelligence. I began this research with the belief that developing profound and engaged interpersonal relationships could provide an invaluable source of meaning and resilience during these difficult times.

According to the theory of psychological needs, human relatedness is one of the three basic psychological needs—alongside autonomy and competence. Relatedness refers to the essential need to feel connected to others, to care for and be cared for by others, and to experience a sense of belonging within a group or community. It involves forming meaningful relationships and experiencing a sense of closeness and attachment (Vansteenkiste et al., 2020). This concept is closely linked to relational depth, which encompasses both specific moments of profound relational encounters and a broader quality of relationships characterised by deep connections between individuals (Mearns & Cooper, 2018). While relatedness forms the foundation for connection and belonging, one could argue that relational depth enriches these connections, offering potentially deeper emotional and psychological benefits.

In an era where traditional societal structures such as religion, local or trade associations, and even families play a less central role than they once did, and where we face an epidemic of loneliness in industrialised countries (Cacioppo & Cacioppo, 2018; Jaffe, 2023), fostering experiences of relational depth in groups could help recreate meaningful connections—characterised by active presence and mutual care—that are increasingly lost in modern societies. Although relational depth has primarily been studied in therapeutic dyads, and the current research focuses on group therapy, it would be valuable to explore how relational depth is experienced in broader societal groups and whether this understanding could foster more meaningful engagement and connections.

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## 12 Appendices

### 12.1.1 Appendix 1: Call for participants



Middlesex University School of Science and Technology  
Psychology Department



#### **Call for Participants**

##### *An exploration into the experience of relational depth for group therapists*

In your work as a group therapist, have you experienced relational depth with the group and/or its members?

Are you based in the UK?

Would you like to participate in a research project to talk about your experience?

I would like to understand the nature of your lived experience

This research will explore the therapist's experience of relational depth in psychotherapeutic groups.

The term relational depth is meant as a state of deep connection and engagement between people. It can be experienced in specific moments of profound relational contact but can also relate to a certain quality of relationship.

To participate in this study, you will be a qualified psychotherapist, with at least one year of experience as a group therapist and a focus on process-oriented groups. These are therapeutic groups that meet regularly for a relatively long period of time, where the dynamic is open and quite unstructured and where the interpersonal

experience between the group members is key. This is as opposed to groups aimed at addressing specific issues, such as substance abuse or bereavement, which are generally more structured and include an important element of psychoeducation.

If you agree to take part in my study, I will send you questions about your experience of relational depth in group therapy and ask you to think about keywords generated by those questions. We will then meet, when convenient for you, either face to face or online, for an informal opened-ended interview to discuss your experience.

If you are interested in participating in the study, or would like further information, please get in touch:

Catherine Lemaitre

**Email: [grouprelationaldepth@gmail.com](mailto:grouprelationaldepth@gmail.com)**



## **Participant Information Form**

“What is the experience of relational depth for group psychotherapists in process-oriented groups?”

Research conducted by Catherine Lemaitre as a requirement for a Professional Doctorate in  
Existential Psychotherapy and Counselling

You are invited to take part in a research study. Before you decide to participate, it is important that you understand what the research involves and why it is being done. Please take your time to read the following information carefully and discuss it with others if you wish. Please let me know if anything is unclear or if you would like to receive additional information. Take your time to decide whether you wish to take part.

### What is the purpose of the research?

The aim of this research to understand the essence of the group therapist's experience of relational depth in all its richness. I would like to investigate the nature of your deep relational experiences with the group's members, as well as with the group as a whole.

The term of relational depth is meant as a state of profound connection between people. It can be experienced as specific moments of deep relational contact and engagement but can also relate to a certain quality of relationship.

Process-oriented groups are groups where the interpersonal experience between the group members is key. These are therapeutic groups meeting regularly for a relatively long period of time, where the dynamic is open and quite unstructured. This is as opposed to groups aimed at addressing specific issues, such as substance abuse or bereavement, which are generally more structured and include an important element of psychoeducation.

The concept intersubjectivity, or the nature of the relational experience to others, has been widely discussed by philosophers, psychologists, neurologists, and psychotherapists. There is a growing body of research on relational depth, but most of it is focused on the therapeutic dyad. The research on relational depth in group settings is very limited, which leaves an interesting gap for research linked to that central subject.

What will happen if I take part?

If you have experienced relational depth in your work as group therapist, could you please reflect on the following questions and write down key words generated by that reflection:

- What has been your experience of relational depth with group participants?
- What has been your experience of relational depth between group participants?
- What has been your experience of relational depth with the group as a whole?

Please try to focus on specific, concrete experiences of relational depth

We will then meet, when convenient for you, for an informal open-ended interview, where I will ask you to relate to the thoughts generated by the above questions. The interview will subsequently evolve spontaneously. If you prefer not to meet in person, please let me know and we can do the interview online. The interview will be done in a private setting. If we meet face to face, your travel expenses to and from the interview location will be reimbursed.

I might ask you to read the analysis of our interview and provide me with feedback on that analysis. You can tell me from the start that you want to opt out from that part of the process, or you can decide at any time not to do it. This will not influence your participation in the interview.

### What will happen to the data?

The interviews will be digitally recorded and stored in a password-protected file on my computer, as well as on an encrypted USB stick. I will transcribe and analyse the information myself and ensure that your name as well as those of the group members are changed. I will make those changes explicit. I will delete the recordings after my analysis and the transcripts will be held by the New School for ten years after the thesis is submitted. If my research is published, I will make sure that neither your name, nor those of the group members or any other identifying details are used.

### What are the possible disadvantages to taking part?

The main disadvantage is the time it will take you to participate in the interview, and to travel to the location where the interview will take place, if you decide to do the interview face to face. The interview will last for 60-90 minutes, and you can choose between an East and North London location. We can also discuss meeting at another location if you wish to do so. If you prefer, we can do the interview online. If you agree to read the analysis following the interview, we may have an additional online call for a debrief that will last up to one hour.

It is unlikely that talking about the experience of intersubjectivity will cause distress. However, if it does, please let me know and if you wish I will stop the interview. You are free to stop the interview at any time for a break or to discontinue it altogether.



Although very unlikely, if you were to discuss with me something that I am required by law to pass on to a third party, I will have to do so. Otherwise, everything that you will tell me will remain confidential.

#### What are the possible advantages of taking part?

You may not directly benefit from participating in this study. However, you may find the opportunity to reflect on an important aspect of your professional experience interesting. You may also find value in knowing that your reflections might contribute to knowledge in the field of group therapy.

#### Consent

You will be given a copy of this participant information form for your records, and, if you decide to take part, you will be asked to sign the attached consent form before the start of the study.

Participation in this research is voluntary. You don't have to take part if you don't want to. If you choose to take part, you can drop out at any time without giving a reason. You can also ask for any part of the interview to be deleted from the research data up to three weeks after the interview.

Who is organising and funding the research?

This research is self-funded and forms part of my doctoral degree in Existential Psychotherapy and Counselling at the New School of Psychotherapy and Counselling and Middlesex University.

Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics Committee have reviewed this proposal.

**Thank you for reading this information sheet**

If you have any concerns, please contact me at [grouprelationaldepth@gmail.com](mailto:grouprelationaldepth@gmail.com)

If you have any concerns about the conduct of this study, you may contact my supervisor

Dr Joel Vos: [office@nspc.org.uk](mailto:office@nspc.org.uk)

### 12.1.3 Appendix 3: Ethics approval



25th May 2022

Dear Catherine

#### **Re: Ethics Approval**

We held an Ethics Board on 24th May 2022 and the following decisions were made.

#### **Ethics Approval**

Your application was approved.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other

contact with research participants only takes place when you are enrolled in a research supervision module.

Yours sincerely

Susan Iacovou, Chair of NSPC Ethics Committee

#### 12.1.4 Appendix 4: Consent form



Middlesex University School of Science and Technology

Psychology Department

Written Informed Consent

Title of study:

“What is the experience of relational depth for group psychotherapists in process-oriented groups?”

Researcher’s name: Catherine Lemaitre

Supervisor’s name and email: Joel Vos, [office@nspc.org.uk](mailto:office@nspc.org.uk)

I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from participating in the project at any time without any obligation to explain my reasons for doing so.

I consent to:

Participate to the initial interview: Yes No

Be contacted, if needed to provide feedback on the analysis of the interview: Yes No

I understand that I can ask for my data to be withdrawn from the project until data analysis begins, three weeks after the interview.

I understand that if even I participate to the interview, I am not required to agree to be contacted again to provide feedback on the analysis of the interview.

I understand that I have the right to withdraw at any time my consent for being contacted after the interview, without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication, including Doctoral dissertation and journal articles, and I provide my consent that this may occur.

I understand that my raw data will be stored securely and anonymously by The New School of Psychotherapy and Counselling and Middlesex University for up to 10 years after the work is submitted.

\_\_\_\_\_

Print name Sign Name

date: \_\_\_\_\_

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: \_\_\_\_\_

#### 12.1.5 Appendix 5: Debriefing form



“What is the experience of relational depth for group psychotherapists in process-oriented groups?”

Research conducted by Catherine Lemaitre as a requirement for a Professional Doctorate in Existential Psychotherapy and Counselling

Thank you for agreeing to participate in the present study concerning your experience of relational depth as a group therapist. The purpose of this study is to get a deep and rich understanding the group therapist’s experience of relational depth.

I will now transcribe and analyse the information you have shared with me today. I will ensure that your name as well as those of the group members are changed along with any other identifying information. Please let me know if you would like to see the transcripts. You can ask me within two weeks of the interview to disregard and delete all or part of the interview. I will delete both the recordings and the transcripts six months after graduating. I might ask you to read the analysis of our interview and provide me with feedback on that analysis. If you are willing to do so, you can change your mind at any stage of the process.

The feedback will take the form of a conversation, either face to face or online, according to your preferences.

It is unlikely that talking about the experience of relational depth will cause distress.

However, opening-up and investigating any type of experience can cause a sentiment of vulnerability. If this interview caused you distress, you could contact your family doctor or a professional psychotherapy organisation where you are. Below is a list of organisations where you can find accredited practitioners.

Thank you again for agreeing to participate in this study!

With warm regards,

Catherine Lemaitre

**United Kingdom Council for Psychotherapy (UKCP)**

Website: <http://www.psychotherapy.org.uk>

Email: [info@ukcp.org.uk](mailto:info@ukcp.org.uk) Telephone: 0044 207 0149955

**British Association for Counselling and Psychotherapy (BACP)**

Website: <https://www.bacp.co.uk/> Email: [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk) Telephone: 01455 883300

**British Psychological Society (BPS)**

Website: <https://www.bps.org.uk/> Email: [info@bps.org.uk](mailto:info@bps.org.uk) Telephone: 0116 254 9568

#### 12.1.6 Appendix 6: Full transcript – Martin

R: So... well, if you can tell me your experience of relational depth in group therapy, how you see it, how you've experienced it, examples...what's important in terms of relational depth in your opinion, and then we'll take it from there.

M: Perhaps the relational depth starts at the forming of the group, and you collect the group and call the group together in order to have a group. In general, in the general experiences, it takes about nine months to a year to get a group off the ground.

R: hmmm

M: I think where the relational depth for me starts is possibly a no-go area for other therapists. I quite like asking people who have been working with me one to one, whether they would like to come and join a group. It's quite difficult when you go and join a group because I don't know whether you've ever done that, but until you speak to the facilitator and then that's it, you don't know anything else about the group. And then at least in the kinds of groups that I run, you are being asked to commit yourself for a minimum of a year without ever having met the group. So there's a lot that needs to happen. Some of my colleagues ask for two years commitment.

R: hmmm



M: So that means... there needs to be already something there between you and the facilitators so that you can say: yeah, okay, I can do this. Or either you and the facilitator or you and the concept of group that you have in your mind, which is hopefully the concept of the group that the facilitator or the conductor of the group has in mind as well. So there's a lot of trust involved I think. And you meet one person and you say: yeah...no...I join you. Because the reason of course is that you need to allow relationships to develop in the group before you can say that you don't want to come to the group anymore or that you want to finish it.

R: hmhhh

M: So that is ...already something of to do a lot I think with trust. So ...when I got my groups ...when I got the first group that I was just telling you about, this men's group, when I got it together, it was entirely composed of people who I'd been working with on a one-to-one basis, for any time between three to four years....one year. But they all knew me and I knew them and in my mind I thought actually they could work together quite well. So when they come together, so this is different in my groups, from other groups, there is already a relationship that is in existence between me and the client.

R: hmhhh

M: Later on people join the group that I don't know that well, the colleague refers someone. And then again, it is the relational depth gets... something gets already built in that moment when you meet the client and I tell them a little bit about what the group is about and in that sense ...say I think, well, I've got these four groups, but I think this group will be the one for you if it fits time wise

because these are the topics in it. So that means that I can invite the client, I then invite the client to think themselves in...can they imagine themselves in the group? But also the next time when I go into the group, I imagine the client with me in that group as well. So there's already something happening in terms of preparing the ground for that.

So I think there's quite a bit that happens as the group comes together and also about me imagining who is in that group and how they work together. And more often than not ....at some point I need to let go of that... like recently I put a new group together, which was the first....all the groups have decided to stay online after the pandemic for various reasons. The main reason being is that no one needs to leave a group because they leave London. So, I've got one group where somebody has moved to Australia and he joins the group at 4:30 in the mornings in Australian time, which is sort of 7:30 our time here. And sometimes it changes, but on the whole, there's ... it's quite an effort he has to make in order to stay in that group and he wants to be in that group. And so his relationship to the group and the support that he experiences is so important for him. It has really helped him in his move, moving his family as many Australians when they come here in their early twenties and then they fall in love, they have a child and then they need to wonder, do I want to go... be back in Australia or not? And so the group, could stay alongside him, which I think is quite tremendous. So they, they've stayed online. So what I was going to say is that the group that I put together, which was an online group, where I was concerned that five of the group members were in their late twenties, thirties and early forties, and one group member was 64.

R: hmmm

M: I tried my best to not have her be on her own, but in the end that's how the group...how it arrived and it couldn't have been a better combination. I think now that somebody who has come in who's also in her late fifties, it's far more problematic than it was what I had imagined... what it is

like for that one woman to be at the older end and the others being so much younger, that was actually not the issue at all. The issue was when somebody came in who was similar to her in age, that then stir things up and it is quite difficult for her right now. Also how I imagined how the youngest person who's just come in who's 21, I underestimated how the group would respond to him and how easy they would make it for him. They've never made it as easy as that for anyone to come in.

R: hmmm

M: So their fatherly and motherly instincts came out in droves to facilitate him coming in. And the oldest woman in the group, the 64-year-old, she said, well, he's the younger brother. I always want to always asked my parents to have a younger brother. And there he is, it's fantastic. So in that sense, they can see the person for who he is and his neediness in one level, but they also can relate to their own responses and their own history, how that is.

R: So in terms ...to get back to the idea of relational depth, you would say that the structure of the group and how you decide to mix the group by knowing them already in advance and having enough time, at least a year, you say, are things that are essential for relational depth to rise you think? is that...

M: Well, I'm quite happy to use myself in there, but I'm... because people are attached to me then also... and there's something about somebody said: you were so enthusiastic about this group, about me joining

R: hmmm

M: and I believe it. So it's not something that I'm putting on...it's something that I really believe that one to one work followed by group work is such a logical thing to do.

R: Yes

M: It's almost, I say to people in one-to-one, one-to-one work is as close to breastfeeding as I will come as a man

R: hmmm

M: where all my attention is on you trying to guess, and sometimes second guess what it is that you need. Why are you crying now? Are you wet? Are in those sort of terms. Do you need feeding? Is it, what is it you need? In group, I lose interest in the sense in you individually. My interest, my focus is on the group, but it's really good that I know what you're carrying individually so that I don't forget. For instance, there was the example in the co-facilitated group. There was somebody who had been sexually abused at a very early age when he was four, his individual sessions were for about four years very often spent in silence.

R: hmhhh

M: We got very close to the actual abuse and there was visualizations that he went into, which was quite painful and quite difficult. But there was nothing else. It was just silence and holding space. Of course when you come into a group, you know can't do it like that. You can't be like that. So we noticed my co-facilitator and I noticed that when I'm not in the group, when he's doing the group on his own, that particular client speaks. Whereas when I'm in the group, he's often silent, more often than not. So there was that question... of course that had something to do with what him and I were holding. The much, much younger part and that he could just forget about in a sense when I wasn't in the group. And so we made that open as well. So we talked about that and in a sense I think we sort of worked through that quite well.

R: So...could you give me a sense of when you feel that there is experience of relation and depth? And this can be between you and group members between you and the whole group. It can be also between you and the co-facilitator that you started to talk about.

M: I can give you some examples that comes to mind...from one group.... interesting.....those are online examples. So there is somebody who has... who's in personal therapy with me in the one-to-one sessions. She learned... slowly learned the importance of the fact that she spent basically the first 18 months in hospital separate from her mother, in a cast, because of issues around her leg. So she was, she's my age, she is 64, something like that. So the things that they could do to young babies that were born with that sort of deformity... couldn't do much other than just hold them still. And she came out of hospital and then in and out of hospital and about 14 hip operations over 20, 30 years or so, there's a lot of interference and a lot of trauma...

R: hmmm

M: ...that she .... who was a very high-powered woman in a man's world. So her job was around.... in a world where there were many men. And she found a place, she was strong, she's a strong woman. She had to be ...but ignored somehow her, that sort of very young child that was ...began to cry out. And there was a very moving scene once when she said that she'd been to an osteopath and for the first time ever, so bearing mind that she's in her sixties now, for the first time ever this osteopath worked on the damaged leg and she cried. She found herself crying in the session and then she said to the group: yeah and I went to my brother afterwards and he didn't really want to listen, but I'm fed up off crying on my own... these words.... she said: do you mind if I do this now with you?

R: hmmm

M: And she pushed the laptop away. She stood up against the wall and she did the ...I'm getting a bit tearful as I'm saying that...so she did the exercise in front of the camera as we were all watching and cried for the first time ever in the group and allowed herself to cry with the word she's saying: I'm so fed up of doing this on my own...alone. So in that moment there was bringing the group in, bringing in a way of intimacy. I'm not sure whether she would have allowed herself to do that had we been in the room. There was something about her doing that on Zoom, which left us speechless. And we cried. We cried with her and it was just a beautiful scene.

Similarly, interestingly in a different example where somebody who was a secret drinker, who had never told her family that she is still drinking, everybody thought that post rehab everything was all

right. She realized she needs to have detox, but you can only get home detox if you've got someone to stay with you.

R: hmmm

M: It was lockdown. She didn't want to come out to her family. And so it was really difficult. So one of the group members said to her ...well, oh, I mustn't say this now because we're not allowed to say this. I said...well what were you going to say? Well I was going to say to her: I'll come and stay with her. And I said: well yes you know... this not ....this is against the rules, it's only... you know... we meet for an hour and a half. But I think the intention is important.

R: Yes

M: Even if you came to stay with her, you'd be gone after a week. So there's something about the intention. So why don't you now just pin yourself to the wall? So you know, when you have the groups, group meetings, you can pin the other person to the wall. So she pinned him and he pinned her to the wall so that the two were looking, like we are looking now, with the group on top

R: Yes

M:... the group as the bystanders and the two were talking to each other. And he just said to her, and it was really important that he said that to her that it was him and no one else because he knew a bit or two about drinking and drinking compulsively.

He said, look, I really care so much I, I'd really love to either come and stay with you or you come and stay with me and I look after you. Which again triggered tears, triggered a sense of compassion. And it was hypothetical of course, but he offered something that came really, that wasn't put on, that wasn't anything. It came from the bottom of his heart.

R: hmmm

M: And there was that connection between them that helped her. She still, a year later, she's still sober and it was something of that exchange that helped her to get someone else who could come and stay with her. She was brave enough to do that. So I think again that's one of that, the connectedness of that.

Another example is .... group is always problematic but there's two more examples I think... that also says something about the outsider when relational depth happens, because relational depth in the group isn't a standard thing. Quite often there's a split in the group. So there's two things. One unexplored, we don't know quite yet what it is about. They're all quite life examples. So there is... in the addiction group that I have, there is somebody who knows a lot about tapping. You know the, the...that...

R: Yes



M: ...it's the holding that tapping provides... Of course, because he works in the kind of profession that is quite similar to mine, there's always the risk that he gets seen as the other facilitator in the group, although he too struggles with addiction issues and all of that. So we avoided that a little bit. But there was one moment when somebody in the group, again by accident it's a men's group. It wasn't designed as a men's group, but all everybody who came together were men.

There was somebody quite suicidal at that moment who talked about driving the car against the wall and he seemed very vulnerable at the time. So I then said to the guy who knows how to tap, I said, I think this is your moment now I said. If we were in the room now, I would probably give him one of the stones or one of those figurines, whatever I have in the room to take home. I think we need to give him something to take home until the next session. I think this is your chance. So he took over and he introduced us... he introduced the group to tapping and he got the entire group to tap. So there were nine frames there and we were all following his instructions as to what we were doing, what he was doing, which was an incredible experience, whatever the tapping does. But there was such a transcendental transpersonal aspect to this. It was really, really powerful.

R: So what was powerful about it?

M: That we were all sitting there doing the same things. So do it with me. I... do you know what the tapping points are.

R: I yeah, I vaguely heard about it.

M: So you're breathing out and you're breathing in and the out breath is more important. As you're breathing out, you begin to tap... if you imagine nine people doing this...

R: yes

M: Looking at each other and linking in... there's something... you can feel a slight, I think you can probably feel a little bit

R: hmmm

M: ...of what was going on and there was a nonverbal thing happening. Interestingly... I didn't even notice .... I was so caught up with it that I didn't notice that one wasn't. It's still unexplored what it was. But I think it goes into the exclusion, inclusion, what happens when the relational depth is experienced by the group, when you're witnessing it and you're feeling on the outside. So what's happened for that...

R: So you mean it happens sometimes to specific members that they witness it but they feel outside

M: They feel outside... or a split happens. That is much more explored in another group where somebody left very angrily long before ....it was I think after seven months or so, he announced at the beginning he's going to leave.

R: hmmm

M: He came from an AA background where when you.... or a drug rehab background where there's certain rituals when somebody leaves everybody in the group gives them feedback.

R: Ok

M: He was quite manipulative in that and he somehow demanded feedback before... he said... I'm going to leave halfway through, but I want some positive feedback from each one of you. So he went around and in a quite intimidating quite of way, I thought... that was still in the room in the room in London. And he demanded this feedback, which people gave him but it was like bit paper thin because this wasn't the moment to give him positive feedback. This was the moment for people really to say how pissed-off they are with him for doing what he's doing. But nobody did that. When it came to me ...so I noticed the fear that was in the room and then it came to me...

R: He asked specifically...sorry, he asked, he asked specifically for positive feedback?

M: Yeah.... and when he came to me, I said: I'm not going to play this game.

R: hmmm

M: ....he just stormed out very, very angrily. So he left the group. I need to say to that... I knew him from previous contexts, so I knew I will have contact with him afterwards and we can talk about this a bit. But what happened...so he left the group in which seven people, including the facilitator, were furious with him. Once he left the room, everybody was saying this felt like highly manipulative. They felt threatened, they felt whatever... And they were really scared for... after I'd said what I'd said, what would happen. Because he was somebody not to be messed with. Theoretically we knew that. And one person burst uncontrollably into tears.

R: hmhhh

M: So we then paid of course a lot of attention because there was always some scapegoating going on because we were all so angry with him that it was really interesting to pay attention to the person who was crying uncontrollably. And the short of that was that I could say to the person who'd left... listen... in my email, I said: you need to know that after you left, you had seven really very angry people in the room, but one person, so and so, burst into tears and I believe if you had been able to touch that level of sadness... I think he was doing some work for you. And he... that's what you were running away from. You didn't want to touch those tears. He cried them for you and you would've been able to stay in the group if you had been able to allow yourself to feel those tears. It was a sort of split. So there was a relational depth on some level because we got very, very, very angry with him. So that was just also I think an expression of relational depth. But the group as a whole gave a much more complete picture of the depth because the despair that is very often under rage came up and it came up, it manifested in one person who was just holding that.

And that is important. I think that whenever there's relation depth in a group, there's quite often a split presentation. Somebody will experience something that's different and then not to have the peer pressure that we are all feeling one or the other. But that... to acknowledge that it's equally

important. As one person... when somebody new came into the group, she said: oh, this is a bit like in my family, she said she had two children. When the third child was in my tummy and I told them one of the children was jumping up and down for joy and couldn't wait. The other one was misery impersonated and didn't want to know. And whether you have that sort, again, the relational depth, but one through the joy and one through the irritation, anger and depression.

R: So actually it's a good time maybe to hear... because you say that you feel that anger is part of relational depth. Could you define for yourself... from your point of view, give words that what is relational depth for you or how would you define it... come about it? Or even word... words that are associated with it. It doesn't need to be fully...

M: It seems to me that the willingness to explore whatever feelings there are in the room with as much dedication to finding out what there is in the room. So to hear the different voices

R: Yes

M: ...that are either in me or in the others. And that may be including the political context. So in one of those situations when I did have.... the only man in... black man was in the group, was accusing the rest of the group of being white, middle aged racists. Then... to then acknowledge there is so much truth in what he is saying and how do we work with that and what can we do? What is there?

R: hmmm

M: So there's the political dimension to it, there is the social dimension to it... there is his rage. I think he was so angry actually ...he didn't stay long ... he never stayed long enough to tell the group that he was actually mixed race, that he had a white mother, which considering... there was all sorts of things going on there, that ....and I didn't contain him very well. It was one of those moments when I felt I let a client down because I was hiding behind the group facilitator's role and that didn't become... I didn't act protectively enough of him in that context.

So there's something about the relational depth. I'm now thinking of another group where I did let someone in who was Sri Lankan. He was the only brown person in the group. However, I thought, partly correctly, that the fact that he's German is... he grew up in Germany, his accent is like you'll imagine a Scottish black guy speaking with the deepest Scottish. So that was him. So when I hear him, but I speak to him... interesting that brownness stepped into the background, which he would agree to as well. So there's something that he had about.... well when he's in London, he looks like a Pakistani, he looks like he would be called Paki and whatever. But he's German, he speaks English with a German accent. And so at all .... the depth in that is to ...how can you acknowledge all these different levels that we respond to someone and they respond to us, which is all the prejudice, which is all the racism that we hold, all the homophobia that is okay. I think for the relational depth to be there, it needs to be okay that we are racists, and we are sexists, that we are homophobes, because we cannot be but, since we grow up in a society that is like that. Relations to others will throw up issues around ageism, around sexism, around racism. And it isn't helped by us saying that I'm not a racist because I am.

R: So you would say that there is something about transcending conventions ....and being raw if I can...

M: Yeah....

R: Yes?

M: Yeah....and that includes, that's when as a facilitator that come in and when I feel like I can't hide, really I am in there. I can't pretend. So when in one of my groups there is, there is somebody, so there is that lady who has the long term ongoing conditions and health conditions that she had as a baby. There's somebody who was told that he was going to die at the age of 40, he's 38 because of a heart condition. And somebody who was 28 who was told that he'd die at the age of 30 because of his cystic fibrosis. And then I cannot be in that group and not just acknowledge that my partner's just had a cancer diagnosis, which isn't brilliant. So because whatever I say, whatever I do in the group feels like ....I need to make that clear because it gives... there is a certain perspective that I would have on things. I think generally when we talk about death and dying, we can't keep ourselves out of that

R: hmmm

M: Just like with sex, we always make abstract theoretical statements about sex. But really there are all statements about us. And as that generally I think any big statements are statements about us, what we have experienced in life and... I find it much more difficult in groups to not occasionally say something from my perspective where I'm coming from so that it's clear so that the group doesn't need to guess. So we don't go into the ins and outs and what it all means but you know it may be useful to... like...I think then that comes into disclosure.... It's like when one client was surprised that my mother had died over the summer, which I acknowledged to the group. The group didn't know

that my mother had actually committed suicide, but there.... because I thought that's too much for the group to hold.

R: hmmm

M: But somehow, they needed to know and I made the link to... the fear... that one of the group members have committed suicide and all I said, I may have overreacted a bit, I said, because my mother died in the summer, so I was carrying that.

R: hmmm

M: And then the one-to-one client said to me: when you came out of the summer break, you told me that you are all right. And I said, yeah, of course I'm all right. What has one got to do with the other? I was fine. And I know you would've wanted to know and you would've wanted to take care of me. But that's besides the point. So there is... I think a case to be made to self-disclose and to also reach relational depth between... because if you don't disclose what it's actually... what it's based on without going into.... I don't want the group... Sometimes I am envious of my group, of my groups. I think my groups are better than the groups that I am part of myself. I'm in a group on Saturday mornings at 6:30 with loads of group analysts in it who are all mad like me. But it feels like sometimes I just envy the ordinary groups that I have where I think that there's not.... there are therapists in my groups, but they're not as neurotic as my own group that I'm in where we all work too hard.



R: So you are envious because they're not as neurotic or because there is a connection?

M: There's more connection and they're not trying to connect to their clients with each other.

R: So there is a real direct connection that you don't experience in...

M: Yeah, yeah.

R: But do you feel that connection with this group yourself as well? Or do you feel .... because you say you're envious, do you feel there is something that you're missing in the relational depth because you are the therapist?

M: Yeah.

R: Yes.

M: I get it of course... I get it in different kind of ways because relational depth is a...you know... just holding the group and thinking well, oh they did really well or that that's there something that's going on, which we managed quite well. So that's also perhaps it's difficult to distinguish from pride and from a vibrating at the end of a session of the fullness or feeling depleted... like I felt last night

R: Can you say again... so at the end of the session, the fullness that you feel from...

M: ...that, I feel that's the vibrating of... Oh.... that was a good session. There was so much that was talked about that resonated with me or with the frustration as I felt last night when the group ended last night... I thought, oh, what was that about? What the group even turned to me. And they said to me, are you all right? And I said, I'm not quite sure what's going on. And then I talked a bit about the

person who wasn't there, who I was quite concerned about. And then that seemed to help me in. So it was interesting in that moment a group member turned to me, said: you're very quiet, how are you doing? Usually they ignore me. Usually they just talk to each other. But of course the group member who addressed me said also this is feeling pretty shitty tonight. Can't you say a bit more? ... basically

R: So you felt that it wasn't very meaningful last time

M: It was meaningful. Like...sometimes there's these episodes, like....there's two scenes: I have to think of the porter scene in Shakespeare's Macbeth where the porter comes out and urinates against the wall and you think, what is that about? And he has a little monologue or in breaking bad, I don't know whether you've seen Breaking Bad.

R: No, no

M: ...But there's one episode which is a really horrendous, very Shakespearean, but there's one episode which is just about a fly

R: hmmm

M: For about 45 minutes these two guys were cooking up the meth and who are very concerned about cleanliness because the nothing must spoil the meth. They're hunting ...and it's already quite

...they're going downhill, you know that that they're going downhill. But the entire episode is about them trying to catch a fly. It's thinking, what was that about

R: hmmm

M: ...and which one of my clients actually said once in one to one, he said this was one of the fly episodes, wasn't it? We can't quite put a finger on. But even there is some connection. But...

R: Just to get back to the fact that.... you feel that you don't get the relational experience.... all the relational experience or the relational depth experience that your group gets, what would you say you do get and would you say you don't get that they get between them?

M: Well....I get a kick out of... it's, I'm not sure what... it's almost an erotic hit kick. So I always think when my one thinks about connection and depth, I quite often think of the Indian chakra system. So when you have the red chakra that sits at the bottom of the spine and which rules over sex, sexuality, anger and all that sort of thing

R: hmmm...

M: ... and just one above, in just beneath the naval there's the orange. And I always find that relational depth comes when the orange vibrates and we are having a sort of sense of connectedness. And I think that gets quite often confused with sex because it sits so close together that when we feel erotically connected, and I use that in the widest way.

R: Yes

M: That there's an erotic connection that then switches into the... when boundaries get transgressed... into the sexual, which is not sexual, this is not to do about sexual, this is about a connectedness that we just hold the same kick one gets out of say completing a painting or having done an essay that feels like... Ooh, that's nice. So there's that sort of vibrating which is close but isn't sexual. And I think, so the relation depth for me comes out of this very erotic sense of ....yes, being connected.

R: And do you feel that sometimes in group therapy? ....I'm not speaking about the group..., the group where you're the therapist, you feel this sense?

M: Yes. And I think I'm aiming for that. So that's the aim when I go into a group ....to connect from that level. But then there's all sorts of things that happen of above as other things. Sometimes the group is very heady. And they're talking about connections and they're talking about whatever. And I'm then trying to come from either the heart connection or a bit lower thinking, well what is this actually about? What this is a very abstract intellectual conversation. What are they avoiding or what is it that they're talking about?

R: So for you, the real experience of relational depth is something that is not intellectual, that is more embodied and untold if I can say... yes? Is that right?

M: Yeah. So that if people have an abstract discussion about something, there is something about the other connection, the connectedness, but which you can very easily feel excluded by as well. Like...in...today I felt very included and as a relational depth when three people were talking in the group just now before this, but they were all talking about filmmaking, and .... Hum....but they were also presenting themselves because I, I'm quite excited about each one of them because their journey has been into becoming more... becoming better artists, therefore being better paid. And therefore when they talk about it, they talk about their history in the group. They're positioning themselves that they can be more out in the world and present themselves in the world. And I had a bit of a father's pride in that thing....like: "well yes ...and I stayed alongside, I remember when you did this high powered, fantastic film editing that you do for peanuts, you wouldn't charge anything because you didn't believe that you had the right to charge. And the journey in the group has been somehow stepping into your own frame of reference or into your own stepping into your own. And so you could claim the space. And so you are better paid now as well"

R: So you had this father's pride... and did you associate it with this feeling of relational depth that you're talking about? Yes?

M: Yeah. So that's what I get out of it. And because of course sometimes when I was teaching we had the advantage... you could go out for pints with the students afterwards, and they would tell you which sessions... which class they remembered and which were good. And they were very often not the classes that I would've said they were fantastic. So there may be a difference between what I think is a good therapy session or a functioning therapy session at the relational depth from what the clients think.

R: hmmm

M: Only with the clients we don't go out for pin afterwards and say, tell me which sessions did you actually really quite enjoy. Yeah, I think Yalom did it once in one of his books where he took notes after the sessions and asked the clients to take notes and then they publish that. Which is an interesting way of looking at it. Well, what am I actually doing? What do you think I'm doing? What is actually happening in these sessions? I don't know. And it's quite often when we don't know what we're talking about, when I can say to a client, I don't know where this is going, let's continue a little bit, let's explore together. So where, see perhaps that's what what's in Rogerian terms you would say the I-Thou. So where there's really the two of us together here, we have a contract we are exploring, I'm not the expert.

And ....and so we both have our explorers' goggles on and we look and together we'll have some excitement if we find something. Yes, it's in your territory. We are doing the digging and the archeology in your territory. It's a game we are playing because it could be the other way around. And with some of my clients who are therapists, theoretically it could be the other way around. I could be their client. It just so happens we've agreed to the rules that I'm the therapist and they're the client. And so then we dig around there and look at the things that we find and we get excited about. We dust things off. I think... of course for them it's a bit more because it's got to do with their history, it's their archeology. Sometimes it's joint, sometimes we find things that... were something bigger comes up. I remember, I remember a client who wrote a thesis on the ashes of around the concentration camp by the river. So he did the study of the earth, the soil. He was a geologist, it's like one of those goldsmiths... goldsmiths do all sorts.... So it was sociology, it was geo ...geology and it was politics of courses. And he looked at the ashes that had built up in the rivers around Auschwitz and it's just like.... incredible. Of course then...me being non-Jewish German, I sat there with him, I explored that with him I think like...: okay, so we are threading interesting territory ...when he talks

about the flat in Berlin and when he goes to Belsize Park where his nan now is, where all the furniture from the flat in Berlin has been brought over in Belsize Park. It's his flat now and he really doesn't like it. He doesn't want it. And what that means, and what it means for him to have come to me, what would his grandmother think if he'd come to a German non-Jewish? You know it's like this

R: hmmm

M: There is lot going on of relational depth, which goes into our joint history as well. It is a bit, I read a piece by somebody who was doing therapy in Israel and he was seeing an Arab guy and the bombs were coming down and they had very different responses to the bombs but they were still affected by them. Of course, they were both threatened by them but they had very different political associations and ideas about these, what they were about.

R: Can I ask you ... it seems that ....and correct me if I'm wrong, that you associate relational depth quite often with a common history. So you said for instance that for a group to start to live at relational depth, it needs to have a history together or when you were proud of these three members of the group because you had a history and you've seen them. So you do.... would it be right to say that the uncovering of a common history is an integral part of the experience of relation and depth?

M: Yes. Because we are looking for relational depth. I always give the example of if ....I grew up in little village, so if I meet someone, so I'm in my sixties, I'm 64. If I meet someone, even if they're 24 and they come from the same village, tiny little village that I come from, they're desperately trying for relational depth because after all you grew up in the same village that I grew up. Although his or

her village would be very different from the village I know. And even if they were 64... am I breaking up?

R: Yeah, you broke up but now you're back.

M: So even if we were the same age, coming from the same village, coming from the same family, there wouldn't be an automatic relation depth because we would need to agree from what we've heard and what we've seen, so the relational depth that very often is difficult to find between brothers and sisters because they've got... even between twins ....because they've got different perspectives on the family. The relational depth would only come if they can agree to listen to each other's differences.

R: Okay

M: And the relational depth would be the preparedness to do that... rather than saying I want you to have experienced what I experienced. Unless you do that, I'll dismiss you.

R: But would you say that's true in general or

M: Yeah



R: So, you need to be able not only to connect because of common history, but also to recognize the difference of experiences

M: Yeah. The relation depth wouldn't be there between.... if you were American and you insisted that the last election was a fraud. And I insisted, no, it's not. There is no way that we can have any relational depth. It needs to ....I am working with somebody who was quite positive about Trump and I was quite shocked and when we talked about it and it was almost a threatening of the end of the therapy because how can we... you know, how can I work with someone who believes that whatever university Trump is going to... found will be more truthful than the other who believes that the others are left wing think tanks that don't allow the real science to come through. For a little while there was obviously... there was a fear of ...will I be able to continue to relate to this client because it's just now emerged that...there is a wall. The only way forward. I could say to him, look, I don't agree with you in this ...and I'm shocked actually. I think that... he was a gay man .... I'm shocked that you as gay man should be finding your comfort in someone who so clearly ...has ....had various policies in his book that you know that's meant to attack us. So there's something that had to work... be worked through in order to establish. So I now don't know, he's still a client of mine. I don't know whether it's just gone quiet where that has gone. I'm not sure. We haven't really talked about it for a while and I'm wondering is it still there? Is he just pleasing me is? Is he....but I think whatever it stood for, whatever it meant was something else that... I think we... because he's working deeper and allowing himself to be more in contact with himself and his issues than ever before. I think.

R: hmmm

M: So I think that... yeah... whatever got in the way that isn't there at the moment I think.

R: And because you now talked about the relation with one client, what would you say is the... because you're experienced on both fronts... is the difference of the experience of relation with depth one on one compared to groups. What would you say, are there things that you cannot experience in one that you would experience in the other? Are there things that you think are particularly salient in groups?

M: Well you get seen more... just like I always prepare the clients who've been working with me once when I say you need to be prepared that you'll hear some things about me and you will see people challenge me. So at some level the relational depth is easier to achieve in the group because you get more feedback and if the group is working, then they would also criticize or they would say something that would say that was a bit below the mark like when in one of the groups somebody turned up drunk and on a hunch I asked him: what are you drinking there as he was... he raised the glass and he drank. And he said like, Oh it's wine. And he said... it was being pretty honest... and I said, I think you have to go now. And it was a very young group and I felt quite protective of the group, but for now I think you need to leave the group because I think that's not on.

So he left the group, but the group challenged me afterwards and they said: why did you do that? Do you not trust us enough? Do you think we could deal with him? And we called him back. So the group then convinced me that he should be called back and that was huge. It was huge for the group. Especially it was only the sixth or seventh session and I think that was very growthful that the group could say that already they could challenge my decision. I was relatively open with them in his absence, why I think this wouldn't be a good idea. And then they sort of said, no, no, let's call back. In the meantime, unusual for that situation, the guy who I asked to leave had also texted me and said, look, this doesn't feel quite fair. And so I could then texted him and say like, well the group

wants you back. So he came back in. So there's also I think a question of relational depth that the group trusts me that they can challenge me and I trust the group when they challenge me that I don't put my foot down and said like, no, this is my decision as the group facilitator, he needs to be out. And I listened to them and it was good. It was a growthful moment I think for the group.

So that would not happen in one-to-one sessions you know... where it's just me and the client where I think it may be a sign of relational depth that I have worked with a client under the influence. A client rang me before a session and said he, he's taken heroin and he doesn't want to come. He doesn't think he should come. And I think I said to him: No, no, no, I think you should come, which is against the teachings of the drug rehabs where he used to work. You wouldn't ever see someone who's under the influence. And that's mainly also because there's others around. So this was one to one so I said: no come. And it was really important because the client prided himself that he could use and then sit with his parents at the dining table. So I got a very good idea of how good he is at that, that he could do that and that the parents wouldn't ask any questions or wouldn't want to see. And I guess that is also some sort of expression of not playing by the rules but making bit by bit decisions and sometimes telling the client no, that has something to do with the relationship between me and them... yeah

But the group, I mean there's also the thing, but the group, I always have the group in mind a bit. So it's not just me, it's also like... is this okay for the group? Can I trust the group? So where that is ....there's .... more thinking goes into that I think. It's easier in one-to-one settings also. Where we don't necessarily put ourselves in line like that...

R: Now in terms of ....with the group, just to get back to the questions that I need to make sure that we went through. So within the groups... so we've talked about relational depth with group participants ....with ...between groups, participants. What about the group as a whole? Would you say that there are situations that you can differentiate where the whole group is in some kind...well

you did tell me actually when this woman was crying, this was a whole group experience, right?

Everybody was crying...

M: Yeah. Crying or having a strong response to that and they were there. And on the whole, my interventions in a group would be aimed at the group and not at individuals.

R: Yes. But are there moments that you witness or experience an experience of relational depth that is one on one between group members or one on one between you and a group member where the rest of the group takes kind of a back background more or spectator role? Would you say this happens as well or it's more or...

M: Rarely I would say

R: Rarely. Okay.

M: I would question whether there is emotional depth if not everybody is involved. They would always be wondering as I said when we were all tapping and the one person wasn't, I think that's important to pay attention so that one doesn't get lost in what we think is a fluffy warm experience. But actually one person is holding quite difficult experiences for the group. So I would always say that the person who feels different is holding something. If... when somebody switches off, there's a very deep experience...if someone switches off, there's always a good reason why they switch off because they are in touch with something else. They may be in touch with something more horrible

or they may be in touch with something less socially acceptable. So it's important to pay attention to what's going on in that group member.

R: So that...

M: They will be feeling it for the group.

R: So that's quite important, I think. So I want to make sure I understand. You feel that in group therapy the real experience of relational depth is happening for the group as a whole ...or not. So there are... the moment it happens, there is something between just two people or three people or whatever. You wouldn't call that relational depth because something else is happening or ...

M: No, No, I think the relational depth is the entire experience. So in the group where there all of us were angry and one person was crying, yes, the relational depth is the entirety of it.

R: Yes.

M: Because we who were angry refused to get in touch with our tears...

R: Yes

M: ...and he who was in tears refused to get in touch with their anger or were not refusing didn't. So...and the depth of the experience is all of that together. So if there is an experience that is emotionally moving for five out of seven people and the other two, it leaves them completely cold and they say: Oh she's putting that on don't not buying her. That is part of the emotional depth... So the relational depth is then listening to all of that and not ganging up on the two people who aren't feeling it, because they will be good reasons why these two people aren't feeling it and they will be picking up on something that's really important. So the emotional depth and that's the difference I think between one, because there's only two of us in the room, is the entirety of the group and there's nothing that happens in the group is coincidental. But it all is part of ...it needs be read as the...that is the emotional depth.

R: Okay.

M: Yeah, I think that is the main thing there.

R: Now when would you say there is no relational depth? What are situations where it doesn't .... in a group .... what do you say ....what type of situations would you say: well here it just doesn't work. There is no relational depth.... at specific moments or in a session or...

M: I think when there is fear. You could argue that there's also in ...a relational depth, but the fear that's, or when there's arguments, bickering, it's a bit like when I work with couples and they're very good at fighting and I say to them, what you're doing is you're sitting at some water and you're splashing each other with water and the water never stands still enough so that you can see what's at the bottom. So I wouldn't say relation, that's not relation of depth because you are doing surface anger and you can do that in groups as well. There's arguments... I had arguments between two

people who one was a trans woman and the other one was a bisexual woman and the trans woman was accusing the bisexual woman, you can't call yourself queer. The only person who can call themselves queer is me here. So that I would say is on surface...you know ... post code warfare

R: Yes, yes, yes.

M: Because she's a different post code. She's not allowed in this postcode and therefore I beat her up in that sense. But that doesn't really go to why is it that these two are at loggerheads.... what is it that really is ...lies underneath that, which will be something to do with all of us and you know...how welcome do we feel? Are we open? Are we truly diverse and all these issues that are under that. So it's also distraction from something... you know... when people fight, argue and it feels quite boring and thinking like, will they go on and on. Or someone talks about ....even somebody talks about something that's quite.... should be quite difficult or feel like I can't feel it ...you know, somehow, it's being presented so that we don't feel it. So what it's distraction from.... like smoke screen.

R: So you think it's not authentic or it's not meaningful or... what do you mean that it's presented in a way that you don't feel it?

M: It's authentic in the sense it's that they don't really want to feel what's really going on. They don't want to feel the despair. So they're creating something which is a distraction.

R: Superficial. Yeah,

M: It's a bit when I would say this feels a bit like a scene in Jurassic Park. I don't know whether you've seen it where the dinosaur attack and someone waves over here with a flare. That the dinosaur doesn't attack the children. He goes over here, over here

R: <laugh>

M: A real danger is ... you know ... there

R: hmmm ....Okay. Now one last point is how it has affected you over time. Whether this experience of relational death in group have affected you in a, do you think it has affected you? And if yes, how?

M: Well, it leaves me with residue

R: hmmm

M: It can be exciting, and it can be devastating. It can be so you know, it goes into... as I always point out to everyone who comes to my groups, I say like, look, no one has become a group facilitator, no one has studied group analysis who isn't crap at groups. So if I wasn't shit at groups initially, I wouldn't have studied it.

R: Ok



M: So it links into something that is my stuff. And of course in as much as I respond to it and I need to be really careful that I... this is not my journey, this is their journey. So I need to... but it affects me.

R: Yes.

M: And I get affected by positively and negatively. If a group doesn't quite get there, it's difficult. It's very frustrating. And...

R: When you say doesn't quite get there, what do you mean?

M: If we can't quite get to the intimacy or that relational depth and then wonder what is it that's getting in the way that is so difficult to talk about? And there are phases often when it just needs to be that ... they're just ... it's just difficult because the group has lost four members and there's only four members left. So now we have to build this up again and can we do this again and so much work. Can we start all over again? Can we have new members in this group... oh it's such a hard work. It's like ...that is exhausting and it's draining. And it was one of the issues, my co-facilitator who's more pessimistic.... I said, we really need to hold the hope for this group and not believe that it will fold.

R: And that is what you would say is draining?

M: Yeah, yeah, yeah. So when we have to hold the hope

R: So hold the hope that the group will reemerge and refeel this relational depth this sense of something happening?

M: Yeah. Which is particularly difficult when you do groups ... when I did groups in psychiatric hospitals, where there is very little hope, or in probation settings or where it is not necessarily... there's much hope there. And then that's why I think that work is limited

R: hmmm. So you said it can affect you sometimes negatively, sometimes positively, this experience. So when you say, what would you say.... how would you say the positive impact of relational depth in group?

M: Both the positive and the negative. So I had in 2006, no 2009, no, no, actually no, not 2009. It was 2006-2007. I was doing groups in a psychiatric day setting that were beautiful. I did co-facilitate it with the manager of the group of the day center. We really worked with the people, with the patients who were at the more well ends. They were still unwell enough to come to a day center, but they were actually... they used to be quite functioning in their jobs. They had relatively high-powered jobs and they had breakdowns. And so we worked with them and stabilized them and it really showed they became a functioning group of people together.

The relational depth was such that three years ago, one of the members of that group contacted me, she'd found me on the internet and she said, things have been so much worse. She's really gone downhill and she needs a group again. And she wants to come to one of my groups because the

group that we had in 2006 was so fantastic and has helped her so much and she never made it to the group for three years. I worked with her one to one because she was not, I never saw her, she only showed herself on the phone and it was really, so she'd really attached to me. I'd attached to her and she just recently left and she left with the words you know that I'm not going to kill myself. I want you to know that because she has every reason to kill herself

R: hmmm

M: And the community mental health team. So there is a long story. She's, she's not supported by the community mental health team. She is now finished with her sessions with me. I'm not quite sure what's going to come of her. It was really important for her, and I believe her because she had been planning to kill herself and I knew how and she told me what she was going to do and she was... told me how it didn't work out. And so we kept talking about this and I just have ...whilst I have to believe that clients can...that anyone can take their own life. Of course my story with my mother would come in there as well. I'm thinking, well, she once asked me: you wouldn't take it personally you if I killed myself? And I could say to her: no I wouldn't. And at the same time, of course it's difficult for you telling me that. It's like... it wouldn't be easy, but I do know what you mean. I do know that this is not because of the shortcomings of ours because you are clued up enough in this. And so when she wrote her goodbye email she felt like ....I believe her. So I believe her that she isn't going to kill herself, but she is also not looking forward to a very fulfilled life because really so much has gone wrong in her life. So all we could have was this bit of contact over three years that was based on the experience from 2006. And she may come back again in two or three year's time. I don't know. But it's, that's very fulfilling and very difficult at the same time....and yeah.

R: Hmmmm....Okay.....Wow, that's a tough story.

M: Yeah.

R: So I don't know.... that was super interesting. I mean, I don't have any more question. I don't know if you want to add anything. Is there anything...

M: I think I'm feeling quite sort of talked out and I think there's probably things to say in when things have settled down and through. But I think that's for you to do as you're listen to the various people talking about it and then come up with, I always find it quite interesting. That's why I said yes so quickly to have these conversations because they helped me clarify things just as much as they help you.

## 12.1.7 Appendix 7: Turnitin similarity report

### Thesis 2024

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