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# The transformative experience of finding a relational home with a psychotherapist

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Abstract: We explored the lived experience of finding a relational home in psychotherapy using a relational-centred, reflexive approach. Zoom dialogues, lasting between 35 minutes and 1.5 hours, were engaged with six psychotherapists concerning their experience of being a client and of finding a relational home. Our own experiences of being client, therapist and researcher were also explored. Phenomenologically orientated Reflexive Thematic Analysis iteratively processed the findings. Five emergent theme headings coalesced around: "*Belonging*", "*Safety*", "*Holding*", "*Affirmation*", and "*Being-with*". Bridging concepts describing the nature of the relational home also emerged which linked and deepened the themes, namely: safe sanctuary, containing frame, secure base to grow, supporting connection, and spacious alliance. All participants experienced a relational home where they felt welcomed into a safe-enough space, attuned to, held, and appreciated by their solidly present, there-for-them therapist. In turn, this invited them to trust, let go and embrace more of themselves, and feel that they truly mattered. These findings are discussed in the light of the literature on philosophical understandings of home, as well as the therapy literature around the importance of relationship, presence, and relational depth. We also reflect on the implications for psychotherapy practice.

*Keywords*: Relational home; relational depth; reflexive thematic analysis; therapy experiences, therapist presence

**P**sychotherapists seek to offer a safe, therapeutic space where clients can feel held, accepted, affirmed, supported, resourced, empathized with – and challenged to grow. This space is one where clients are compassionately witnessed and mirrored, enabling them to find a voice and make sense of their lives (Finlay, 2016; 2019). From the client's perspective, emotional vulnerability and trauma can be understood as having been constituted in a relational context where there is an absence of a supportive, attuned environment. Relationally orientated psychotherapy works with this vulnerability or trauma via the therapeutic relationship. In other words, the therapeutic relationship offers an opportunity to attune and respond to a client's relational and developmental needs. In this way, it could be said that therapists may offer something of a relational home to clients (Erskine, 2015; Erskine, et al 1999; Finlay, 2022).

However, while the term "relational home" has been used by some commentators, most notably by Stolorow (2007, 2016, 2019) and by Atwood and Stolorow (2014), it is not in common use in the psychotherapy world. Stolorow's and Atwood's (1992) version of intersubjective phenomenological-contextual psychoanalytic theory sees the therapy relationship as an intersection of two subjectivities and therapist's presence as a (potential) relational home for emotional pain and existential vulnerability.

From our own experience of being both therapists and clients, we (Linda and Joanna) sense that the process of finding a relational home in therapy happens only occasionally, often within special and longer-term therapeutic relationships. Although we acknowledge having experienced moments of deep relational contact and healing in our relationships with significant people in our lives, including our therapists, neither of us feels we have personally experienced therapy fully as a "relational home." At the same time, we recognise that some of our clients and supervisees regard our presence and what we offer as something of a relational home. We are profoundly touched and honoured to receive this feedback, and it has made us curious to understand more about how this process is experienced from the client's point of view.

Given our continuing professional curiosity about the nature and value of a therapeutic relational home, we wish to deepen our understandings. What does the experience mean to both therapists and clients? Is having a psychotherapeutic relational home relevant only for clients who have significant trauma in their background? Are clients seeking different versions of relational home? Should therapists aspire to offering this goal whilst also accepting that not all clients are looking for a relational home? Do therapists themselves become the relational home or do they facilitate the sense of relational home through what they offer?

# Literature Review

*"It's the relationship that heals, the relationship that heals, the relationship that heals."* (Yalom, 1989, p. 91)

In the following literature review, we explore the topic of relational home by first sketching out some philosophical understandings of "home." We then touch on the extensive literature available on the value of working relationally and on therapeutic presence. We end by highlighting the theoretical and empirical literature which explicitly engages the notion of "relational home."

## Philosophical understandings of home

"Home" has been characterized in different ways in the philosophical literature. Beyond being a fixed place of abode, it has a relational-social metaphorical meaning and is commonly understood to signify a place of safety, shelter, groundedness, rootedness, familiarity, comfort, intimacy, and ease: in short, a sanctuary. This is the point highlighted by Jacobson:

> To be at home is to have a sanctuary of sorts – one characterized by familiar and localizable ways of being – through which the outside world can be temporarily set aside. It is a place where one feels sheltered from outside intrusions and considerations, and given a place to recollect [and re-collect] oneself in a space of familiarity. (Jacobson, 2009, p. 358)

More than a *place*, home is understood in the philosophical literature as a *space* which becomes a foundation for the self – a space in which we can learn, grow and gather our self together. Bachelard in *The poetics of space* (1964, p. 29) writes, "Without [home], man [*sic*] would be a dispersed being. It maintains him through the storms of the heavens and through those of life. It is body and soul." Here, Bachelard refers to where the unconscious is housed, and poetically evokes the original maternal womb and one's first childhood house. Home (actual or imagined) contains both comforts and mysteries. As we bring home into focus through our daydreams, longings, and memories, we inhabit an inner landscape where, Bachelard suggests, new worlds can be made.

Implicitly following the work of both Bachelard (1964) and Heidegger (1971), Levinas – a phenomenological philosopher – links home with the idea of "dwelling", which he describes as "a recollection, a coming to oneself, a retreat home with oneself as in a land of refuge, which answers to a hospitality, an expectancy, a human welcome" (1971, p. 156). For Levinas, the primordial function of home, then, is that of a space in which to contemplate and re-collect oneself in intimate surroundings.

In other work, philosophers focus on the importance of relationship as a *space* rather than a home per se. Buber, an existential phenomenological philosopher, for instance, refers to the concept of *interhuman* and the deep contact that can be found in the relational between, which then becomes a transformative space:

> Where the dialogue is fulfilled in its being, between partners who have turned to one another in truth … there is brought into being a memorable common fruitfulness. … The world arises in a substantial way between men [sic] who have been seized in their depths and opened out by the dynamic of an elemental togetherness. The interhuman opens out what otherwise remains unopened. (Buber, 1951/1965, p. 86)

## The value of working relationally

There is a solid evidence base for the central role played by the psychotherapy relationship in the effectiveness of therapy (Norcross & Lambert, 2019; Norcross & Wampold, 2019). A large body of research over recent decades attests to the key role played by relational factors (Cooper, 2008; Yalom, 1989) and to the way in which the working alliance is often predictive of therapy outcomes (Norcross, 2011; Norcross & Karpiak, 2017).

The literature also highlights the central importance of therapist's safe holding and containing of the client's process (Erskine, 2015; Finlay, 2016; 2021). Drawing on 16 meta-analytic studies on aspects of the therapy relationship, for instance, the APA (American Psychological Association) Task Force on Evidence-Based Relationships and Responsiveness concludes that several relationship factors (including agreeing on therapy goals, getting client feedback throughout the course of treatment, and repairing ruptures) are at least as vital to positive outcomes as using the right treatment method (Norcross & Wampold, 2019). Elkins (2019) goes further, arguing that "The central finding…is that common factors, particularly human and relational factors, are the most potent agents of change in psychotherapy, dwarfing the effects of theories and techniques" (2019, p. 25).

Other research has highlighted the role played by relationship in longer-term work with trauma, which is seen to require deeper relationships involving mutual trust, therapist presence and compassion (Lord, 2019). Addressing the core experiences of trauma takes time. Herman (1992/1997) recommends a stage-wise recovery process which involves the therapist intervening in different ways as client and therapist go through stages of: (a) establishing safety, (b) reconstructing the trauma story, and (c) reconnecting with ordinary life.

How precisely that therapeutic relationship is fostered varies across therapy modalities and depends on the nature of therapy. For example, the psychoanalytic literature highlights the central role played by attachment and how the therapist transferentially meets the client's relational-developmental needs, e.g., to be held, contained, nurtured, and soothed. According to psychoanalytic theory, developmental trauma originates within a formative relational context where a child's painful emotions are not contained. Without sufficient attunement from an attentive caregiver, the child is left in an overwhelmed or disorganized state, unable to integrate affect (Stolorow, 2019). Writing from a developmental-relational integrative psychotherapy perspective, Erskine et al. (1999) highlight how inquiry, attunement, and involvement are significant facets of an overall empathic frame within which the client's growth is nurtured.

In the humanistic literature, the *relational depth* work of Mearns (2003), Mearns and Cooper (2005), and Knox et al. (2013) is particularly pertinent. (See the 2006 special issue of *Person-Centered and Experiential Psychotherapies* journal which is dedicated to this subject). The term "relational depth" refers to experiences of profound human connectedness in therapy, those where there is a depth of relationship which allows the client to feel sufficiently safe to go deep within their own experiencing. A key feature appears to be the importance of a co-created, authentic therapist-client encounter where the therapist stands firmly as a person facing the client as a person, as one who can "respond to the client from their own depths" (Mearns & Schmid, 2006, p. 262):

> A sense of connectedness and flow with another person that is so powerful that it can feel quite magical. At these times, the person feels alive, immersed in the encounter, and truly themselves; while experiencing the other as open, genuine and valuing of who they are. (Cooper, 2009)

Cooper (2013) summarises the relational depth findings across the extensive empirical literature now available:

> A majority of therapists, particularly of a person-centred and humanistic orientation, seem to have experienced moments of relational depth with their clients. At least some clients seem to have experienced these moments too, and there is some evidence to suggest that this experiencing is relatively synchronous. … There is a growing body of evidence to suggest that the experiencing of moments of relational depth is associated with positive therapeutic outcomes, and it seems that therapists can facilitate the likelihood that these moments will emerge by expressing their genuine care and commitment in the therapeutic relationship. Ultimately, however, it may be that clients are the principal determinants of whether or not an encounter at relational depth takes place. (Cooper, 2013, p. 75)

Much of the evidence base here relies on therapists' accounts of relational depth. There are some significant exceptions, including McMillan and McLeod (2006), who point to key differences between client's and therapist's accounts. Their study also highlights the importance of the therapist being prepared to "go the extra mile" but it is the client's willingness to "let go" and be fully involved in the relationship which characterizes enduring relational depth and connection. Interestingly, they concur with other research highlighting the importance of the therapist being authentically "real," but they caution that too much mutuality and self-disclosure may work against client self-exploration.

As Knox et al. (2013) highlight, the research on relational depth refers both to the significance of a sustained deep therapeutic relationship *and* to the impact of specific *moments* of relational depth. Knox's own study (2011), based also on interviewing clients about their experiences, reveals how moments of relational depth seem to follow challenges from the therapist and shifts in the relationship. Critically, these moments tend to occur once the clients themselves are ready to engage at depth and take the risk to open up.

## Therapist presence

Therapist presence is one element of the broader process whereby a therapist might offer a relational home which allows the client to feel adequately held and attended to. This presence involves the therapist being grounded in their embodied self in order to receive the client's experience (Geller & Greenberg, 2002). Erskine's (2021) "relational needs" work (along with that of other integrative commentators) attests to the importance of the therapist being solidly grounded, attuned, aware, and responsive. It can also be powerful for the client to see they have impacted the therapist. The presence of the therapist invites the client to be present (Evans & Gilbert 2005).

In psychoanalytic work, the therapist is seen to use their presence in a transitional way. Casement (1985), in particular, highlights how the therapist's presence potentially offers space for clients to grow (much like the mother who is non-intrusively present with her playing child). This safe, secure presence is then internalized by the client, allowing them to draw on their therapist's presence, even in their absence. Bowlby in his seminal work on attachment suggested that human beings seek safety not in a place but in the proximity of a safe and secure other (Bowlby, 1988). The sense of security provided by this other becomes the secure base. For a child, a secure attachment and secure base offer the possibility of internalizing a sense of relational security, freeing them to explore and develop. "In many ways, this security empowers them to go from our secure home base – our safe *haven* – and explore the world as they use us as a solid *launching pad.*" (Siegel, 2014, p. 108)

In the field of gestalt therapy, commentators have built on the significant work of the phenomenological philosopher Buber (1923/1958, 1951/1965) around *I-Thou* relating. In being present, the therapist gives up any instrumental desire to control or be validated, preferring a more intimate encounter based on *being-with* the client. The hope is that the client will experience this presence as the therapist offering an affirmative solidness, one in which the client can be held and witnessed in a safe, trustworthy way – and thus be present to their own emerging self (Finlay, 2016a, 2016b).

The empirical work of Geller & Greenberg (2002, 2012) and Geller et al. (2012) on presence has shown the power of a therapeutic alliance which enables a receptive immersion, an expansion, a groundedness, and a being both with and for the client. Geller and Porges (2014) extended this research by studying the neurophysiological mechanisms involved. Their results suggest that cultivating a solid therapeutic presence enables both client and therapist to enter a calm physiological state that supports feelings of safety, and thereby offers optimal relational conditions for growth and change. They provide a concrete neurophysiological description of how presence emerges (and can be nurtured) interpersonally, including by regulating presence via the vagus system. Here, emotion regulation, social connection and flight/fight fear responses are managed by the vagal nerve system. Polyvagal theory suggests optimal therapeutic states emerge when the nervous system detects safety, regulates defenses and thereby opens the way for the creation of new neural pathways. Importantly, this is understood as a bi-directional process where the nervous system of each person affects that of the other. As Geller notes, this "sharing of the same emotional landscape (Stern, 2004) highlights the importance of the intersubjective relationship towards deepening safety and enabling therapeutic change" (Geller, 2018, p. 109).

Wallen (2007, p. 189) writes about the "potent synergy" when attachment theory and intersubjectivity theory are interlinked: "Both identify close relationships as the crucibles in which human beings are originally shaped and in which … their early emotional injuries can potentially be healed. And both theories highlight relational experience outside of the verbal realm."

## Writings about "Relational Home"

Beyond the literature on working relationally and at depth, few commentators have spoken explicitly about therapy – or the therapist – being a "relational home." An exception here is Robert Stolorow (2007, 2016, 2019; Stolorow & Atwood, 1992). Across numerous writings, Stolorow explains that a relational home is a context in which a client can share their emotional experiences and can be both understood and held. Having this holding, "being with" experience, clients are then able to internalize that sense of having found a secure base. Within a relational home, traumatized states can become less overwhelming and more bearable, and this makes various defense mechanisms, such as dissociation or avoidance of contact, less necessary.

Importantly, Stolorow (2016) emphasizes that because trauma is constituted in an intersubjective context, it is only in a relational space of sharing, holding and mutual

respect/care/love that severe emotional pain can find a relational home in which to be held (2007). Once we have a relational home, traumatic experience can be witnessed, shared, and processed towards healing and transformation. Traumatic experience in this context includes childhood trauma stemming from recurring experiences of malattunement and that which comes from our existential vulnerability and owning our human finitude. Stolorow explains:

> The establishment of a hospitable relational home in which traumatic emotional pain and excruciating existential vulnerability can find a context of human understanding in which they can be held is crucial for therapeutic transformation. (Stolorow, 2021, p. 442)

Elsewhere, Stolorow (2007, 2016) describes the role of the therapist as being more actively and relationally engaged through "emotional dwelling." Through the process of dwelling, he says, the therapist goes beyond empathy to lean into the other's emotional pain, participating in it – possibly through the therapist's own analogous experiences of pain. "The language that one uses to address another's experience of emotional trauma meets the trauma head-on, articulating the unbearable and the unendurable, saying the unsayable" (2016, p. 134). Here the therapist meets the client's pain as fully as possible, avoiding efforts to soothe, comfort or reassure which can be viewed by the client as a shunning of their traumatized state.

Building on Atwood's and Stolorow's intersubjectivity theory, Jaenicke (2015) in his book *The Search for a Relational Home* explores how change occurs in (psychoanalytically orientated) therapy through the patient-analyst dyad (system). Through clinical narratives, he emphasizes the way that psychotherapy is the outcome of a highly personal encounter between two human beings who co-mingle and mutually impact each other. The goal is for both to let go in the therapeutic space and be willing to undergo transformation. Specifically, Jaenicke insists on the critical importance of failure – both the patient's and the analyst's – in evolving the therapeutic process.

Tiemann (2012) similarly draws on the ideas of Atwood and Stolorow in a powerful autobiographical account of her early trauma history and subsequent psychoanalysis. She notes how her early experiences of parental neglect, and the resulting dissociation were healed through her relationship with her analyst:

> I believe that my analyst's history of trauma, her intersubjective approach, and use of non-interpretative measures have all played critical roles in my healing process. By providing me with a relational home in which I could re-contextualize my traumatic experiences, my analysis commenced my process of reintegrating vitally needed, but dissociated and disowned, aspects of myself. (p. 534)

Tiemann beautifully describes her experience of "safe intimacy" (p. 545) towards finding a relational home:

> I found in my analyst a person who took me seriously, accepted me, and understood, I began to feel that I was present in her and that an aspect of our relationship had taken up residence within her. That is to say, in my analyst's presence, I am able to "experience her experiencing me" (D. Slade, personal communication, June 10, 2007), and I am reassured of my existence as coherent, continuous, valuable, and vital. I feel accompanied through life, and develop a sense of belonging, safety, and calm. (2012, p. 544)

Regarding the empirical literature beyond the psychotherapy field, the concept of relational home has been taken up in different ways by a few commentators in the healthcare field. Hvidt (2013), for instance, studied cancer survivors' perceptions of different sources of emotional support (via participant observation, 11 semi-structured interviews and 9 focus groups) in a Danish rehabilitation setting. Different relational homes – understood at a basic level as a supportive and caring environment – are thus available. The data was analyzed inductively using Interpretative Phenomenological Analysis and deductively using Stolorow's trauma theory as an interpretive framework. Findings revealed a range of emotional support was received from the rehabilitation centre, including from the hospital chaplain, other cancer survivors, and from God/higher power. Hvidt highlights the importance of the existential dimension:

> A willingness to confront death and other existential issues in a non-evasive manner and thus to show solidarity with emotional and existential suffering characterizes the relationships interpreted here as relational homes (Hvidt, 2013, p. 628).

## Research Aims

In summary, there is a significant body of theoretical and clinical research that has relevance for the concept of the relational home. But while such research offers powerful inspiration for therapists, more understanding is needed of clients' actual lived experience in the context of their personal history. And while the theoretical and empirical literature on relational depth offers a rich foundation for understanding special moments of connection, more empirical investigation of what is involved in the relationship over time – over the course of an ongoing relationship - is needed.

Our interest, then, has been to discover what "relational home" means to psychotherapy clients and how they make sense of that therapeutic space and opportunities offered. What exactly do they feel has been therapeutically important and potentially transformative? How and to what extent has their deep relational experience with their therapist offered a scaffolding or responsiveness that might have been missing in their own developmental history?

Our research aimed *to explore the lived experience of finding a relational home in psychotherapy*. We explicitly did not want to pre-define and predetermine what this relational home involved and, instead, sought to explore the lived experience and meanings for each individual. As we were intending to probe deep psychotherapeutic processes, we decided to approach psychotherapy colleagues to be our participants initially as we felt they might have a clearer understanding of the concept of relational home as well as be able to articulate their therapeutic experience more easily. What are their stories? How has therapy, or the therapist, offered them a relational home and met their relational needs? Were there particular relational depth moments of significance?

# Method

## Research design

In tune with the spirit of our topic, we engaged a relational-centred, reflexive approach (Finlay & Evans, 2009) for our exploration of psychotherapists' lived experiences of finding a relational home in therapy. Here we enlisted our therapy skills, our sensitivity to our embodied countertransference and our compassion in the service of the research process. We recognised how data is co-created interpretively in the embodied dialogical encounter and how the research processes of reflecting on layers of inter-subjectivity mirror those in therapy.

Phenomenologically orientated Reflexive Thematic Analysis (Braun & Clarke, 2019, 2021) was then engaged iteratively to process the findings. Our reflexivity was shown in our critical self-awareness of the research process and in the way we examined our subjective and intersubjective understandings. Throughout we recognised the need to interrogate, use, and make transparent, our role in knowledge production.

Hermeneutic principles came into play as we tried to sense, and make sense of, the meanings of relational home. Here we followed Heidegger's (1927/1962) recognition that new understandings arise iteratively out of fore-structures of prior understandings. Our analytic intention was to use our emerging understandings reflexively as a lens to critically reflect on our prior experiences while letting them also inform and motivate our inquiry (Churchill, 2018). Throughout we recognised our part in actively co-creating our findings through the back-and-forth dialectic between (past) experiences and here-and-now awareness (Finlay, 2011).

## Participants

Six participants shared their story with the researcher of their choice, with the two of us (Linda and Joanna) each engaging three dialogues. All six participants were experienced and qualified relationally-orientated psychotherapists: three (Pia, Grace and Stella) had trained originally as integrative psychotherapists, while the other three (Helen, Angus and Tatijana) had originally trained as gestalt therapists. All the participants live and work in Europe.

These participants were approached selectively (purposively) following collegial dialogue about the concept of relational home with several individuals. Other colleagues were encouraging of our project, but they did not believe their own therapy experience constituted a relational home. Of the few who felt they had had a deep relational home experience, six expressed interest to join our research. We considered these six volunteers constituted a sufficient number for an initial exploration of the phenomenon.

In addition to our six participants, we (Linda and Joanna) understood ourselves to be co-participants, given the depth and extent of reflexive processing we engaged. Inevitably, our stories and understandings were interpretively intertwined with those of our participants. Linda's background is in integrative psychotherapy; Joanna trained initially as a gestalt psychotherapist but now practices from an integrative, relational developmental perspective.

## Data gathering

Data was gathered as it emerged out of co-created, embodied, dialogical encounters with our participants, and with each other, as we reflexively processed our own therapy experiences (of being both a client and a therapist). The aim was to stay close to the topic of the relational home experience in largely unstructured dialogues, rather than formal interviews. Each dialogue lasted between 35 minutes and 1.5 hours and started with an open invitation to the participants to share their story. Participants were encouraged to describe concrete examples of when they had experienced a sense of relational home.

Throughout the dialogues we (Linda and Joanna) tried to be warmly, compassionately, and responsively present. We were

mindful of the potential for participants to feel vulnerable as they disclosed intimate therapy experiences and with some sharing details of trauma in their history. We were concerned to offer safe holding when it seemed to be needed. As in our therapy practice, we tried to listen deeply and reflect back our understandings. We relied on our embodied resonances (somatic countertransference) and intuitive sensings while we opened to the *more* of what the participants' descriptions were pointing to, and of our mutual moment-to-moment experiencing.

All the dialogues with our participants took place online over *Zoom* for mutual convenience. They were audio recorded and transcribed verbatim. This data was destroyed when the project was complete. Our own reflexive researcher dialogues took place via email and in one extended face-to-face meeting over two days as we processed the analysis.

## Analysis

To investigate the meanings of relational home, we focused on the participants' retrospective descriptions of their therapy while also connecting their stories to our own experience, imaginings, and memories. We were all too aware that, in being present as researchers, we inevitably had a significant impact on the stories that emerged as well as on the direction of the analysis. We were open to the possibility of experiencing some parallel process regarding our topic.

Our analytic process was guided by Braun and Clarke's (2006; 2019; 2021; Clarke & Braun, 2013) recursive six-phase framework for conducting Reflexive Thematic Analysis (RTA).

1. In the initial stage of our analytic process, we each dwelt with the six transcripts individually. We read and re-read the data/transcripts, writing early rough notes as we immersed ourselves in the participants' stories.
2. We then came together in dialogue to process our understandings. We took each dialogue in turn, sharing our experience, thoughts, and reactions (from the perspective of 'interviewer' or 'reader'). Provisional themes around each participant's stories began to emerge.
3. Initial codes and categories began to be organized in a meaningful and systematic way. Some key points were identified: for example, the 'feeling that one mattered' and 'the need to feel safe and held'.
4. We then worked separately once more to see if we could detect commonalities across the participants' experiences. We sought to identify three or four key themes which described patterns in the data. We exchanged a series of emails as we iteratively honed and worked these up, collapsing ideas together, splitting themes further, and so on. We found it helpful to work with a figure/model which spontaneously emerged (see figure 1).
5. Our figure felt complete (according to our 'felt sense') when we reached five thematic categories and we began to see some superordinate themes linking them (e.g., "sanctuary" linking the Belonging and Safety categories). At that point, we started to allocate key quotations for each theme and evolved our narrative.
6. The iterative writing-up process further carried forward our analysis. It became both an embodied lived experience and an artful reflexive activity in itself. Throughout our analysis and writing phases, we searched for, and savored, words; we ourselves engaged in an intriguing parallel relational process where we resonated with the emerging analysis and responded to each other. We drew on our bodily felt sense to help us decide whether the words we had chosen were a good enough fit.

As we searched for meaningful insights about participants' relational home experiences, we moved between experiential refle*xive* closeness and analytic reflec*tive* distance (Finlay, 2008), and between our own and participants' experiences of relational home, and the possible layered meaning within the experiences. We also explicitly explored the intersubjective process going on between us. Opening ourselves up for moments of mutual disclosure and shared vulnerability enabled a subtle, embodied experience of relational home to be manifested between us and within us.

## Ethics

Every effort was made to respect each individual's autonomy, privacy, values, and dignity. We remained hyper-aware of the sensitivity and privacy of participants' disclosures, mindful that the re-telling of therapy stories could trigger old trauma wounds (for them and for us). Our duty of care was to minimize harm to individuals, and this was seen in the way we asked participants to choose their own pseudonyms to ensure confidentiality/anonymity and when we omitted or edited details which might reveal their identities. Two participants' identities remained unknown to the other researcher: either because they asked for anonymity or because it was felt that the disclosure of their identity might impact future professional relationships.

We affirm the work of Guillemin and Gillam (2004) and Giraud et al. (2019) who recognise there is a need to create the most relevant ethical oversight, even in the absence of formal procedural Ethics Reviews Committees. Throughout our research we were concerned to engage a high level of ethical awareness and attempted to show our care at every stage of the research (Finlay, 2020). Specifically, care was taken to

ensure informed *process consent*. More than gaining initial consent, we checked back with our participants at different stages to ensure they were content to continue their participation and with how we were representing their stories. We returned transcriptions to participants who wanted to see them and all participants received copies of our early findings and the quotations of theirs we were proposing to use. This additional layer of *process consent* allowed participants to suggest clarifications and ask for any preferred edits.

We were clear that our dialogues were research and not therapy, even if therapeutic elements were evident. The constraints of our research agenda meant that we controlled the dialogue more instrumentally than we might have done had it been therapy, but deep collaboration still emerged.

# Findings

For all the participants, a relational home appeared to be a transformative and deeply meaningful experience where, trusting their therapist, they could let go and to embrace more of themselves in ways they had never found possible before. They felt welcomed, consistently and attentively attuned to, held in all their vulnerability and appreciated. This all enabled them to feel that their existence truly mattered.

Five emergent theme headings coalesced around: "Belonging", "Safety", "Holding", "Affirmation", and "Being-with". (See figure 1). Bridging concepts describing the nature of the relational home also organically emerged to link and deepen the thematic headings: sanctuary, containing frame, secure base to grow, supporting connection, and spacious alliance.

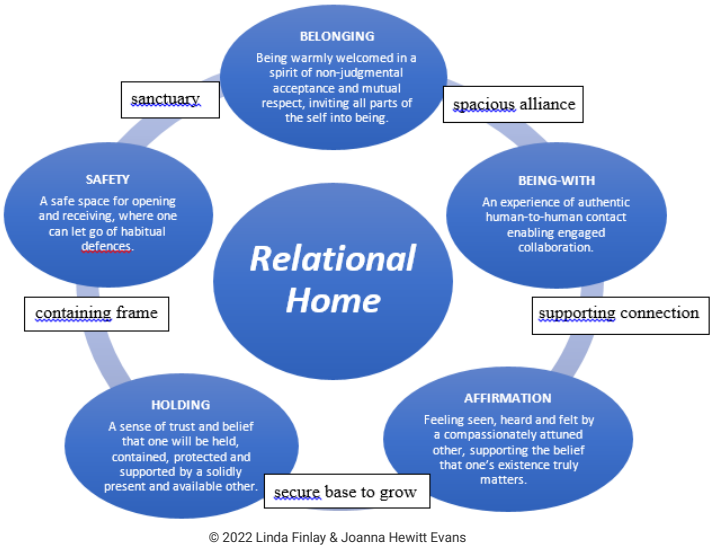


**Figure 1: Dimensions of Relational Home**

We illustrate our analysis below with excerpts taken from the dialogues. These show something of the evocative intensity participants felt and the openness and receptivity within which they sought to describe their experiences.

## BELONGING: Being warmly welcomed in a spirit of non-judgmental acceptance and mutual respect, inviting all parts of the self into being

All six participants shared their sense of the importance of feeling truly and warmly welcomed and accepted by the therapist. In different ways, they expressed feeling supported in a spirit of non-judgmental acceptance. The sense of welcome allows a feeling of belonging; they learn that it is okay to be themselves – they can belong there and not be rejected.

This experience of welcome is particularly significant. It seems to allow or invite all parts of self into existence – parts which the participants themselves may have previously sought to disown or may have been encouraged by others to subdue.

Angus refers to a transformational experience he had when he arrived late to a therapy group and, feeling uncomfortable, was about to creep in at the back of the room. To his amazement, Lynne (the therapist) stopped the group and walked over to greet him. That she greeted him with such delight – something he had never before experienced in his life – helped him feel that he had a place.

> There's a part of me just is amazed at what happened. Because I walked in, and Lynne saw me coming in and she stopped the group. She stopped the group, "Angus has arrived: I've got to go say hello to him", and she walked right across the group and gave me a hug! And it was just like nobody had ever done anything like that to me. … That was the first time in my life that I truly knew what it meant to be welcomed. …"Oh, I'm important here, you know I have a place". … She was delighted to see me.

After fifteen years, the memory of this moment is still very powerful for Angus, and he admits that he can't describe it without tearing up. In a subsequent dialogue with Angus, when he was giving consent to our using these quotations, he offered a further clarification to say that it had been a "transformational moment" but that much therapy work had prepared the ground for his openness to that welcome:

> I guess a metaphor would be that the transformational moment was (is still) like finding a door I didn't know even existed and discovering that it is open. What it doesn't convey is the wanderings that were necessary to come to that place where I could even recognise it as a door, let alone approach it and find it opening in welcome.

The important sense of spaciousness and safety in the welcome is captured by Grace when she thinks back to her first session with her therapist:

> It just felt like so much spaciousness. … I walked into his room and, oh my gosh, a tiny room with all his books against a wall. … and I felt like I just wanted to live on that sofa [pause] forever. … I suppose looking back it felt "okay, this is where I can be."

As with Angus, this profound memory makes Grace tearful. She reflects further on that first meeting: "I was just being born and there was space to literally breathe. It's like I took my first breath and some of the air was for me."

Some participants referred to the importance of experiencing specific aspects of their selves being welcomed. Stella describes poignantly the time in therapy, after her child had died, where all aspects of her grief were both welcomed and accepted.

> [I would be] crying, crying, crying and she'd just go "This is where you need to be". And I even emailed her one time because something had really upset me and I'd said "I don't want to come today because I feel like all I do is whinge." And she just said, "Please don't feel like you whinge. You have every right to say what you need to say. And you can say it as many times as you want. I don't hear it as whingeing."

The therapist's words were so precious to Stella that she kept the email. It reminded her that all aspects of herself could be accepted: "I've still got that email 'cos it's like she was accepting me for everything."

For all the participants there is the sense in which these parts being respectfully and non- judgmentally welcomed by another enables them to welcome and accept themselves. Pia captures this aspect succinctly when she says:

> I was not comfortable in my skin; … I was not welcome to myself; I still wanted to disown bits of me. And I had begun to think I never would feel at home in myself.

Over time, Pia learned that she could be respected and accepted. This helps her to make a relationship with herself, too:

> I feel respected, not judged, and warmly welcomed. I can say anything and be honest. And as I talk and express myself, in the process, I learn who I am, and I make a relationship with myself.

Similarly, Tatijana referred to therapy as being the only place where she could express parts of herself that weren't acceptable to her family of origin. For her, therapy is the only place where she feels able to express her anger and tiredness. She is reminded of a poem by Robert Frost: "Home is the place, where, when you have to go there, they have to take you in." For Tatjana, her therapist offers her a home where she is both welcomed and taken in.

There is a sense for all the participants of their therapist's welcome being different than the welcomes experienced in other contexts, whether family settings or during contact with other therapists. Grace discloses that when she was a child there had never been space for her to "just be". Noting that he had never felt so warmly welcomed, Angus tells of how he and his siblings were never "delighted in". Pia describes never really having had a home, while Stella remembers her sense of her previous therapist as always remote, as if he were wearing a white coat.

This sense of welcome and belonging was not something the participants anticipated, sought, or took for granted. For Angus, it was initially a puzzling surprise. For Helen, even the concept of being welcomed - just for herself - was difficult to recognise. Over the years, Helen and her therapist gradually explored the nature of this welcoming acceptance by exploring the lived experience of what it felt like to give/receive and accept/reject small gifts. Other participants, too, needed time to open to that feeling of being embraced and accepted by a special, radical hospitality.

## SAFETY: A safe space for opening and receiving, where one can let go of habitual defences

The feeling of welcome described above depended partly on the therapist creating a sense of safety – or at least a sense of a *safe-enough* space. Every participant expressed the vital importance of feeling sufficiently safe or of having a sense of sanctuary, to be more open and able to receive. In that sanctuary, there is space to really exist, to let go of defences and to *be*.

Continuity is important in creating this sense of safe-enough sanctuary. For some, that continuity was demonstrated in the predictable familiarity of the therapy environment. For Grace, the sofa and books offered a special security; Tatijana felt held by the familiar armchairs.

For Pia the sense of safe-enough came with a sense of being appreciated rather than judged, so that she could be herself and let go of her habitual defensiveness. Trusting that she would not be judged allowed her to open to receiving and feeling love:

> I felt safe enough, … safe enough to be me, to be real, … to have feelings, to own my feelings, to not pretend. … I just feel safe with her. I believe in her and feel … I feel her appreciation of me. She doesn't judge me. I'm super sensitive to judgments… I can pick them up – but I don't with her. … Normally I'm holding myself tight, sorta taut. But it's like, … like I've let go. I can feel the difference inside me when I think of her. … It's like a golden liquid inside. The softness is love. It started small and is spreading.

When asked if she can speak from that place Pia says: "I am pure, I am love, I am golden. It is okay to love. Let me go, let me be free to spread through you."

For Stella, the importance of a sanctuary extends beyond the physical and emotional to spiritual or transpersonal elements: "I feel like she speaks to my soul. … I know … home isn't just in my body. … Feeling okay now is not just about being in my body. It's about the wider thing, the more infinite thing."

There were differences in the pace at which participants felt safe to let go and also in how much of this safety they were able to carry with them. For Helen understanding and trusting that she could allow someone to be in relationship with her, and share the work collaboratively, was challenging. She recognized that there had to be elements of risk and challenge for any therapeutic exploration to be meaningful and useful. She was only able to take risks, however, because of earlier rupture and repair experiences in their work – moments they had been able to work through together. She could trust that this would be the case in the future. Ultimately, her therapy gave her a new way of being:

> [Therapy] gave me an enriched, an enlivened, an invigorated life that I could move on to knowing that I had done the work that I had needed to do. We had dealt with the pain, the terror, the anger, you know, the frustration, the disappointment, and all that stuff. We'd actually done it in the relationship, so by the end I really knew what she meant. … We had done it together. … I knew what that meant by the end about what it meant to do something with somebody.

## AFFIRMATION: Feeling seen, heard and felt by a compassionately attuned other, supporting the belief that one's existence truly matters

All the participants described the importance of feeling a supporting connection with their therapist. They felt seen at their most exposed and vulnerable. Feeling seen, heard, and felt by a compassionately attuned other supports their belief that they and their existence truly matter.

Stella expressed having gained belief in herself through her therapist's unconditional affirming acceptance: "I was okay however I was, whether I was grumpy or happy or [pause] it didn't matter [pause] he would accept me as I was."

This sense of feeling affirmed is also expressed by Pia, who explains how this helped her to learn who she was:

> She is the one person who, … sees me fully, fully, and at depth. … Our relationship involves a mutual love and respect. There is something about the way I believe she sees me – sorta sees me fully and yet she doesn't reject me. When I am with her, it's like, I feel important. And through her eyes I can begin to see and accept myself better. … She's amazing, an amazing therapist who found a way to connect with me. I needed, well I needed someone to … understand me, attune and mirror that, to learn who I was.

Sometimes this affirmation is evidenced by the finely attuned timing of the therapist's interventions. Grace points to her therapist's non-verbal responses, which feel completely tuned into her and make her feel okay to be herself. This affirmation, she says, enables her to exist:

> It's like [pause] the grunts and the nods and the silences …, everything is like finely, and extraordinarily tuned in, like I've never experienced with anyone else. I felt so deeply cared for, so, so loved … that I could sit on that couch and whatever I said or did was okay, it was just ... so okay … to be me. … I could fill out and there could be an inside to me … I could be something of substance … I could exist.

Angus similarly recognized how feeling that affirming, relational home welcome allowed him to claim or re-claim validations which had been denied to him:

> Her delight in me, in me being in the world, has allowed me to more fully, um, reclaim those parts of me that my, family, my history, not just my family but sort of the whole history but you know it starts off there, being denied as having any value or function, you know "what are you doing that for?" or "you'll never manage that because you're [pause]" whatever.

For some participants, awareness of being affirmed and attuned to takes longer to develop; trust is built up over time. Helen, who worked with her therapist for 10 years, explains:

> I kind of learned that actually the mistakes were often the most important bits … the sort of up for repair stuff, that happened quite a lot. But it was like underneath that she was completely reliable. I did develop that sense that she would be thinking about what my needs were and she would be very aware of how powerfully I was affected by

> her. … There was a whole load of … all that sort of hard graft stuff where we just had to do it over and over again and slightly differently … But … I never once felt she wasn't there [for me] behind her eyes.

**HOLDING: A sense of trust and belief that one will be held, contained, protected and supported by a solidly present and available other**

A welcoming sense of belonging, safety, and affirmation provides a secure base from which to grow. This is enhanced by the feeling of being held by the therapist. All the participants describe the importance of being held physically or emotionally by their therapists as part of the sense of relational home.

For some, actual physical holding by a solidly present other was particularly important. Pia describes a transformative moment involving physical contact in her therapy:

> I *trust* she can and will hold me. I *trust* that she doesn't judge me. She sees me. She's the only one who does. One therapy session I remember early on was when I had been talking – a long monologue about my feelings – she just said, "I'm not feeling it. You're talking about your feelings but I'm not feeling connected to what you're saying, and I don't think you are." I got a bit upset and asked her what she wanted from me. I think I was almost a little angry that again I somehow, I wasn't … good enough. She just urged me to let go; that she was there with me; that she'd hold me. And, somehow, I'm not quite sure how, that is what happened … I started to get tearful and really connect with my feelings and she was there holding my hands with tears in her eyes.

For Grace there is a strong sense of being held emotionally by her therapist, which for her feels almost like being parented: "Because I mean it's as simple as that he's been my father and mother, he's brought me up." She also says, "there's just a sense of all's okay in the world. [pause] If he can just be him, I can just be me, then." The relational home she experiences is a secure base both relationally and developmentally.

Much of Grace's therapy has been online. Perhaps for that reason Grace longs for more actual physical presence to confirm that sense of being held, perhaps because much of her therapy has been online.

> The only sadness from it's that I haven't had the physical touch. I would have loved to have had more [pause] just physical presence, physical experience. … But … how grateful am I that I've been able to get what I've got.

This sense of emotional and physical holding can become internalized. Stella describes her experience with the two therapists she experienced as relational homes. With the first therapist, she says:

> It felt solid. It feels solid. It feels like, you know how when you're anxious you feel "butterfly-ey" … It doesn't feel like that, it feels solid … it's like not feeling anxiety. ... The not feeling the butterflies when something problematic happens. It's like you know when you're scared, it's like almost it's a place to go to.

Referring to both the therapists she has connected with, she adds:

> They're embodied … it feels like the strength of them is in me and the soothing, that whole soothing. … And it's not even that I then can soothe myself. It's not that. It's that "I am okay" and "I can be okay." And I am held in a very loving but firm way inside. … When its real, when you really are at home with the other person, you know it, it's embodied, and I don't even have to think about it. I just sort of know it.

Tatijana describes the feeling of being held as "the memory of a relaxed body, with the support [pause] of the back … really supported by what I sit on and grounded."

Even when the emotional holding has been hard to believe and accept, and therapy has not always been easy, Helen says after ten years, "I've got enough inside of the Del [therapist] that I'd worked with to say I can, that somebody has done that for me."

## BEING WITH: An experience of authentic human-to-human contact enabling engaged collaboration

The experience of having authentic person-to-person contact enables a fuller, more engaged collaboration. All of the participants valued feeling their therapist was an authentic human being and not just a therapist. They needed to feel their therapist was fully present as a person and this in turn allowed them to be more present. That feeling of being in human-to-human contact allows them to engage in collaborative partnership.

A key component to feeling this human-to-human contact is that therapists are experienced as real people, rather than as professionals who simply follow rules or standard procedures. These therapists are seen as going beyond traditional boundaries when needed, and by doing so they demonstrate their own sense of solidness and inner security. As Tatijana said of her relationship with her therapist, "We don't need a

box to feel safe." Angus' therapist, for example, stopped the group to greet him. Grace valued the way her therapist would extend a session or respond to texts when she was in need. Tatijana appreciated how her therapist called her on her birthday/name day.

> It was important for Tatijana that her therapist was authentic and natural:
>
> Tatijana: I think it was just about the presence mostly …an honest presence…
> Joanna: Yeah? So, she felt really authentic?
>
> Tatijana: Yes, yes …
>
> Joanna: I wonder… Do you have a sense of … how you would know that ... she was real?
>
> Tatijana: Mmm. [Long pause] I don't know how to describe this really … it felt all very natural … I never felt she was pretending something.

For Angus it is the sense of being with in relationship, rather than doing things alone, which consolidates the welcome and has enabled him to learn and develop ways of being in the world. He believes he and his therapist mutually carry each other: "I absolutely believe she carries me ... We could meet up tomorrow and … it would feel absolutely there, just like it always has." For him it is about his therapist's presence rather than charisma: "Not 'look at me, I'm here', just 'I'm here, talk to me'."

For some participants there is a strong physical component to the experience of "being with". Pia captures this when she describes how she began to cry in one session and let herself be held. This was in complete contrast her to her usual approach of self-sufficiency rather than relationship:

> It's just, I learned that my survival involved, well, self-sufficiency and that being alone was easier than relationships. If I was sad or scared … [garbled bit], it was up to me to find a way, you know, to soothe myself and escape in fantasy. … I started to cry in one session – quietly, just tearing up and holding it in a bit and she moved to sit next to me on the sofa and put her hand on my back. Before I knew it, she, I, I was sobbing in her arms. She didn't say anything. Just, she, you know, held me. Sometime later, as I was calming … I became aware that we were sort of breathing in synch.

Pia expresses surprise at how attached she feels in the relationship:

> I'm shocked at how, you know, how important she is to me and how attached I am to her. I only need to … think about her. I often do, you know, when I'm feeling upset – I just sorta think of her, I imagine her eyes and what she would say, and I feel calmer somehow; that she is with me, here.

For Stella, too, knowing the therapist is with her – "right on my side' – is supremely important, especially at times of great difficulty or suffering. Her therapist was the first person she called when her child died. She says that the first time she saw her afterwards, her therapist went beyond their usual boundaries and hugged her:

> When I went in, she just hugged me. And I knew it was, like, way outside her normal way of working … she just gave me a big hug and … and I've never really ever needed another one off her … That was enough … that was enough. I know she's right with me. … I know whenever anything happens … she's right with me. And she really believes in me. I think, I know she really believes in me. It's not just like she tells me that … I know she really believes in me.

She says of the moment her therapist hugged her: "It felt like ... there was nobody else in the world for her but me at that moment."

Being with is also crucial when exploring painful experiences and can lead to powerful healing. Deep developmental wounds and trauma can be faced more easily in relationship with an attuned other. Helen describes just this process of jointly opening up a wound:

> It often felt in therapy for me as if we'd … jointly opened up a wound in me and … having to sort of dig into it … a bit like you know when you have a burn, you know you sort of have to take out all the bad scar tissue but what you come to underneath is fresh and raw.

Beyond the specific therapeutic work, the way Helen's therapist embodied her care, and the two-way sense of their attachment was important to Helen. This became clear to her on a rare occasion when she was late for an appointment, and she realized that her therapist had been worried for her:

> Seeing that she was at an embodied level, deeply relieved, you know, and she'd thought that I'd had an accident on the way, you know, and that's why she hadn't heard from me. … There was a genuine relational attachment.

As this new sense of relational home is experienced – perhaps for the first time – the relationship offers nourishment. And then something shifts. This process is explicitly described by Pia:

> Pia: Now I look back, and at my relationship with her, and I can see that, you know, I've changed. Something has shifted inside. … It took some time. She was patient with

me. But we got there. For the first time in my life, I have found a relationship that is, well it's, you know, profoundly nourishing.

Linda: Somehow your relational needs have been met? The relationship nourishes you?

Pia : Yes, and, well it's hard to explain, but I've kinda let myself go into this relationship -- I've let myself be with her in it.

# Discussion

All participants experienced finding a relational home where they felt welcomed into a safe-enough space, attuned to, held, and appreciated by their solidly present, there-for-them therapist. In turn, this invited them to trust, let go and embrace more of themselves. In their psychotherapeutic relational home, they mattered.

While we have separated out the five emergent theme headings of: "Belonging", "Safety", "Holding", "Affirmation", and "Being-with", in practice these seem significantly intertwined. Helen, for example, admits to taking risks because she has learned from previous rupture-repair experiences that she can trust her therapist to hold her safely in their being-with. Our bridging concepts encompassing "sanctuary", "containing frame", "secure base to grow", "supporting connection", and "spacious alliance" offer a reminder of how the themes interconnect.

In this discussion, we first examine our findings in the light of the existing literature. We then critically evaluate our methodology. We end by reflecting on some of the implications for practice which have emerged.

## Comparison with existing literature and research in the field.

That our findings dovetail with the existing philosophical, theoretical and empirical literature is reassuring.

We argue that our study both supplements and extends the *philosophical literature*, including Stolorow's philosophical-theoretical conceptualizations of "relational home," by focusing on clients' actual lived experience. At the same time, for all our participants, the sense of relational home links to the sanctuary and welcome described by the philosophical commentators, including Stolorow (2007, 2016), Jacobson (2009) and Levinas (1971). Therapy is a place where being met invites the exploration of inner landscapes and where there is support to manage the storms of life, including difficult family experiences, fear for one's mental health, loss and trauma. Two participants even echoed Bachelard's reference to the sense of home as including body and soul.

Some questions remain and need further exploration. One factor which stood out was the way that our participants' sense of a relational psychotherapy home differed significantly from their childhood experiences of home, or lack of home. Although there were references to significant traumas as adults, they also referred poignantly to aspects of their history that indicated developmental trauma, unmet relational needs, and elements of insecure attachment. This suggests that a sense of relational home fits Stolorow's (2007, 2016) notion of developmental trauma stemming from recurrent experiences of malattunement as well as thinking about the adult trauma we face when we lose loved ones or own our existential vulnerability. It also begs the question as to whether having this sense of relational home in therapy is important to all clients or whether it may be specific to those with significant unmet developmental needs or developmental trauma.

At a *theoretical* level, our findings strongly support the literature on attachment theory, including Wallen's (2007) potent joining of attachment and intersubjectivity theories. The relational homes poignantly described by our participants echoed Bowlby's concept of secure base and the attachment relationship with a trusted other as being the fundamental need, and possibly right, of every human being. It is through the familial sense of a reliable, solid, and attentive other, one who accepts, mirrors, and even delights in them, that our participants gain a sense of relational home and internalized security. This enables them to explore and own aspects of self, becoming stronger, more confident, more fully themselves in the world. Similarly, our findings affirm the work of Erskine et al. (1999), McMillan and McLeod (2006), Geller and Greenberg (2002) and others which highlights the importance of therapist inquiry, attunement and involvement and how therapist presence as a transferential "good parent" figure is crucial in creating feelings of affirmation, of being held.

That our participants experienced a deepening sense of trust and appreciation when their therapists seemed comfortable stretching boundaries safely and appropriately offers an interesting nod to a central tenet of Porges' (2011) Polyvagal Theory: that the autonomic state of the therapist will be sensed by the client. The therapist's capacity to offer safe flexibility, we suggest, would seem to deepen the sense of trust and relational home.

However, our findings did not highlight the importance of therapist (and client) failure, as described by Jaenicke (2015). What stands out in our participants' accounts is the feeling of consistent welcome and safety, of belonging, being with and

being held. There is also the sense that the therapist knows just what is needed and responds with exquisite timing or perception. While it seems that participants needed to experience their therapists as "human," there was less interest in mutuality or therapist self-disclosure of their own vulnerability (Mearns & Schmid, 2006; Millan & McLeod, 2006).

With reference to the *empirical literature*, our study resonates strongly with the work of Mearns, Cooper and others on relational depth. It also highlights the importance of relationships evolving over time. Here our findings are particularly in tune with those of McMillan and McLeod (2006), who also focused on the experience of clients rather than that of therapists and highlighted how it is clients' willingness to "let go" which is key to their experience of enduring relational connection.

Through the recognition of some overlap in the conceptualizations of relational home and relational depth, our findings also mirror those of Knox et al. (2013), who argue that the ongoing commitment and depth of the relationship is enhanced by specific deep relational moments. As Knox (2011) suggests, some such moments follow challenges by the therapist. However, it is interesting to note that our participants described many significant moments which occurred in the wake of significant life challenges, rather than challenges posed by the therapist. As observed by Cooper (2013), all these moments of significant relational depth are followed by positive, deep and ongoing healing.

The experiences poignantly described by our participants echo those of Tiemann's (2012, p. 545) notion of "safe intimacy" and her view of a relational home as somewhere she could re-integrate vitally needed but disowned parts of herself. All our participants describe this integration of aspects of the self as they felt those parts being welcomed by the therapist. For some, this is an important invitation to begin to exist, in a way that was not possible in their family of origin. Tiemann's sense of belonging, safety and calm, which for her becomes embodied, is echoed by all the participants, although with differing degrees of solidarity and accessibility.

## Evaluation of methodology

The in-depth dialogues, engaged with the participants – and between us – highlight the value of using interpretive, relational-centred methodology to research complex therapeutic processes. Each participant was facilitated by our compassionate, holding responses to speak about their life history as well as their therapy story. We also see how, as researchers, we interpretively accessed deeper nuances of our participants' stories through our post-interview dialogue and writing with each other. In other words, the reflexive-relational stance in our approach, which comes from our extensive clinical experience (where we acknowledge our own history and processes of being client, therapist, supervisor, and researcher), allowed for deeper levels of reflective exploration and enabled ethical sensibility.

This study highlights the value of careful, compassionate, slow phenomenological dwelling with the broader relational meaning context (which took place during data collection, analysis and writing up). This dwelling followed Stolorow's recommended approach to working with trauma of "engaged, participatory comportment" (2016, p. 134) where one leans into another's pain by drawing on one's own analogous pain.

That we are both experienced therapist-researchers enhanced our capacity to enable stories to be told and to attune to them, recognising their complex diversity. We believe the data collecting dialogues were conducted well, and that we listened in an attuned, compassionate, responsive way, allowing the length of each meeting to evolve according to the needs and wishes of the participant. Each dialogue took its own specific form, from Angus' focus on a particular moment in therapy to Helen's exploration of her therapy over a decade. Such diversity indicates that we were responding to each individual's needs and story in the context of our particular relationship with them.

That our dialogues were conducted on *Zoom* presented possible constraints but the fact that all of us therapists were used to this medium helped us feel more at ease. Further research could usefully consider if the relational data obtained would have been richer if engaged face-to-face. Certainly we felt our extended researcher dialogues during the analysis phase were enhanced by having face-to-face contact.

We would also claim that our research carries *methodological integrity*. As befitting our reflexive-phenomenological orientation, we were able to stay open to participants' experiences and not make too many assumptions about what working at relational depth or relational home meant. It felt important that we both stayed present and vulnerable in all our dialogues; on this basis we were able to have moments of relational depth which resembled the kinds of processes we were researching. It was helpful that Joanna was not originally familiar with the specific literature on relational home and only engaged it after our model emerged. That we both resonate with our five-themed model is reassuring and we believe it usefully offers practitioners a concrete way of appreciating the relational therapy process. At the same time, we remain aware that our understandings of relational home are permeated with our own dialogic and professional understandings.

Our research illustrates the importance of recognising the individual and historical relational context of an individual's

therapy to gain any meaningful understanding of the degree of any trauma experienced and how the therapy process is then received. This attests to the value of using qualitative methods. Deeper narrative or phenomenological methodologies working with individuals' stories would be illuminating, however, and would further enrich the literature on what working relationally means.

However, we are more than aware of the limitations of hearing from just six participants and would urge against making assertions that fix our five emergent themes as definitive. Further research is needed and should include non-psychotherapist participants (i.e., more diverse clients) who may be less emotionally articulate or who perhaps are less able to "let go" in therapy compared to our therapist-participants who, combined, had many years of therapy experience. It is possible (likely?) that other themes could emerge which were not particularly evident in our dataset, such as the importance of being believed or trusting the therapist because they were a professional.

It would also be useful to recognise different stages of individuation from therapist/therapy. Some talked of their story in the past tense; others were still engaged in therapy with the therapist who had offered their relational home. Do our perceptions vary depending on whether we are in the middle of therapy or looking back on the past? Given the diversity of stories in our own small-scale research, any comparisons made need to be held lightly and opened up for further exploration. Further study of how clients move from moments of "relational depth" to feeling "at home" would also be useful.

Finally, to what extent are these themes simply relational aspirations of all therapy across modalities? There is a need to hear from therapists' about how they believe they enable clients to find a relational home with them. It might be interesting to survey the extent to which therapist strive towards the different thematic categories and the relative importance of each, given particular styles of practice.

## Reflecting on implications for practice

As our participants were therapists themselves, they were able to be reflexive with us about the elements of relational home that felt important to translate into practice. It is here that our interlinking bridging concepts of "sanctuary", "containing frame," "secure base to grow," "supporting connection," and "spacious alliance" help us interpret and make sense of what our participants had to tell us about what the therapist may be offering (see figure 1).

If therapists wish to provide a relational home, a consistent welcoming and safe space seems significant, even when therapy is online. If familiarity and homeliness are important, we need to pay attention to the setting as well as to our way of being. This suggests the room we use and/or the consistency of the background environment visible online to the client may be important. Further research is needed to clarify the extent that it is the therapists themselves who have become the relational home or if they facilitate the sense of relational home through what they offer.

Within this safe sanctuary, therapists express their manner of being through authenticity, presence and an attitude which at its core is kind and non-judgmental. Even when challenged, our participants felt sure the therapist was on their side, that they truly mattered and were cared about. This seems an important message to convey to clients.

Being available for the long-haul also seems important. Although specific moments of relational depth in therapy contributed to the sense of relational home, for all participants these were in the context of a long-term committed relationship. All knew that their therapist would be available through both good and difficult times. Handling endings and separation sensitively takes on particular significance. Some participants expressed their fears about endings, whether the ending of the therapy or the death of the therapist. It would seem to be important to take time to explore this, including how the therapist's care and a sense of relational home can be embodied and carried forward.

Our study also suggests that in order to create the possibility of a relational home therapists need to feel "comfortable in their own skin." It would seem important that clients feel they do not need to take care of their therapist. At the same time, our study suggests that retaining our sense of humanity rather than hiding behind the role of a therapist is vital. Our participants were extremely alert to their therapist's authenticity, suggesting that where therapists themselves are well-regulated and able to manage challenging or unanticipated circumstances, this conveys a sense of safety and holding. A relational home seems to be founded on therapists' ability not to presume what the client needs but on a willing immersion "in the complex, difficult, sometimes painful interactions that occur unpredictably in spite of our conscious intentions" (Wallen, 2007, p. 188).

Our participants expressed respect and appreciation when they felt the therapist had safely flexed the boundaries, perhaps by providing extra time or offering a much-needed hug. Appropriate stretching of the therapeutic frame, and/or going the "extra mile" (McMillan & McLeod (2006), appeared to significantly deepen trust and the sense of this being a safe relational home throughout times of challenge. Flexibility on the part of therapists seems to reflect their ability to combine

a strong, kindly presence with compassionate courage, thereby reinforcing a sense of their humanity. It mirrors the importance of parents not being rigid in their parenting style and being able to adjust to children's needs at times of crisis. In this way, the experiences our participants described as creating the sense of relational home point to the importance of therapists being like a "good parent" (McMillan & McLeod, 2006) and having the confidence to safely adapt the therapeutic frame in the interests of their client's wellbeing.

It is interesting, and perhaps surprising, that our participants did not report needing to know about their therapists' life experiences. There are no references to therapists providing a sense of relational home through self-disclosure of facts about their personal experiences or lives. Our study indicates that it is therapist's presence - in the sense of authenticity and availability - that supports implicit trust and a sense of being safe enough. Being able to go deeply into the pain of the other without turning away seems essential to creating a sense of relational home -- but it is not necessary for the therapist to bring their own pain story in. Our participants' concern was primarily to know they were safely held, respected, and loved; as with McMillan's and McLeod's research (2006), mutuality was not sought.

The embodied nature of the experience of relational home was significant across all participants. The sense of safety, of being held (emotionally, if not physically) was experienced at a bodily level and most participants described being able to carry this sense of security with them. Although this supports the importance of working with the body, as emphasized in current thinking around trauma, none of the participants described specific examples of body-work they had done with their therapist. This suggests that it might be more important that therapists pay attention to their own embodied state and regulation to create a safe embodied state for the client.

Whilst our participants did not describe physical contact as an essential ingredient of a relational home, touch was important. While there was no expectation that therapists should routinely offer hugs or holding, a hug or touch offered at an appropriate time, maybe one of crisis, was experienced by our participants as conveying a deep sense of safety, of being held, of connection and belonging and of being important. This suggests that if we wish to provide a relational home we need to think carefully about touch and how - when offered in a spirit of safety and authenticity - it might address or engage with early developmental needs. It is also worth noting that our participants valued other effective ways of holding, including the offering of a tender gaze.

# Conclusion

A relational home is experienced when there is a transformational sense of generous, spacious welcome (which may be physical, emotional and/or possibly spiritual). Here, clients can experience being-with and being held and affirmed by a genuine, present other, someone who is fully there for them, who doesn't need to be taken care of, and who invites them to let go. This contrasts with experiences in earlier life where this sense of trust, safety, security, and acceptance was not available: where there was no relational home. Being held emotionally and sometimes physically by a supportive other who offers a secure continuity creates the opportunity to embody a sense of safe security which can be carried into the world. It is transformative in that it also offers affirmation of all aspects of self and the right to exist. Clients can at last feel that they truly matter.

In the case of the current study, the fact that the two of us relationally dwelt with our participants' stories – and our own – offers an intriguing parallel process to the topic of our research. We were deeply moved by our participants' willingness to share their existential vulnerability with us, and we remained sensitive to the need for us, as co-researchers, to offer a safe place for the sharing and transformation of trauma and emotional pain. As we consider the solace and sanctuary that resulted from our own intimate collaboration, we are reminded of the profound words of Stolorow:

> If we are to be an understanding relational home for a traumatized person, we must tolerate, even draw upon, our own existential vulnerabilities so that we can dwell unflinchingly with his or her unbearable and recurring emotional pain. (2014, p. 82)

Our study of therapist-clients' experiences of a psychotherapeutic relational home has engaged iterative layers of embodied reflexive-reflection. We present our emerging model as a starting point for further exploration. We invite you, as practitioner-readers, to use our model as a springboard to make sense of your own relational home experiences and to engage further dialogues towards exploring the phenomenon.

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