Working *at* RELATIONAL DEPTH *in* Counselling & Psychotherapy

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Contents

2

Psychological distress: a relational understanding

This book is about deep relational connections and their importance to therapy. In Chapter 1, we looked at a range of arguments and evidence that relationality was central to human being, and to the process of healing and transformation. In this chapter, we develop this argument further by focusing, in depth, on one particular area of research and theory: the relationship between relational disconnection and psychological distress. More specifically, we look at the way in which an absence of deep relational connections in people's lives can be associated with profound psychological difficulties.

Of course, sometimes relational disconnection is exactly what we want. If people are driving us crazy, or if we just want to be on our own, then getting away from others – lying in the bath, locked doors, candles, glass of wine – can feel great. But what the research shows, and what many of us know from experience, is that relational disconnection – particularly when it is absolute, chronic and seemingly endless – can be among the most agonising experiences in life. As Nosferatu the Vampyre puts it, condemned to a life of unceasing loneliness and isolation, 'Death is not the worst. There are things more horrible than death. … The absence of love is the most abject pain' (Herzog, 1979). This chapter is about that pain. Through examining it, we can come to

develop a greater understanding of the healing potential of deep relational connection.

When I (in this chapter, 'I' refers to Mick) think about my own experiences of disconnection, what comes to my mind is sitting in a café in Piraeus, a sea port near Athens in Greece, just aching for some interpersonal contact. It was about May 1985, and I was on my gap year before starting university. The plan had been to travel through Europe with a friend, Rob, but he got as far as the coffee shops in Amsterdam and decided that he had had enough travelling for the time being, so I set off on my own. It was great – mostly. I hitch-hiked down to the Yugoslavian border, joined a sit-in at Utrecht University on the way, and fell desperately in love with an Australian woman in Munich – but once I got to Yugoslavia and then took the train down to Greece, the relational connections seemed to dry up.

In fact, I wasn't totally alone. When I re-read my journal at that time, I can see that there were various people I was still talking to. But the contact wasn't intimate or meaningful. 'Fuck me', I wrote in my journal, 'I was lonely'. So there I was, sitting in the café in Piraeus, staring out over the deep blue Greek sea. And I vividly remember that feeling of desperate yearning for some sort of meaningful contact. It was like a hole in my stomach, an emptiness, a thirst that I was as desperate to quench as if had been wandering in a hot desert for days. And, looking at my journal, I can see that I started to do some crazy things. For instance, I hid my matches just so that I could ask someone for a light. 'I don't think I've ever felt quite such shit for a long time,' I wrote. 'A lot of it is frustration bottled up when I've no one to talk to, and then you just turn in on yourself.'

Five hours later, on a boat to Rhodes, I was back in connection again: arguing with born-again Christians about the meaning of salvation, drinking ouzo, and falling desperately in love with an Irish woman. And I felt great. But those few days of feeling isolated really gave me a sense of what it means to be on your own, and also what it can do to your state of mind. And, for many of the clients that we work with, that can be their reality: not just for a few hours or a few days, but a chronic, unending sense of aloneness and separation. When I run workshops on relational depth, I often do an exercise in which I ask participants to visualise a life without any deep connections at all, and to see what feelings it evokes (Cooper, 2013c). Typically, what comes up is a wide range of negative emotions, and not just the predictable ones (like loneliness and isolation), but also feelings like meaninglessness, disorientation and terror. Relational disconnection seems to have the capacity to touch every corner of our lives: a dark, grey cloud that can smother all sources of light.

Perhaps, most worryingly, there is some evidence that this cloud is expanding. In contemporary industrialised societies, we seem to be

witnessing a dramatic reduction in levels of interpersonal connection (Holt-Lunstad et al., 2010; McPherson et al., 2006). Between 1985 and 2002, for instance, 'The number of people saying there is no one with whom they discuss important matters nearly tripled' (McPherson et al., 2006, p. 353). While, in 1985, the average respondent had three confidants, in 2002 they had none. It might be claimed, then, that chronic isolation is rapidly becoming a modern-day epidemic.

Perhaps, in part, this is due to rapid advances in digital communication, whereby two or more people can now be physically together but entirely disconnected from each other: staring into their smartphones or ears 'stuffed with two little headphones from an iPod' (Goleman, 2006, p. 8). Goleman goes on to write, 'They're dazed, lost in any scads of tunes on their personalized playlists, oblivious to what's going on around them – and more to the point, tuned out to everyone they go by' (p. 8). And, with these advances, communication is increasingly reduced to a series of emoticons, abbreviations and 'duck face' poses: hardly the language of relational depth! Yet, on the other hand, it could be argued that digital media is creating a world in which we are much more in touch with each other: able to communicate and relate from one end of the world to another. At workshops on relational depth, this question of whether technology and social media impede, or enhance, the capacity for deep human connection is one of the most fervently discussed topics. What do you think?

What is clear is that distress related to interpersonal problems is one of the main reasons that clients come to psychotherapy or counselling (Maling et al., 1995, p. 63). For instance, one study found that around 75 per cent of clients had goals for therapy in the interpersonal domain: greater than symptom/problem-specific goals (60.3 per cent), personal growth goals (45.9 per cent) or wellbeing/functioning goals (13.4 per cent) (Holtforth & Grawe, 2002). Research also shows that psychotherapy clients do have higher levels of interpersonal difficulties than those outside psychotherapy. For instance, twice as many clients said that they find it hard to feel close to people, as compared with non-clients (Maling et al., 1995).

The Need for Connection

When I sat in that café in Piraeus, I felt that I *needed* to connect with other people. It was not just a thought or a perception; it was a powerful, embodied yearning. Consistent with this experiencing, a range of prominent theorists and researchers have argued that people have a basic *need* for interpersonal connection. Most recently, *self-determination theory*, a well-established humanistic psychology (Ryan & Deci, 2000), has argued

that relatedness is one of three fundamental human needs (the other two being the need for competence and the need for autonomy).

Wellbeing

In support of this hypothesis, research shows that people who report higher levels of life satisfaction and happiness report greater levels of social participation too (Aked et al., 2008), and are more likely to trust others and feel that they have friends to count on (Helliwell & Wang, 2010). Happier people are also more likely to be married or cohabiting with another person, rather than single, separated or divorced (Helliwell & Wang, 2010). In addition, happier people rate the quality of their relationships as significantly higher than those who are less happy, and spend less time alone and more time with family, friends or romantic partners (Diener & Seligman, 2002). Summarising the findings of the Harvard Study of Adult Development, a longitudinal study following over 500 men for three-quarters of a century, Director Robert Waldinger states:

> What are the lessons that come from the tens of thousands of pages of information that we've generated on these lives? Well, the lessons aren't about wealth or fame or working harder and harder. The clearest message that we get from this 75-year study is this: Good relationships keep us happier and healthier. Period. (www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness/transcript 5:50)

Consistent with this, time spent with others tends to be rated as more inherently rewarding than time spent alone (Hawkley & Cacioppo, 2010) – as well as more purposeful (Dolan, 2014) – and the pursuit of interpersonal projects (such as spending time with friends or family) 'are among the most valued and enjoyed pursuits in which people are engaged' (Salmela-Aro & Little, 2007, p. 207). Indeed, intimacy goals have been rated as the most important in people's lives: more important, on average, than goals related to achievement, power or altruism (Salmela-Aro & Little, 2007). People who place greater emphasis on achieving intimacy in their relationships also find their relationships more satisfying (Sanderson, 2004). Research suggests that this is because they are more likely to give social support to their partners, elicit more self-disclosure from them, and use more effective strategies to resolve any conflicts that do emerge (Sanderson, 2004). Interestingly, individuals with better social support also seem to do better in therapy (e.g., Zlotnick et al., 1996).

While there is some evidence to suggest that wellbeing is related to the *quantity* of social relationship (Wildes et al., 2002), *quality* also emerges as a critical factor (Aked et al., 2008): in particular, feelings of

closeness, caring and intimate connection with the other (Reis, 2001). For instance, the association between marital status and wellbeing is entirely moderated by the quality of the marriage, with only good-quality and caring relationships bestowing mental health benefits over remaining single (Wildes et al., 2002). Similarly, while people experience more positive emotions on days in which they have positive social interactions, they also experience more negative emotions on days in which they have negative social interactions (Reis, 2001). This suggests that it is not interpersonal *contact*, *per se*, that drives feelings of wellbeing, but interpersonal *connection*. In Piraeus, an impersonal conversation with the waiter about the price of the coffee would have done little for me. Sharing, instead, about our journeys, our experiences, and our hopes and fears for the future could have made all the difference.

Such is the evidence in support of the association between interpersonal connection and wellbeing that 'connecting' was identified in the UK government's *Foresight Report* as the first of five key actions that people should take to improve their psychological wellbeing. This public health directive states:

> Connect … with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day. (Aked et al., 2008, p. 5)

It is not only in the UK or in western cultures, however, that this association holds. Ryff and colleagues (2001) write, 'While the particular ways in which good relationships are expressed may vary across cultures, it is universally true that all people everywhere deem connections with others as a core feature of optimal human functioning' (p. 135).

If good interpersonal connections are associated with positive psychological wellbeing, then the absence of these connections is likely to be associated with psychological distress. In the following sections, we look at a range of psychological problems, and the evidence that they are closely linked to a lack of interpersonal relatedness.

Loneliness

Imagine, for a moment, that you are Nosferatu the Vampyre: living an endless, isolated existence in a castle in the Transylvanian Alps. You sleep… alone; wake up… alone; stalk the corridors of your castle alone. You have property, power, eternal life… but what does any of this mean when there is no human contact? In fact, there is contact: when you fly out at night and suck people's blood. Indeed, as the film *Nosferatu* suggests, perhaps this is your attempt at trying to establish

some kind of human connection. But in doing so – as with the plague of rats that you bring in your wake – you destroy the thing that you want. You are condemned, so utterly and eternally, to being alone.

Of course, the story of Nosferatu is fictional, but it is, perhaps, a powerful metaphor for the kind of loneliness and isolation that many people can experience. When I think of my 80-year-old client, Monica, for instance, stuck inside her empty house, it is not that far away from Nosferatu's castle. Here, it is not only that Monica feels alone, but that she feels condemned to that aloneness until she dies. Monica desperately seeks out contact. When she describes interactions with her gardener or her housekeeper, it is like she is trying to suck out connection from them. But it is fleeting, transient: just a few brief moments of warmth before she is back in the coldness and isolation again. And, as with Nosferatu, some clients may feel that it is something intrinsic to them – something hidden and unspoken – that destroys any chance of connection. They, they sense, *are* the infection that kills the thing they most desperately yearn for: no wonder it is the most abject pain.

Loneliness is, perhaps, one of the most obvious psychological problems associated with a lack of close connection. It is also 'one of the most common varieties of mental distress in everyday life' (Reis, 2001, p. 64). It is estimated that loneliness is a chronic state for approximately 15–30 per cent of the general population (Hawkley & Cacioppo, 2010). It is particularly prevalent in older adults, with around one in three over-55s feeling lonely at any one time (cited in Masi et al., 2011). Loneliness is associated with a plethora of negative health effects (Hawkley & Cacioppo, 2010; Masi et al., 2011) – physical as well as mental (see below) – and is of such public health significance that it has been the focus of national campaigns, such as the *Campaign to End Loneliness* (campaigntoendloneliness.org).

Loneliness may also be much more painful than many people assume. Studies of people's hour-by-hour thoughts and feelings, for instance, suggest that 'most people feel a nearly intolerable sense of emptiness when they are alone, especially with nothing specific to do' (Csikszentmihalyi, 2002, p. 168). A pre-adolescent's description of loneliness powerfully conveys this sentiment: '[Loneliness is like] being in a deep dark pit, with nothing in sight, and no way out. It feels like a dark rainy day. Just there, just sitting there lonely. It's like a blue, a dark blue, almost a black, but then it's also a light blue, washed out and dingy. It's a deep empty pit in your stomach' (quoted in Moustakas, 1961, p. 40). Consistent with this, a functional magnetic resonance imaging (fMRI) study by Eisenberger and colleagues (2003) has shown that the neural correlates of social exclusion are similar to those of physical pain. In other words, when we say that it 'hurts' to be on our own, or to lose love, it really does.

Such is the pain of loneliness that people who are lonely are more likely to ascribe human characteristics to inanimate objects (Gable & Prok, 2012): presumably as a means of trying to re-establish some form of human connection. A classic illustration of this is in the film *Cast Away* (Hanks & Zemeckis, 2000), when Chuck Noland (played by Tom Hanks) finds himself washed up on the shores of a small tropical island. Nolan's closest companion becomes a volleyball that he names 'Wilson', and Nolan is desolate when Wilson eventually floats away. Wilson, of course, is just an inanimate sphere made of rubber and leather, but in the face of a desperate human yearning for interpersonal contact, it becomes a fully fledged 'other'. When we think of the ways that people humanise the most inanimate of objects, such as cars, phones and laptop computers, it is apparent just how driven (and skilled) people can be in (re)creating a human community around them.

Loneliness, however, is much more than just being on your own: as many of us will have experienced, it is quite possible to feel lonely in a crowd. Gavin, for instance, a handsome 20-year-old client of mine, said that he felt most alone at the pub with his mates. 'I sit in the corner', said Gavin, 'and just listen to the conversation going on around me. It's not that no one will talk to me; it's just that I can't really talk to anyone about what's going on for me, like the fact I feel so awful about myself or the fact that I can't get up in the mornings.'

For people like Gavin, then, the pain of loneliness is less to do with the physical absence of others, and much to do with a lack of meaningful, intimate and emotional connections (Segrin, 2001). Like many other lonely people, Gavin has a deep sense that others do not really know who he is, that others have not really touched down to the depths of his being and witnessed the hidden world that is there. Indeed, Gavin was well aware that others held a particular *image* of who he was, but the fact that this image was so incongruent with his own sense of himself made that loneliness all the more painful. People knew his mask, but no one had ever seen the face behind the mask, and this was profoundly upsetting and disturbing to him. Gavin also had a sense that he, alone, was shouldering the difficulties and challenges that he was facing in his life, that no one was there to help him, because no one knew what his struggles were. Furthermore, because he rarely encountered others at a level of depth and intimacy, he had a deep sense of alienation, of being outside the nexus of everyday social interactions. For Gavin, everyone else seemed to know what was going on; everyone else seemed to talk to each other. But he was on the sidelines, alone, unknown.

Gavin's loneliness also evoked in him a profound sense of frustration and loss. While he was aware that he kept others at arm's length, he also desperately wanted to be seen and known by those that he cared about. Such psychological misery makes particular sense if we

hypothesise that human beings have an inherent need for contact with others, such that to be without this closeness is to frustrate one of the most powerful human desires. 'Even in the deepest retreat', writes Hycner (1991), 'there is a vague *restlessness of the soul yearning for a genuine meeting with others*... It is as if the capacity for genuine dialogue and meeting has been lying dormant, in wait, for someone to seek out the real self' (p. 65, italics in the original).

Depression

People who are lonely are much more likely to go on to develop depression (Cacioppo et al., 2006); and depression, as with loneliness, has been clearly related to a lack of close interpersonal contact. People with depression, for instance, tend to have less intimate, less confiding, less responsive, and more conflictual relationships; less contact with friends; and, in many cases, lack close relationships altogether (Birtchnell, 1999; Brown & Harris, 1978; Coyne & Downey, 1991; Das-Munshi et al., 2008; Emmelkemp, 2004; Segrin, 2001). As with the literature on loneliness, the key factor here seems to be the *quality* of the relationship (Leach et al., 2013).

This association between depression and lack of close interpersonal relationships is likely to be due to a number of factors. First and most basically, as indicated earlier, human beings seem to be happiest and most 'alive' when they are with others (Csikszentmihalyi, 2002) and this is particularly the case when the contact is intimate. As Csikszentmihalyi states: 'There are few things as enjoyable as freely sharing one's most secret feelings and thoughts with another person' (p. 188). Hence, if someone does not have such contact in their lives, they are likely to experience lower levels of happiness, as well as a sense that they are missing out on something, and possibly also envy others.

Second, there is the fact that people who do not relate closely, or well, to others are likely to experience higher levels of interpersonal conflict, and the evidence suggests that this is closely linked to feelings of depression. Fifty per cent of women who are depressed, for instance, are in distressed marriages, where caustic and poor communication processes often exist, and where there is a lack of synchrony and responsiveness between partners (Segrin, 2001).

Not only is it the case, however, that the presence of poor relationships can be a precipitating factor for depression, but the lack of positive ones can be a factor too. Brown and Harris's (1978) classic study on depression in women, for instance, found that the absence of close, confiding relationships was a key 'vulnerability factor' making the women more susceptible to depression. In other words, people who do not have close relationships might be as happy as others when things

are going well, but when problems start to emerge, they do not have the social support to help them through their difficulties. Hence, sadness, grief or feelings of loss may be more likely to descend into a deeper depression. However, Coyne and Downey (1991) suggest that the negative effects of a corrosive relationship have a much greater impact on levels of depression than the positive effects that a supportive relationship might have. In other words, the benefits of a good relationship on levels of depression are primarily due to it not being a bad relationship.

Of course, an association between the quality of a person's relationships and their levels of depression does not mean that the former caused the latter. It may be, for instance, that depressed people find it more difficult to become intimate with others, or have a tendency to push others away. And, indeed, Segrin (2011) suggests that depressed people have a tendency to seek out reassurances from others: requests which are initially met by sympathy, but which are increasingly met with irritation and rejection in the face of continual demands for reassurance. Segrin also argues, based on a large body of data, that depressed people exhibit poorer social skills, which can then make it more difficult for them to form closer relationships with others. Hence, it is likely that depression causes poorer social relationships, as well as vice versa, and one consequence of this may be that people get caught in vicious cycles. That is, people may feel low because they do not have good social relationships, but this then makes it more difficult for them to relate, deepening their levels of depression.

Closely related to depression, it should be noted too that a lack of perceived connection to others is also strongly implicated in suicidal desire, with research indicating that a thwarted sense of belongingness and social isolation are among the strongest and most reliable predictors of suicidal ideation (Van Orden et al., 2010).

Anxiety

'Solitude … is the mother of anxiety' (Wolf, quoted in Stern, 2003, p. 109). Consistent with this, research suggests that 'interpersonal factors are involved in various stages in all of the anxiety disorders', including social anxiety disorder, generalised anxiety disorder, panic disorder and post-traumatic stress disorder (PTSD) (Alden & Regambal, 2010, p. 449). Interpersonal isolation and difficulties may lead to anxiety problems for a range of reasons. An individual, for instance, may be worrying that they are shouldering all their burdens on their own, and this may be because they have never really shared their problems with others, or formed the kind of relationship in which they feel supported or cared for. We can see this in the inordinate sense of relief many

people experience just talking about their problems with someone else and having a sense that others know what they are going through. Indeed, it would seem that simply being on your own increases feelings of anxiety. Perhaps this is because, as Csikszentmihalyi (2002) suggests, when we are involved with others and doing things together, we are not thinking so much about our own problems and difficulties. This may be why so many of us experience our greatest anxieties in the wee hours of the morning, the time when even a partner may be asleep. What is more, without some external perspective on our problems to ground us, our anxieties can easily spiral upwards, turning the most minor worry into the most major catastrophe.

One form of anxiety that may be particularly rooted in a lack of in-depth relationships is social anxiety. This is the most prevalent of the anxiety 'disorders' (Segrin, 2001) and can be defined as 'anxiety that results from the prospect or presence of personal evaluation in real or imagined social situations' (p. 44). Research shows that people with social anxiety are likely to have lower levels of emotional intimacy in their close relationships and lower perceived support, and are less likely to self-reveal to others (Alden & Regambal, 2010). Difficulties in establishing in-depth relationships may be a precursor to social anxiety for a number of reasons. First, if individuals do not experience mutually affirming relationships with others, then their views of social interactions are likely to be more negative. And, indeed, evidence shows that socially anxious individuals hold strong representations that interactions with others will go badly (Stuart & Robertson, 2003). Second, and closely related, if individuals do not experience honest and open encounters with others, then they may be unlikely to have much sense of how others perceive them. And because they are missing out on relationships in which others will probably perceive them positively, they are likely to misconstrue others' perceptions of them in a negative direction. This is, indeed, the case. Research shows, for instance, that socially anxious people tend to underestimate their overall likeability and also the interest that they convey to partners, while overestimating the visibility of their anxiety (see Segrin, 2001). Of course, it should be noted too that the relationship between social anxiety and difficulties in encountering others at a level of depth is a bi-directional one, as people who are afraid of social contact are unlikely to find it easy to become close with others. Social anxiety is also closely linked to the experiencing of loneliness (Stuart & Robertson, 2003) and it is likely that all three of these ways of being compound and aggravate each other, as well as themselves.

In contrast to social anxiety, PTSD is a form of anxiety disorder where the links to interpersonal relatedness are less immediately obvious. Nevertheless, a lack of social support has been found to be the strongest predictor of PTSD (Brewin et al., 2000) – greater than

such factors as psychiatric history or previous trauma – and has been shown to have a directly causal role (Kaniasty & Norris, 2008). In terms of mechanisms, research suggests that social support may facilitate self-disclosure, which can then help to reduce PTSD symptoms after a traumatic event (Alden & Regambal, 2010). In addition, supportive reactions immediately after the disclosure may help to reduce PTSD symptoms. Furthermore, given that many forms of traumatisation are interpersonal in nature, such as sexual, emotional and physical abuse, it may be that positive interpersonal connections are necessary to remediate the damage. As Birrell and Freyd (2006) write, 'The fragmentation caused by the violation of human bonds can only be healed by new and healing bonds' (p. 57).

Psychosis

Over the course of the twentieth century, several existential psychiatrists proposed that the development of schizophrenia may be attributable to an absence of close relationships with others (Laing, 1965; Trüb, 1964; Von Weizsäcker, 1964). Their starting point, as suggested above, is that human beings have a basic need to inter-relate. Hence, they have argued, if there are no such encounters on the external plane, the individual may create splits and fragmentations on the internal plane, so that, at least, they can have encounters with themselves. Buber (1958), on whom much of this work is based, puts it like this:

> If a man does not represent the *a priori* of relation in the living world, if he does not work out and realise the inborn *Thou* on what meets it, then it strikes inwards. It develops on the unnatural, impossible object of the *I*, that is, it develops where there is no place at all for it to develop. Thus confrontation of what is over against him takes place within himself, and this cannot be relation, or presence, or streaming interaction, but only self-contradiction. (pp. 93–94)

From this perspective, hallucinatory dialogue could be understood as a desperate attempt by the psychotic individual to attain some level of meeting, to encounter something even if it has no concrete form. The German psychiatrist Viktor Von Weizsäcker (1964) uses a similar approach to explain a schizophrenic individual's hallucination of a double of himself standing by his bed. He writes:

> [T]his delusion of a double is nothing more than the hallucinated restoration of a two-ness, after one has reached the unbearable loneliness. It is a representation of a misplaced synthesis of I and Thou, the cleavage of the I represents – for a moment – the relationship of the I to the Thou which has become unattainable. It is a substitute for the latter. (p. 409)

A similar understanding of psychosis was developed by the Scottish existential psychiatrist R. D. Laing (1965). Laing argued that people who are predisposed towards psychosis have often experienced communication patterns in which their experiences were invalidated, distorted, entangled or 'mystified' – the absolute antithesis of an authentic, relationally deep encounter. For instance, when one of the young female schizophrenics in Laing and Esterson's (1964) *Sanity, madness and the family* tells her mother that she experiences her as domineering, the mother consistently ignores this and instead tells the daughter that she and her 'get on very well together' (p. 94). Such denial, Laing (1967) suggests, becomes even more ominous when it, itself, is denied; for instance, the mother tells the daughter that of course she is listening to her, but then goes on to repeat that their relationship is entirely perfect. Drawing on the work of the American anthropologist Gregory Bateson (Bateson et al., 1956), Laing also argued that the experiencing of *double-binds* may be a particularly significant precursor of later psychotic onset. These are situations in which an individual is threatened with punishment if they do one thing, but also told – often at a more covert level – that they will be punished if they *do not* do that thing. For instance, a young boy is told, 'Why don't you come and kiss your daddy?' but when he approaches him is told, 'Now, don't be such a soppy boy' and when he moves away again is berated with, 'What's the matter, don't you love your dad?'

Under such circumstances, in which there is a 'constant shifting of meaning and of position' (Laing & Esterson, 1964, p. 96) and where the individual feels that they 'cannot make a move without catastrophe' (Laing, 1969, p. 146), Laing suggests that the person may withdraw into their own inner world. In other words, they retreat into a private citadel of the mind and 'pull up the drawbridge', such that they no longer fear that others will annihilate them, and thereby have some sense of control and certainty. According to Laing, what they leave on the external plane is an empty, false shell – often a highly compliant persona – which they project out into the world to keep others off the scent of the 'real' self. As Laing writes, however, the tragic paradox is that the more the individual tries to protect their real being in this way, the more that it is destroyed: '[T]his shut-up self, being isolated, is unable to be enriched by outer experience, and so the whole inner world comes to be more and more impoverished, until the individual may come to feel he is merely a vacuum' (1965, p. 75). By turning in on themselves, the individual cuts him- or herself off from the deep 'soul nourishment' of others (Hycner, 1991, p. 61). The person, holed up within their inner world, experiences an increasing sense of deadness and desolation and, because their interactions with others are always at a level of detachment, they are experienced as meaningless and futile. Moreover, as discussed in the

anxiety section of this chapter, because the self is never 'qualified' by another, and does not experience the kind of reality checks that human inter-relating can provide, it is in increasing danger of losing all touch with 'reality'.

Empirical support for these existential models of schizophrenia remains sparse. However, contemporary research suggests that 'interpersonal communications and relationships play a vital role in this most serious mental health problem' (Segrin, 2001, p. 65). In his review of the evidence, Segrin identifies three particular forms of communication that may be related to schizophrenic presentations. First, as hinted at by Laing (1965), families of schizophrenics do seem to communicate in 'odd, idiosyncratic, illogical and fragmented ways' (Segrin, 2001, p. 71), with blurred foci of attention and meaning, and abrupt changes or drifts in conversation. This style has been labelled *communication deviance*. There is also evidence that schizophrenia is associated with high levels of *expressed emotions* in families. Here, communications tend to be critical, overinvolving, overprotective and emotionally reactive (Segrin, 2001). A third communication style associated with schizophrenia is a negative *affective style*. Here, critical, hostile and unsupportive messages are communicated directly to the psychotically predisposed individuals during conflicts. Such research does not prove, in any way, that these communication difficulties *cause* schizophrenia. However, they may increase the likelihood that schizophrenia will develop, or that people will relapse after discharge.

Interpersonal Conflicts

Interpersonal conflicts are closely related to a range of mental health problems, in particular depression (Whisman & Baucom, 2012), as discussed above. They are also another form of psychological problem that is strongly associated with difficulties in forming close interpersonal relations. For example, Dennis, a client of mine, was a 50-something head librarian who was trapped in a particularly vicious spiral of conflict with his wife, Tsui. Dennis was highly stressed at work, but did not feel that he could tell Tsui about his difficulties because he did not want to 'burden' her with all his problems. He also did not want to appear weak and vulnerable. Unfortunately, the effect that this lack of openness was having on his wife was quite the opposite of what Dennis wanted. She knew something was going on because he was so irritable all the time, but because he would not say what was happening, she felt confused, not trusted and excluded from his life. Consequently, she got frustrated and angry with him, and even threatened to have an affair with a colleague of hers at work. This, then, further compounded the situation. Dennis got furious with Tsui, could

not sleep, got less work done, and consequently became even more stressed and irritable, which then led Tsui to feel even more confused.

As in the case of Dennis, interpersonal conflicts may be one of the most common problems that clients bring to therapy; and here, the kind of relating styles that clients have are often the very antithesis of an open, intimate, reciprocal way of engaging with others. Dennis's difficulties with Tsui, for instance, seemed to be closely related to his tendency to hide his true feelings away from her – as he tended to do with everyone – and to engage in an incongruent and indirect manner. This seemed to have a number of consequences. First, because he did not tell Tsui how he was feeling, she was left to make inferences from observing his behaviours; and what she saw here – his irritability and aggressiveness – was only one very small part of what was going on for him. But because this was all she knew, this was all she could respond to, and consequently she acted towards Dennis in a way that left him feeling misunderstood and hurt. In a way, the real problem here was not that Dennis did not tell Tsui (as well as others) what was going on for him, but that he did not tell her and others, *and then assumed that they would know about it anyway*. So he assumed, for instance, that Tsui would somehow know that his irritability was benign and not directed towards her, such that his fury in response to her frustration and anger was based on a feeling of 'How can she be so insensitive to me when she "knows" how tough things are for me right now?' Interestingly, within the cognitive and interpersonal therapy fields, this belief that others can somehow read our minds – the 'myth of self-transparency' – is seen as a key cognitive distortion, associated with marital disputes (Stuart & Robertson, 2003) and with avoidant and paranoid personality types (Kaslow et al., 2003) (for a fuller discussion of interpersonal perceptions and metaperceptions, see Cooper, 2015, Chapter 7).

Another problem was that, because Dennis did not tell Tsui what he needed, he did not get what he wanted. This failure to *assertively* communicate one's needs is, perhaps, one of the main reasons why people do not get what they want in life, as well as what brings them into therapy (Holtforth & Grawe, 2002). And, again, it can be seen as relating to people's assumptions that others will instinctively know what they want. Sam, for instance, was sick and tired of her boyfriend going to the pub every night. When she talked about it in therapy with me, she explained how she would try to get back at him by going out with her mates, or by telling him he was drinking himself into an early grave. However, the idea of honestly and directly saying to him, 'I wish you would spend more time with me' simply had not occurred to her.

At the heart of Dennis's problems with Tsui, however, was not just the fact that he could not be open with her about what was going on for him. As we will discuss more fully in Chapter 3, to meet someone at relational depth requires a *receptivity* to their deeper experiencing, as

well as a capacity to express our own. This inability to receive and acknowledge others may be as much a source of interpersonal conflicts as the inability to assert oneself: something which is likely to fuel resentment, frustration and rejection in the other. A person, for instance, who talks endlessly in conversations without allowing others a turn is likely to receive powerful negative responses from others. Jim, for instance, was a man in his mid-50s who dearly loved his only daughter, Sandra. He was immensely proud of everything she did, and would often tell his friends about her achievements: for instance, her medical career, and her two boys. However, whenever she would come to visit him and his wife, he would end up feeling rejected and hurt, as if he never quite got the affection he craved from her. Sandra's side of the story was this: she loved her dad, but whenever she was with him she never felt that he really listened to her. Whether they would talk about politics or her work, it always felt like he *had* to know better, had to show her and her mum how clever he was, 'like a little boy'. It was as if he was closed to her, and although she sensed that he desperately craved her love and attention, she felt that she just could not give it. She resented it too much. She tried talking to him about how she felt, but he seemed closed to that too – he became very defensive and told her that she was just 'too sensitive'. Without really being able to respond to and take in another, then, Jim found that others would not respond to, and take in, him.

Other therapists have also highlighted the importance to psychological wellbeing of being able to 'receive' another. Yalom (2001), for instance, states that the ability to empathise accurately is as essential for clients as it is for therapists, and that we should help our clients develop this ability towards others. Similarly, Benjamin (1990) states that the aim of therapy should be that the client can experience others as *subjects*, rather than *objects*. Hycner (1991), relating this specifically to the therapeutic relationship, suggests that one of the indicators that a person is ready to end therapy is that they can see therapy from the therapist's side, as well as their own.

Another way of looking at this issue is to say that Jim, like some clients who come into therapy, did not seem to be able to engage with the actual person who was there in front of him. It is as if he was talking to someone from the past (transference), or someone who was highly critical of him, or perhaps, in the words of Buber (1988, p. 69), 'a fictitious court of appeal whose life consists of nothing but listening to [him]'. Mikael Leiman (2004), a Finnish psychotherapist, has done some interesting work here, showing how our talk (whether external or internal) is always *towards* someone, but the question is, is it towards the actual person we are *with*, or is it towards someone entirely different? If the latter, the chances of interpersonal misunderstandings and conflicts would seem relatively high.

Physical Health

Finally, and perhaps most surprisingly, the quality and quantity of interpersonal relationships is also one of the strongest predictors of mortality and physical health. Summarising the evidence, Holt-Lundstad et al. (2010) write:

> Data across 308,849 individuals, followed for an average of 7.5 years, indicate that individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (e.g., obesity, physical activity). (p. 14)

While the association between social relationships and mortality has yet to be fully understood, there are a number of well-evidenced ways in which interpersonal connectedness can affect our physical health. For instance, positive social relationships are associated with lower blood pressure, lower levels of cholesterol, improved immunological functioning, better sleep, and lower levels of pain and other somatic symptoms (Cozolino, 2014; Hawkley & Cacioppo, 2010; Stadler et al., 2012; Uchino, 2006). Indeed, in one experimental study, better social relationships were associated with a lower likelihood of catching the common cold (Cohen, 2001). Recent research suggests that the key to these effects may be the positive effects of social support on our immune system and inflammation in the body (Cole et al., 2015; Uchino, 2006). As Hawkley and Cacioppo (2010) write, 'something about our sense of connectedness with others penetrates the physical organism and compromises the integrity of physical and mental health and well-being' (p. 210).

The Development of Disconnection

In this chapter, we have shown how a range of psychological problems are associated with a lack of close connections in one's life. However, if individuals, as argued in Chapter 1, have an innate ability to relate to others in in-depth ways, how is it that people can come to be so cut off from others? To some extent, this may be due to an individual's adult life circumstances. For instance, a refugee may find themselves isolated from friends and family in a hostile land. But, from a therapeutic perspective, we may be particularly interested in the internal, psychological processes that can lead people to become disconnected from others – processes that can be addressed in the therapeutic work. Here, two particularly helpful

concepts may be Stern's (2003) *representations of interactions that have been generalised*, and Jordan and colleagues' (2004) *chronic strategies of disconnection*.

Representations of Interactions that have been Generalised

Drawing on the empirical evidence, Stern (2003) argues that infants may come to develop negative representations of interactions with others, and may therefore choose to avoid close interpersonal contact. Stern refers to such representations as *RIGs – representations of interactions that have been generalised*. This is a concept very compatible with Bowlby's (1969) idea that infants form internal working models of self, other and relationships, as well as the distinction between secure and insecure (ambivalent, avoidant and disorganised) attachment styles (Ainsworth et al., 1978). It is also consistent with Schore's (2005) notion of 'affect synchrony' (see Chapter 1, this volume).

For Stern (2003), as for Schore (2005), healthy infant development emerges through episodes of synchronised interactions between carer and child. Here, an empathic and sensitive caregiver picks up on, and responds to, the infant's internal, affective state, as expressed through his or her verbal and nonverbal communications. A young baby, for instance, picks up a spoon and 'coos'. The father responds, 'Ooh, that's interesting. What's that for? It's a "poon".' The baby drops the spoon to the floor and shrieks, desperately searching around to find it. 'Oh!' says the dad, 'Where's it gone?' He kisses the baby on the forehead. 'It's OK darling,' he says, picking up the spoon and handing it back to the baby. 'All OK now.' Here, by having their feelings and desires engaged with, and responded to, infants can learn that interactions with others are secure and rewarding. This reflection and regulation by the other may also play a crucial role in helping infants to develop their own capacity for *self*-regulation, which will be critical for their ongoing emotional development.

For Stern (2003), however, negative RIGs can evolve in a range of ways. First is the possibility that children will experience intolerable levels of *overstimulation* when interacting with their caregivers. For instance, if a boy's mother constantly plays with him even when he does not want to, perhaps out of her own need for closeness and affection, then he may develop a representation of interactions with others that says 'Relationships with others are too demanding for me'. Consequently, he may tend towards avoiding interpersonal contact, or else become resigned and compliant when interacting with others. Where a parent is overbearing and takes too much space in interactions, it is also possible that the child will not be able to sufficiently develop their own capacity to communicate and interact with others,

such that this potentiality fails to grow (Trevarthen & Hubley, 1978). At worst, if a child experiences a parent as overstimulating or overbearing, they may come to fear that their very selves will be *engulfed* by this other. Here, suggests Laing (1965), 'the individual dreads relatedness as such, with anyone or anything or, indeed, even with himself, because his uncertainty about the stability of his autonomy lays him open to the dread lest in any relationship he will lose his autonomy and identity' (p. 44).

Alternatively, Stern (2003) suggests, children may experience interactions with others as intolerably *understimulating*, perhaps because their caregivers are unresponsive, depressed or disinterested in them. This may lead them to form representations of relationships as unrewarding and rejecting. As a consequence of this, they may then tend towards avoiding close contact because they feel that there is little that they can get from interactions with others. They may also go in the opposite direction, becoming 'little performers' as a means of trying to get the interaction, closeness and attention that they crave. As adults, they may then become people who are unable to receive others (like Jim, above) because they are so desperate to have their own experiences received.

A third possibility discussed by Stern (2003) is that the caregivers may *selectively attune* to some of the infant's behaviours and emotions. For instance, they may fully engage with their daughter when she is bright and bubbly, but leave her to her own devices whenever she is sad or grumpy. This is similar to Rogers' (1959) idea that the behaviour and experiences of infants are strongly shaped by the 'conditional positive regard' that they receive from their caregiver. Here, then, the girl may learn that it is only rewarding to interact with others when she is in a good mood, and that when she is feeling grumpy or depressed, she is better off on her own. Alternatively, through this selective attunement, an infant may come to develop a very rigid and narrow sense of self (Safran & Muran, 2000) – for instance, 'I am always a happy person' – as a means of trying to be the kind of person that others would like to interact with. This, again, is similar to Rogers' (1959) thinking: in this case the notion of a 'self-concept' that is inconsistent with the actual 'self-experiences'. Later in life, such a person may then find that he or she only tends to engage with others when they are in certain states of mind. For instance, the woman might be happy to be around friends when she is in a good mood, but avoids them when she is feeling low – ironically, when she may need her friends most.

A fourth possibility suggested by Stern (2003) is that the caregivers may *misattune* to the child. This is a form of response in which the caregivers may match to some extent, but in a way that is still quite unaligned with the child. An example of this might be a father who

responds to his daughter's squeals of delight by softly smiling, but then trying to dampen down her exhilaration with words like, 'Now do not get too excited'. Stern suggests that such forms of mismatching, where chronic, may be particularly detrimental to infants because the partial level of matching means that the adult gains entry into the infant's world, before distorting and undermining it (as seen in the Tronick 'still face' experiment, see Chapter 1). Here, infants may end up feeling that relationships with others are confusing or frustrating, or even that their experiences seem to be stolen in such interactions, and hence they may tend to protect themselves by withholding their actual experiences from others.

Finally, there are *unauthentic attunements*, which are very similar to the kinds of deceitful forms of communication discussed by Laing (1965). Here, infants may develop the idea that relationships with others are profoundly disorienting, because others' overt expressions will be experienced as incongruent with what they seem to be conveying at a covert level. Total withdrawal into the self, then, can be a result of such a representation.

Of course, in suggesting that problems with relating start to come about when caregivers fail to accurately attune to their children, we are not in any way suggesting that caregivers must be perfect mirrors at all times. Indeed, as Schore (2005) emphasises, healthy development requires some degree of mismatch, because it is here that the infant can learn about the capacity for repairing ruptures. So, for instance, if a baby smiles at her father and the father is so caught up in work concerns that he does not smile back, the question may be whether he is able to acknowledge this lack of responsiveness and make up for it, or whether the infant's attempts at interaction are lost forever. Where the parent can repair the interaction, not only may the child develop a more positive representation of the interaction, but also the infant may begin to learn that failures of communication are manageable, as are *differences* in how people feel and respond. But where each breakdown in communication leads to an unbridgeable gulf between self and other, infants may come to dread any lack of matching or attunement, for fear that this signifies a total loss of connection. Later in this book there are several examples of therapeutic meetings at relational depth where a key ingredient is not that the therapist gets it right all the time, but that the therapist has the capacity to repair ruptures in the therapeutic alliance (see also Safran et al., 2011).

Chronic Strategies of Disconnection

A concept that is highly compatible with RIGs is *chronic strategies of disconnection*, developed by Judith Jordan and colleagues (2004) as part

of their relational-cultural approach to therapy (see Chapter 1, this volume). Chronic strategies of disconnection are ways that we have developed of protecting ourselves from hurts in early close relationships that then become fixed and sedimented. Hence, we carry on protecting ourselves from intimacy even when, as an adult, that relational connection may actually be incredibly healing. One client that I worked with used the metaphor of a bomb shelter. He had grown up in a family where emotions were often expressed in powerful and highly destructive ways and, to protect himself, he had created a psychological bunker that he retreated into. So he never got too involved with others, never cared too much, never took others in or let them really, deeply matter to him. As a child, this bomb shelter had been life-saving: protecting him from all the explosions going on around. But, as an adult, that same bunker was now stopping him from forming connections with those on the outside. The bombs had stopped, but there he was, still hiding in that bomb shelter. What once protected him had now become his prison.

To a great extent, chronic strategies of disconnection can be understood as the behavioural consequences of negative RIGs. That is, we come to believe that experiencing closeness with others will hurt us, and consequently develop ways of acting that keep us away from such intimacy.

A clinical example of a chronic strategy of disconnection comes from Neville, an Anglo-Chinese man that I worked with over several years (see Cooper & Bohart, 2013, p. 123). Neville felt isolated and lonely in his life, always on the outside of social groups. He desperately wanted close relationships with others, but felt that people did not really like him: that they saw him as aloof, detached and arrogant. I experienced something of that too. For the first three months of our work together, Neville would end every session by saying, somewhat disdainfully, that he was really not sure what he was getting out of therapy, and that maybe he should end. Once, when I self-disclosed to Neville about my own experiences of anxiety and asked him how he felt about that, he said that he felt nauseated by my display of vulnerability.

As the work progressed, we began to explore more of Neville's childhood. Neville's parents had separated at an early age, and Neville had stayed with his mother and new stepfather as a young boy. Neville described how he had tried very hard to get close to the stepfather: he wanted another loving male figure in his life. But Neville's stepfather had been competitive and distancing, patronising Neville and humiliating him in front of his mother. If they disagreed about something, for instance, Neville's stepfather could not 'let it go' until he had proved to Neville that he was right. He talked down to Neville, making him feel like a little boy. And so Neville described how he had started to withdraw from trying to

relate to his stepfather – and his mother – and had developed a more precocious, indifferent persona: 'I don't need you, I don't need your closeness and love.' It was a front that had served Neville very well as a child but, as we reflected on his adult relationships, he could see that it was now making life very difficult for him. Through the therapy, Neville came to see that his aloofness was a form of self-protection that was no longer necessary. And, with this insight, he could soften and open himself up for the intimate relationships that he craved.

A recent study suggested that chronic strategies of disconnection could take seven main forms (Cooper & Knox, 2017). First, there are specific *behavioural* acts, such as physically isolating ourselves from others, busying ourselves (for instance, with our phones), or using drugs and alcohol. A second set of strategies involve *mental* rather than physical withdrawal: for instance, shutting down, intellectualising, and cutting ourselves off from our emotions. Third are *passive* ways of disconnecting from others, like going silent, avoiding conflict, or behaving in compliant ways (as one participant put it, 'Lights are on but nobody is at home'). Closely related to this, a fourth domain involves behaving in ways that are *insincere*: that hide or disguise our true thoughts or feelings. This includes presenting a façade, acting as if things don't matter, and adopting an overly polite stance. A fifth domain is the use of *humour*. Sixth, participants described *hostile* means of disconnecting, such as showing anger, getting critical, and acting in rejecting, controlling and arrogant ways (as with Neville). Finally, there are chronic patterns of disconnecting in immediate interactions, such as avoiding eye contact, changing the subject, and not listening. You can explore your own chronic strategies of disconnection using the inventory provided in the Digital Tools page for this book.

By their very nature, both representations of interactions that have become generalised, and chronic strategies of disconnection, are persistent and enduring. They last long after they are accurate or useful. In part, this may be because they reify themselves through positive feedback loops. A person comes to believe, for instance, that interactions with others will lead to feelings of rejection and hurt, so they avoid contact with others, and this means that others will tend to avoid making contact with them. And then, of course, because they see others avoiding them, their belief that interactions with others will lead to feelings of rejection and hurt becomes reinforced. However, neither these representations nor these strategies of disconnection should be seen as immutable. As we saw with Neville, through developing an awareness of his behaviours and the effects that they were having, he could come to choose more relational ways of being. Moreover, through experiencing a different kind of relationship – in which the desire for connection is acknowledged and 'met' – people can also

develop new assumptions and ways of behaving. Therapy, as we will discuss later in this book, has the potential to support both of these processes. As such, it may be a particularly valuable tool in helping people to actualise their full capacity for relatedness.

Self-relational Depth

Up to this point in the chapter, we have talked about relationships at an interpersonal level. As Rogers points out in his dialogue with Buber, however, we can also talk about a person's relationship *with themselves* (see Anderson & Cissna, 1997). What we will suggest in this section, then, is that psychological distress may be related to difficulties in *intrapersonal* relating, as well as in interpersonal relating.

In previous work, I have suggested that it is possible to conceptualise two specific ways in which people might relate to themselves: an *I–I* mode and an *I–Me* mode (Cooper, 2003, 2005a).

The I–I mode is a transposition of Buber's (1958) I–Thou attitude to the intrapersonal level. It can essentially be thought of as *self-relational depth*. Here, people communicate to themselves – or from one 'mode of being' (Cooper, 1999) or 'configuration of self' (Mearns & Thorne, 2000) to another – in empathic, affirming and compassionate ways. This means that they recognise different feelings, behaviours, thoughts or ways of acting as valid and legitimate: they are open to their own 'otherness'. In this I–I stance, the person is in touch with the 'unknown' in themselves (Rogers, 1986): they allow themselves to be impacted by it and to learn from it, while also recognising that this otherness is ultimately part of them. For instance, a young woman who has had an angry outburst at a work colleague may feel bad about reacting to him or her in this way, but she is also able to stand in the shoes of her angry 'mode of being' and understand how she came to react with such venom. This is similar to what Jordan (1991b) refers to as 'self-empathy' and to the way in which self-acceptance is used in Chapter 8 (this volume).

The opposite of this I–I form of self-relating is what I have referred to as an *I–Me* self-relational stance. This is equivalent to Buber's I–It attitude towards others. Here, people make little attempt to try to get inside the shoes of themselves when they behaved in a particular way, or to understand how they came to act in that manner. Rather, the self, or a part of it, is criticised and objectified, or the person may attempt to fully disown that particular way of being: for instance, 'It was the alcohol/society/my parents/my unconscious that made me do it.' In these respects, the relationship from self to self is more monologic than dialogic: a self-directed tirade in which there is no interest in hearing back

from that other way of being, or in acknowledging the legitimacy of that other part's needs.

Consistent with this, several theorists have argued that such a self-critical, I–Me form of relating may be linked to the existence of psychological difficulties (e.g., Elliott et al., 2004), and this may be for a number of reasons (Cooper, 2003). Most obviously, if people primarily relate to themselves in a critical or disowning I–Me way, then their sense of self-worth is likely to be relatively low, as well as their mood state. Second, such a way of self-relating is likely to be associated with a high level of internal conflicts, which are liable to absorb large proportions of the person's 'mental space', thus making them less able to achieve their in-the-world goals. Third, I–Me self-relations are likely to be associated with the creation and maintenance of 'subjugated' (Hermans & Kempen, 1993) or 'disowned' (Stone & Winkelman, 1989) 'selves'.

The existence of these 'subjugated selves' may be problematic for several reasons. First, if each of these selves is understood as expressing a legitimate desire (for instance, to be respected or to feel safe), then the subjugation of this self will entail the suppression of a legitimate want. If, for instance, the young woman disowns her 'angry self', then she may be disowning a part of her that wants – and is able – to stand up for her own needs. Moreover, because this part of her expresses a legitimate desire, it will not simply go away. This means that it can create anxiety in the more dominant selves, as it consistently 'bangs on the door of awareness', demanding repatriation. There is also the problem that the more the person tries to deny or disown a particular aspect of himself or herself, the more difficult it becomes to control it. So, for instance, in the earlier example, if the young woman disowns her angry outburst and says that it was caused by her colleague, then she will feel that she has no possibility of controlling it – after all, she did not create it in the first place! This is similar to the inability to mentalise certain modes of experiencing, and therefore not being able to moderate or manage them (Fonagy et al., 2004). Finally, if a person does not create a communication bridge to the subjugated and disowned selves, then when these modes take over – and they will, because they are a legitimate part of the total organism – the person has no way of communicating back to the more adult self. In other words, when the office worker is in her raging mode, she cannot hear the voices of her inner adult or even her inner critic, because no bridges of communication have been built.

What is the relationship between the way we relate to others, as discussed earlier in this chapter, and the way that we relate to ourselves? According to the Russian psychologist, Vygotsky (1962), our intrapersonal communication is, essentially, an internalisation of the communication that we have on the interpersonal plane. That is, people relate to us in particular ways, and through that we learn to relate to ourselves. Ted, for

instance, had a highly critical inner voice, and he associated this with having a father who was highly judgemental, and who was constantly berating Ted for the things he was doing 'wrong'. Of course, the way that we relate to ourselves can also affect the way that we relate to others. If, for instance, we are unable to bear our own vulnerability, then we may find it very difficult to witness or accept this in others. Hence, we can think of our ways of relating to others, and relating to ourselves, as cyclically intertwined. However, in both cases, it is our capacity to connect deeply with an otherness, rather than warding it off, that seems to be key to good mental health.

Discussion

While we are suggesting in this chapter that psychological problems may be related to difficulties in establishing or experiencing close connections, we are not suggesting that people should consistently and exclusively relate to others and themselves in this way. As Buber (1958) and many other theorists have suggested (e.g., Birtchnell, 1999), human beings have a need for interpersonal *distance* as well as *intimacy*, and a healthy level of psychological functioning is likely to involve both. Here, then, we are not suggesting that separation from others, or from oneself, is inherently problematic. However, what we are suggesting is that when this is the *only* way in which people can relate to themselves and others, psychological difficulties may be a likely corollary. As Buber writes: 'without *It* man cannot live. But he who lives with *It* alone is not a man' (1958, p. 52).

In this book, we are also not suggesting that all forms of psychological distress can be reduced down to difficulties with intimate relationships. Hence, there is no suggestion here that relational depth is a therapeutic cure-all. Clearly, some clients' problems are more connected to relational difficulties than others, such that an in-depth therapeutic encounter may be of differing value to clients. A client, for instance, who has numerous close friends but cannot decide what he wants to do with his future may need less of an in-depth therapeutic encounter and more of a cognitive exploration of his various possibilities. Nevertheless, what we are suggesting in this chapter is that problems with encountering others and oneself at a level of depth may be more prevalent than we assume and may be implicated in a whole range of psychological difficulties. Hence, while a relationally deep encounter is not the be-all and end-all of therapy, it may be a crucial element in helping some clients to overcome their problems. In the following chapter we will explore in much more depth what this encounter can be like.