Why “The Relationship” Is Not Good Enough: Epistemic Limits and Flaws

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Abstract

The therapeutic relationship is widely regarded as central to counselling, psychotherapy, coaching, pastoral care, supervision, and the wider helping professions. Across modalities, it is often presented as the foundation of effective practice: the human-to-human meeting in which empathy, acceptance, trust, attunement, collaboration, repair, and dialogue become possible. This paper does not reject the importance of relationship, empathy as a client perceived outcome, or empathy as a process.

Rather, it argues that “the relationship” is not good enough when it is professionally and culturally constructed as a universal, interpersonal, and decontextualised encounter. When relationship is imagined primarily as an individual, human-to-human process, separated from worldview, identity, lived culture, knowledge, mind-body traits, embodiment, meaning of language, power, social location, time, ecology, beliefs, and history, it becomes epistemically limited. It restricts what practitioners are trained to notice, what clients are invited to explore, and what forms of harm, meaning, repair, and growth can be understood.

Drawing on the authors Whole Solution and in particular the Whole Experience Model (Ahmad, 2025) and Whole Relational Scope Model, particularly WICKET: Worldview, Identity, Context/Lived Culture, Knowledge, Embodiment, and Time, this paper identifies six epistemic limits in dominant constructions of “the relationship”. These include: the splitting of relationship from so-called secondary relational parts (or approaches); the treatment of relationship as singular rather than multiple in every person; the lack of explicit attention to how wider social relations are mirrored in the therapeutic encounter; the narrowing of relationship to the intra- and interpersonal rather than whole-personal (or supra-personal); the assumption that good relationship can be formed through limited contextual empathic care and knowledge; and the overemphasis on empathy, acceptance, and non-judgement without sufficient contextual understanding. Therefore, a constrained view limits the focus on the understanding component of “empathic understanding” in learning, supervision, and practice. The paper argues that these limits affect self-development, theory, skills, practice, equity, and client outcomes. It concludes by proposing that relational scope and WICKET should be embedded from day one in helping-profession curricula, as well as practice, research, and supervision, making context and interconnection foundational rather than supplementary.

Keywords: therapeutic relationship; relational scope; epistemic justice; counselling; psychotherapy; WICKET; WICKET-BOND; pre-rupture; contextual empathy; equity; embodiment; empathic loss; empathic lag; empathic failure, culture; knowledge; helping professions

Note: For modalities that do not emphasise relationships, the term analytical scope may be used instead of relational scope.

Introduction

Few concepts are as valued in counselling and psychotherapy as “the relationship”. The therapeutic relationship is often described as the heart of practice, the common factor that enables healing across theoretical orientations, and the space in which clients may feel heard, accepted, challenged, repaired, and transformed. Humanistic and Person-centred traditions have placed particular emphasis on relational conditions such as empathy, congruence, and unconditional positive regard. Alliance-based traditions have similarly emphasised agreement on tasks, goals, and bond. Contemporary psychotherapy research continues to affirm that relational factors are strongly associated with therapeutic outcome.

However, the importance of relationship should not prevent critical examination of how “the relationship” itself is constructed. A concept can be both indispensable and insufficient. The relationship may be necessary, sufficient, but not always sufficient in its meaning and construction in mainstream professional culture. It may be valuable, but also epistemically narrow. It may support healing for some while unintentionally reproducing exclusion, invisibility, or harm for others. The central argument of this paper is that the relationship becomes limited, shallow, and flawed when it is universalised out of context: when it is treated as though human beings meet primarily as abstract persons, rather than as embodied, in lived-context and culturally situated, socially and place located, historically shaped, knowledge-bearing, time-formed, and interconnected beings.

This is not only relevant to those positioned as “diverse”, marginalised, minoritised, vulnerable, or culturally different. It is relevant to every person. Men, women, children, racialised people, white people, disabled people, neurodivergent people, working-class people, wealthy people, homeless, drug self-abusing, migrants, citizens, religious people, secular people, practitioners, clients, supervisors, educators, and institutions are all shaped through worldview, identity, lived culture, knowledge, embodiment, and time. The problem is therefore not that certain clients require “extra” contextual consideration while others simply require ordinary relationship. The problem is that the mainstream ordinary construction of relationship has often been too narrow to begin with.

The authors Whole Experience Model and relational scope model offer one way of addressing this limitation. WICKET — Worldview, Identity, Context/Lived Culture, Knowledge, Embodiment, and Time — provides a simple but expansive frame for ensuring that relationship is not separated from the formative dimensions of human experience. It invites practitioners, educators, and students to ask not only whether relationship is warm, empathic, accepting, and collaborative, but also whether it is contextually broad enough, epistemically fair enough, lived context and culturally responsive enough, embodied enough, historically aware enough, and sufficiently open to different ways of knowing. Empathy is understood as a whole process rather than one that is narrow, limited, or fragmented.

This paper develops that argument through six epistemic limits. These limits do not merely constrain relationship building. They also constrain self-development, theory, skills, practice, supervision, assessment, formulation, research, exploration, repair, affirmation, equity, and client outcomes. The issue is not only whether practitioners are kind, empathic, or well-intentioned. The issue is whether the epistemic frame through which relationship is

understood is broad enough to hold the whole person context and the wider worlds in which that person lives.

The Problem of Universalising Relationship Out of Context

The helping professions often rely on universalising claims about human relationship. These claims are understandable. They allow practitioners to affirm shared humanity and to avoid reducing clients to categories. They protect against rigid stereotyping and remind practitioners that every client is more than a demographic profile, diagnosis category, trauma history, contextual background, or social identity. Yet universalism becomes problematic when shared humanity is treated as though it can be fully understood outside context.

A universalising relational frame may suggest, implicitly or explicitly, that the therapist's task is to meet the client as one human being meeting another. This phrase can sound generous and egalitarian. However, without further relational contextualisation, it can conceal the fact that human beings do not meet one another outside power, history, identity, culture, knowledge, embodiment, language, institution, nation, ecology, politics, race, class, religion, gender, disability, neurotype, and time. "Human-to-human" is never only human-to-human. It is also infuses multiple dimensions such as worldview-to-worldview, body-to-body, history-to-history, culture-to-culture, language-to-language, institution-to-client, group-to-group, knowledge-system-to-knowledge-system, and sometimes harm-to-harm.

This does not mean that every therapeutic encounter must explicitly discuss every contextual dimension. It means that practitioners require a relational frame broad enough to know that these dimensions are already present, whether named or not. They may be central, peripheral, latent, protective, painful, unspoken, or not relevant in a given moment. But they cannot be treated as external to relationship itself.

The phrase "the relationship" therefore requires critical expansion. It should not refer only to warmth, empathy, trust, collaboration, attachment, rupture, repair, transference, countertransference, attunement, and the here-and-now interpersonal field. It should also refer to the breadth of empathic connection, concern, identification, knowledge, and responsibility that the practitioner is able to hold across the client's whole experience. This is where relational (or analytic) scope becomes essential.

Relational Scope and WICKET

Relational scope (Ahmad, 2025) can be understood as the breadth and depth of relationship: how far the practitioner's sense of connection, concern, understanding, and responsibility extends across persons, groups, institutions, nations, histories, bodies, ecologies, spiritualities, and the more-than-human world. Relational depth or encounter asks how deeply the practitioner and client meet. Relational scope asks how broadly the relationship is able to hold the contexts, meanings, and interdependencies that shape that meeting.

The Authors WICKET framework (see Figure 1 below) provides a practical structure for widening relational scope and thus relationships, exploration, interventions and empathic responses:

Worldview refers to the assumptions, values, ultimate beliefs, meanings, cosmologies, philosophies, moral orientations, and interpretive frames through which a person understands self, others, suffering, responsibility, healing, and life.

Identity refers to personal, social, relational, cultural, and collective identifications, including those connected to gender, race, class, sexuality, disability, age, nationality, religion, neurotype, profession, family, community, and other forms of belonging or difference.

Context/Lived Culture refers to the social, familial, institutional, historical, economic, political, geographic, ecological, and cultural environments in which a person lives and through which experience is patterned. Each context (e.g., family, organisation, society), can be explored through lens of system, culture, resource, history and events, opportunities and so on.

Knowledge refers to what is known, unknown, authorised, dismissed, embodied, inherited, researched, silenced, or required in order to understand the client's experience. It includes the client's knowledge, practitioner knowledge, community knowledge, professional knowledge, and marginalised or subjugated knowledge.

Embodiment refers to the lived body, mind-body traits, nervous system, disability, sensory experience, neurobiology, trauma, pain, ageing, gendered embodiment, racialised embodiment, sexuality, illness, and the ways bodies are read, regulated, welcomed, excluded, or harmed.

Time refers to individual lifespan, intergenerational and collective developmental history, intergenerational memory, ancestral experience, historical trauma, social change, future possibility, life stage, timing, pace, duration, and the temporal location of both client and practitioner.

Figure 1 — Whole Person. The figure image from the original Substack publication was not available in this text-based extraction. Please consult the linked original article for the figure.

WICKET is not an additional checklist placed outside the therapeutic relationship. It is a way of recognising that these dimensions are already part of relationship even if not foregrounded or immediately relevent. The task is to make them epistemically available, teachable, discussable, and ethically integrated.

Six Epistemic Limits of "The Relationship"

Limit One: The Relationship Is Split from So-Called Secondary Approaches

The first epistemic limit is the separation of "the relationship" from areas often treated as secondary or specialist such as identity, worldview, knowledge, accessibility, embodiment, language, culture, meaning, power, and lived context. In training, theory, and professional discourse, the therapeutic relationship is often presented as a core human foundation, while context, culture, diversity, equity, social context, disability, neurodiversity, and embodiment are treated as additional topics, separate modules, or later-stage competencies. However, they are relational aspects or parts but not described as such.

This creates a subtle but powerful imprint in the practitioner's mind. Relationship appears primary; contextual (relationships) appears secondary. Relationship appears universal; difference appears additional. The "ordinary" client is imagined as requiring relational skill, while the "diverse" client is imagined as requiring extra cultural or contextual competence. This split creates two kinds of people epistemically: those treated as normative and those treated as diverse.

The difficulty is that worldview, identity, context, knowledge, embodiment, and time are not only relevant to some clients. They are formative of all selves, all experiences, and all relationships. A man's relationship to masculinity, shame, anger, tenderness, social expectation, fatherhood, work, body, vulnerability, sexuality, culture, and silence is not secondary to the therapeutic relationship. It is part of the relationship.

A white client's relationship to normativity, belonging, class, family history, nation, guilt, innocence, power, or disconnection is not outside relationship. A disabled client's experience of access, fatigue, medical systems, dependency, autonomy, body, language, and social perception is not an "additional issue". It is relationally present. A religious client's ultimate beliefs, moral conflicts, spiritual injuries, community ties, and metaphysical meanings are not separate from the therapeutic encounter. They help constitute what the encounter means.

When these dimensions are separated from relationship, practitioners may unintentionally neglect important parts of exploration, affirmation, rupture, dialogue, repair, accountability, assessment, formulation, and client understanding. They may offer empathy at the level of feeling while missing the contextual (relational) conditions that give the feeling its shape. They may be relationally sincere but epistemically incomplete.

Limit Two: The Relationship Is Treated as Singular Rather than Multiple

The second epistemic limit follows from the first. Once relationship is abstracted from context, it is often treated as singular: one therapeutic relationship, one alliance, one bond, one interpersonal field. Theories are then applied to this singular relationship, often based on universalised assumptions about childhood experience, attachment patterns, cognitive styles, defence mechanisms, behaviour, emotion, or relational needs.

Yet the therapeutic relationship is not one relationship. It is a multiplicity of relationships. There may be an embodied relationship, an identity relationship, a racialised relationship, a gendered relationship, a neurodivergent relationship, a worldview relationship, a classed relationship, a linguistic relationship, a professional relationship, a spiritual relationship, an institutional relationship, and a knowledge relationship. These are not separate relationships in the sense of being disconnected. They are overlapping relational dimensions within the same encounter.

For example, a client may experience a therapist as warm and empathic at an interpersonal level, but unsafe at an identity level. A client may feel understood emotionally, but misunderstood in worldviews and culturally. A client may trust the therapist's kindness, but not the therapist's knowledge. A client may appreciate the therapist's acceptance, but still feel the therapy room is inaccessible to their body, language, neurotype, or worldview. Conversely, a therapist may believe the relationship is strong because sessions feel warm and

collaborative, while the client remains silent about a relational dimension that feels unseen or too risky to name.

To speak of “the relationship” as singular can therefore hide internal fractures. It may lead practitioners to overestimate relational quality because one dimension appears positive. A strong interpersonal bond does not automatically mean there is a strong cultural relationship, embodied relationship, worldview relationship, or institutional relationship. The client may be adapting, translating, masking, complying, or protecting themselves from harm and/or therapist from discomfort.

Recognising relational multiplicity does not make practice impossible. It makes practice more honest. It allows therapists to ask: Which parts of the relationship are strong? Which are underdeveloped? Which are avoided? Which are pre-ruptured before we begin? Which require knowledge, humility, repair, adaptation, or advocacy? Which parts of the client’s experience are being welcomed, and which parts are being left outside? This does not preclude the consideration of inner parts, interpersonal relationships, and adverse experiences. They all may interplay.

Limit Three: The Relationship Is Not Explicit Enough About Mirroring Wider Social Relations

The third epistemic limit is the failure to make explicit how the therapeutic relationship may mirror wider societal relationships. Therapy does not take place in a neutral room or place. The room is socially, culturally, historically, institutionally, and politically saturated. Wider dynamics of power, hierarchy, normativity, exclusion, access, conflict, and knowledge can enter the therapy relationship, even when neither practitioner nor client consciously intends this.

Some relationships may be pre-ruptured before the first session based on contextual relationship factors (WICKET-BOND). This does not mean the therapist has personally harmed the client. It means that the therapist may be perceived, consciously or unconsciously, as connected to a group, profession, institution, nation, culture, identity, or authority that has previously harmed the client or people like the client.

A client harmed by mental health services may meet the therapist not only as an individual but as a representative of the mental health system. A client from a marginalised group may enter therapy already carrying histories of being misread, pathologised, exoticised, disbelieved, disciplined, or made responsible for educating others. A refugee may encounter a therapist through the shadow of state power, borders, surveillance, and national conflict. A disabled client may meet therapy through prior experiences of inaccessible buildings, disbelieving professionals, or medicalised control.

If the relationship is understood only as an interpersonal achievement between therapist and client, these pre-existing relational conditions may be missed. The therapist may interpret mistrust as resistance, guardedness, attachment style, cognitive distortion, projection, or avoidance, without considering whether the client’s caution is contextually intelligent. The practitioner may seek to repair a rupture without understanding that the rupture is not merely here-and-now, but also there-and-then, out-there-and-in-here, personal-group-and-collective.

Making these dynamics explicit does not require therapists to impose political interpretations on clients. It requires therapists to remain open to the possibility that wider world dynamics are relationally active. Power, social conflict, national conflict, institutional betrayal, racism, sexism, ableism, classism, coloniality, heteronormativity, religious prejudice, ecological grief, and economic insecurity may all be part of how safety, trust, meaning, and possibility are negotiated in therapy.

Without this wider awareness, therapy can unintentionally reproduce harm. It may ask clients to trust too quickly. It may personalise social injury. It may treat adaptive suspicion as pathology. It may invite vulnerability while failing to address the conditions that make vulnerability dangerous. It may become restorative for some clients while repeating abandonment, minimisation, or epistemic injustice for others.

Limit Four: The Relationship Is Narrowed to the Intra- and Interpersonal

The fourth epistemic limit is the narrowing of relationship to the intrapersonal and interpersonal: the client's internal world, the therapist-client bond, early relational history, here-and-now process, and immediate emotional experience. These are important. However, they are not the full interconnected relational field.

Human beings are also in relationship with groups, communities, institutions, countries, ancestors, economies, political systems, ecologies, spiritual realities, technologies, land, animals, future generations, and the more-than-human world. These relationships may shape suffering and healing as deeply as individual history or interpersonal attachment. They may be consciously central to the client, or they may operate as background conditions shaping what can be felt, said, imagined, or repaired.

For example, grief may not only be grief for a person. It may be grief for a homeland, language, ecosystem, community, faith, body, future, or lost social world. Shame may not only be intrapsychic. It may be produced through class humiliation, racialisation, gender policing, body norms, ableist exclusion, or religious injury. Anxiety may not only be a cognitive or physiological pattern. It may be an embodied response to precarious work, immigration uncertainty, climate fear, surveillance, poverty, discrimination, or unsafe housing. Loneliness may not only reflect attachment history. It may reflect the collapse of civic, communal, spiritual, ecological, or intergenerational connection.

A narrow interpersonal model may helpfully explore how the client relates to self and others, but still fail to ask what wider relationships have been severed, distorted, denied, or made dangerous. It may focus on the client's internal resilience while under-attending to institutional and structural realities. It may encourage individual adaptation without sufficiently recognising collective harm.

Relational scope therefore asks: How far does the practitioner's relational imagination and empathy extend? Does it reach only the client and therapist? Does it reach the family? The group? The workplace or institution? The nation? The ancestral line? The planet? The more-than-human world? Or is it selective in which groups are seen as "Human" and worthy of care? Does therapeutic empathy deepen only within the dyad, or can it extend across the client's wider relational ecology?

Limit Five: The Relationship Can Imply Limited Knowledge Requirements

The fifth epistemic limit concerns knowledge. In some professional cultures, forming a good relationship is associated mainly with core relational attitudes, ethical values, empathic presence, and theory-specific skill. Practitioners may be encouraged to be open, accepting, curious, non-judgemental, and willing to learn from the client. These qualities matter. However, they are not enough.

Relationship is partly knowledge-based. To relate well, practitioners need some understanding of the context, identities, languages, meanings, histories, barriers, harms, resources, and worldviews that may shape a client's experience. This does not mean practitioners must become experts in every culture, identity, label, community, religion, body, language, or social issue before meeting a client. That would be impossible. But it does mean that knowledge cannot be dismissed as secondary to empathy and thus the relationship.

A practitioner who lacks knowledge may unintentionally ask the client to become teacher, translator, context and cultural consultant, diversity educator, or corrector of basic assumptions. This can burden the client and distort the therapeutic relationship. The client may have to spend precious therapeutic time explaining context before they can be understood. They may have to manage the therapist's surprise, anxiety, defensiveness, guilt, fascination, or ignorance. They may decide not to speak about important parts of experience because the cost of explanation is too high.

Knowledge matters in many forms. It includes understanding non-othering language. It includes awareness of access barriers. It includes knowledge of how discrimination, exclusion, and institutional harm affect mental health. It includes awareness of religious, spiritual, cultural, worldview conflicts, social events, group issues and histories, and philosophical meanings. It includes knowledge of neurodiversity, disability, embodiment, trauma, migration, masculinity, gender, class, racialisation, sexuality, ageing, and poverty. It also includes knowing the limits of one's knowledge.

Good relationship is therefore not knowledge-less. The idea that empathy alone can compensate for lack of (empathic) contextual understanding is flawed. Empathy without knowledge may become projection. Curiosity without preparation may become extraction. Acceptance without understanding may become vague benevolence. Non-judgement without contextual literacy may still leave the client unseen.

WICKET offers a way to organise the knowledge required for contextual empathy. It encourages practitioners to ask what forms of worldview, identity, context, knowledge, embodiment, and time may be relevant, and what the practitioner needs to learn before, during, and after the therapeutic encounter.

Limit Six: Empathy Is Overemphasised Without Sufficient Contextual Understanding

The sixth epistemic limit is closely connected to the fifth. Training often emphasises empathy, acceptance, congruence, and non-judgement. These are foundational relational capacities. Yet when they are taught without equal emphasis on framing lived-experience and contextual understanding, they can produce collective disavowal of the need to understand clients more fully.

Empathy is sometimes treated as though it is primarily an interpersonal attitude: I listen, I feel with, I reflect, I accept, I do not judge (if i do just bracket it). But empathy is also epistemic. It depends on what the practitioner is able to imagine, recognise, name, and understand. If the practitioner's frame is narrow, empathy may be sincere but shallow.

The therapist may empathise with authenticity while missing racial grief; empathise with anxiety while missing immigration precarity; empathise with anger while missing masculine socialisation; empathise with shame while missing religious injury; empathise with exhaustion while missing disability access; empathise with isolation while missing ecological grief or community rupture. Empathy can lag, be shallow, fail and harm.

This suggests the need for contextual pre-empathy. Contextual pre-empathy together with fostering humility refers to the preparatory work practitioners undertake before clients have to educate them. It involves immersing oneself in experiences, histories, cultures, worldviews, bodies, communities, and knowledge systems beyond one's own. It means developing enough contextual familiarity to listen more deeply, ask better questions, avoid obvious harms, and recognise when a client's experience may carry meanings that are not immediately available through the therapist's own worldview.

Contextual pre-empathy does not replace client-led exploration. It supports it. The client remains the authority on their own lived experience and context. But the practitioner becomes better prepared to meet that experience without reducing it to generic emotion or requiring the client to build the therapist's entire contextual understanding from the ground up.

Empathy and understanding must therefore coexist. Empathy without embedding empathic contextual understanding risks assumption. Understanding without empathy risks detachment. The task is not to choose between them, but to deepen both through relational scope.

Towards an embedded curriculum

Implications for Self-Development

If the relationship is epistemically limited, then practitioner self-development must also be expanded. Traditional self-development often focuses on personal history, emotional awareness, attachment patterns, defences, biases, use of self, and interpersonal process. These remain important. However, self-development must also include the practitioner's worldview, identities, lived culture, knowledge systems, embodied history, social location, institutional positioning, and temporal formation.

Practitioners need to ask: What worlds have shaped me? What forms of knowledge do I trust? What forms do I dismiss? What kinds of suffering do I recognise quickly, and what kinds do I overlook? Which clients do I experience as familiar, unfamiliar, threatening, admirable, frustrating, confusing, or "difficult"? How does my body respond to difference, conflict, vulnerability, authority, anger, silence, disability, masculinity, grief, faith, poverty, neurodivergence, wealth, race, class, or power? What histories enter the room through me?

Self-development becomes not only introspective but world-aware. It is not only about knowing “my stuff” in a private psychological sense. It is about knowing how my self has been produced through culture, nation, class, knowledge (implicit and formal), institution, body, language, family, profession, and time. It is about developing the capacity to meet the client not only from personal awareness but from contextual humility and responsibility.

Implications for Theory

Theory can also become epistemically narrow when it universalises experience. Psychological theories often offer powerful ways to understand patterns of childhood experience, attachment, cognition, emotion, behaviour, trauma, unconscious process, family systems, and meaning-making. Yet theories are never context-free. They arise from particular histories, context, cultures, assumptions, research populations, professional traditions, and worldviews.

A relational scope approach does not discard theory. It asks theory to become aware or accountable to context.

When applying any theory, practitioners and educators can ask: What does this theory illuminate? What does it obscure? Whose experience was centred in its development? What assumptions does it make about personhood, autonomy, family, emotion, body, mind, language, spirituality, gender, culture, time, and healing? How might this theory need to be adapted, expanded, or challenged when working across WICKET?

The aim is not to create endless theoretical relativism. It is to prevent theory from becoming a universalising lens that erases difference while claiming neutrality. Theory should support relational understanding, not replace it.

Implications for Skills and Practice

At the level of skills, relational scope changes what practitioners listen for, ask about, reflect, formulate, and repair. It encourages practitioners to move beyond generic relational skill toward contextually responsive relational practice.

This may include curiosity about the meanings of identity, community, faith, body, language, migration, work, class, nation, disability, neurodiversity, gender, masculinity, family, ecology, and time when relevant. It may include adapting pace, language, non-verbal felt sense, environment, sensory conditions, assessment, formulation, and therapeutic tasks. It may include recognising when a rupture is not merely interpersonal but cultural, institutional, structural, embodied, or epistemic. It may include naming limits in the therapist’s knowledge and taking responsibility for learning. It may include advocacy where barriers are not only psychological but institutional or social.

Crucially, relational scope does not mean forcing context into every session. It means ensuring that context is available and embedded into the relationship. The client should not have to fight to make context legitimate.

Implications for Whole Equity and Client Outcomes

The epistemic limits described in this paper have direct implications for equity and outcomes. If some clients are more likely to have their worldview, identity, embodiment, knowledge, language, culture, or social context misunderstood or ignored, then relational limitations become outcome limitations. Clients may disengage, withhold, comply, over-explain, educate the therapist, or leave therapy feeling politely unseen. Therapists may interpret this through individual pathology rather than relational and epistemic mismatch.

A broader relational frame benefits all clients, not only those labelled diverse. Men may benefit when masculinity, vulnerability, social expectation, embodiment, and emotional language are understood contextually rather than moralised or pathologised. Clients from dominant groups may benefit when normativity and its culture itself becomes visible and explorable. Practitioners benefit because their relational skill becomes more accurate, humble, and responsive. Training institutions benefit because equity becomes embedded in the foundations of practice rather than added as a compliance requirement. The missing pieces build stronger relationships for all.

Conclusion: Toward a Broader and Deeper Relationship

The good enough relationship may never be good enough when the co-construction of meaning is happening within a constrained or distorted epistemic frame. A therapist and client may be warm, engaged, collaborative, and sincere, while still constructing meaning through a frame that is too narrow to hold the client's whole experience. The limitation is not merely interpersonal. It is epistemic.

We therefore need to ask: How broadly does someone extend their sense of connection, concern, or identification with persons, groups, nations, the planet, and the more-than-human world? Can depth extend across that scope? How far and how deep can empathy extend? Is the therapeutic relationship organised around I–Mine, I–[Mine Therefore]–Thou, or a more expansive I–We?

Increasing relational and analytic scope strengthens the epistemic foundation of practice. It allows the therapeutic relationship to become broader, fairer, more inclusive, more embodied, more culturally responsive, more historically aware, and more adequate to the realities of human life. The task is not to abandon the relationship, but to stop treating it as though it is good enough when separated from the contextual worlds that constitute it.

There is a practical solution. Helping-profession curricula should explicitly embed relational scope and a transtheoretical meta-framework from the first day of training. WICKET — Worldview, Identity, Context/Lived Culture, Knowledge, Embodiment, and Time — should not be positioned as an optional diversity model, a specialist module, or an ethical add-on. BOND adds another layer to the WICKET frame that each contextual dimension may be normative, different and present barriers and opportuntities. It should become a foundational reference point for self-development, theory, skills, practice, supervision, assessment, formulation, and client work.

This would allow students and practitioners to learn from the beginning that relationship is never merely interpersonal. It is contextual, embodied, cultural, epistemic, historical, institutional, ecological, spiritual, and interconnected.

In this formulation, embedded relationships are relevant not only to helping relationships but also to relationships across all areas of life, including social, familial, institutional, structural, intergroup, political, national, international, and more-than-human contexts. Further information about this approach can be found in (Ahmad, 2025), A New Introduction to Counselling and Psychotherapy: Embedding Context, Diversity, and Equity into Practice and through TADF (tadf.co.uk).

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