Empathic Resonance: An Autoethnography

Tina Louise Gabriel

A thesis submitted in partial fulfilment of the requirements of Bournemouth University for the degree

Doctor of Professional Practice (D.Prof)

July 2017

Bournemouth University

<div align="center">**Empathic Resonance: An Autoethnography**</div>

Abstract

This thesis developed from infrequent experiences of intense connection with clients during psychotherapy; eventually realised as Empathic Resonance. These profound experiences cultivated the intrigue to understand their occurrences and the implications for clinical practice. The literature did not directly address how empathic resonance occurred, nor its place as evidence of highly skilled and advanced counselling/psychotherapy work.

The main aim of the thesis was to address the question of how these experiences happened and develop a model of practice.

Clear objectives were advanced to meet the thesis aims. A comprehensive literature review was conducted, representing an original conceptual framework. This required testing via comparison with fieldwork experiences. The data collected had to be anonymised and required a container to contextualise the experiences, therefore, an appropriate methodology was selected. The montage form of autoethnography enabled the fragmented clinical experiences to be set into whole fictionalised clinical stories, representing standalone accounts. A thematic analysis of the stories developed the conceptual framework into a model of practice. The model is an integrative representation of the literature review and fieldwork, it answers the main aim of the thesis, which sought to understand how these experiences occurred.

The findings of the thesis clarify the phenomenon of empathic resonance, specifically, how the concepts work together from within a dialogical relationship and facilitate empathic resonance. Empathy and resonance are relational attunement concepts which lead to deepening alignment, communicating to the client knowing awareness of the client's feeling state. Empathic resonance (alignment) essentially rediscovers dissociated aspects of the self, which become available for emotional processing, linking empathic resonance with the transpersonal literature.

The implications of the thesis support a strong argument for the use empathy and resonance when working with trauma, specifically dissociated traumas which can be glimpsed via mindfulness when empathically resonating. The phenomenon aids

emotional processing, the alleviation of distressing trauma symptomology, resilience, and emotional regulation as part of the reparative/developmentally needed relationship.

Copyright Statement

This copy of the thesis has been supplied on condition that anyone who consults it is understood to recognise that its copyright rests with its author and due acknowledgement must always be made of the use of any material contained in, or derived from, this thesis.

Acknowledgements

Contents

List of Figures

Chapter 1
Thesis Introduction

1.0. Background

Many years ago, specific moments in counselling practice caught my attention in a marked way. My ability to accurately portray or locate what I now call empathic resonance according to my integrative counsellor framework was limited. However, I noticed that empathic resonance, when it occurred, had powerful transformative effects on client progress.

From the outset of my decision to research empathic resonance, I did not refer to it as such. In order to attempt to find the words to describe my experiences, I painted a simple picture.

Figure 1. Optimal Resonance Painting

This simple painting aided me in finding the words to describe my experiences. I had to gaze upon it for a short while and then the language emerged; at this point I called this phenomenon 'optimal resonance'. This was an attempt to emphasise the pivotal meeting point in the therapeutic relationship, which I was struggling to describe. Resonance was most certainly accurate. 'Optimal' resonance, however, gave way to 'empathic' resonance after discovering the term in the academic literature. Empathic resonance was closely consistent with my clinical experiences.

My continual observation of empathic resonance with clients captivated me. I began to wonder about its significance and the research opportunities it presented. The phenomenon typically occurs during later stages of the therapeutic relationship, when the transference/countertransference relationship (Weiner and Rosen, 2009)

has receded and the dialogical relationship (Clarkson, 2003) has developed. The deepening relationship, coupled with these encounters, facilitated change and transformation. The repeated experience and observation of empathic resonance motivated me to conduct this research.

The primary aim of this thesis was to investigate the subjective experience of empathic resonance. The rationale for this approach is explored in a subsequent chapter. The main contributions to knowledge span three areas. First, the stories captured my lived experience of empathic resonance, expanding on the description of the phenomenon, later examined using thematic analysis. Second, the use of autoethnography in montage form was an innovative way to illustrate many hours of clinical practice. It was a way to tell clinical stories without compromising client confidentiality, while still embedded in scenes that captured my flow of experience as empathic resonance occurred. Last, through thematic analysis, the relationships between concepts in the stories emerged. These themes were vital to construct a final practice model. The model is based on the literature review and conceptual framework, developed through the analysis.

The literature on empathy and resonance, distinct yet related concepts, was reviewed first, in a search for the concept that most closely described my 'optimal resonance'. Other concepts, including dissociation, projection, mindfulness and the dialogical relationship, were explored, as they constitute part of the phenomenon. I argue that such related concepts should be included in the conceptualisation; without them, empathic resonance would not occur.

I developed as a practitioner through this thesis, because of my newly acquired understanding of these closely-related concepts. These insights, which led to a practice model, answered many questions for me about how and why empathic resonance occurred. This is important new practitioner knowledge, both personally and for the wider counselling community. Further research is needed to determine the extent to which the model has influenced my practice. In terms of how the components of the model are ordered, I do not argue for a linear sequencing. Empathic resonance arises spontaneously, nested in related concepts and the result of empathy and resonance.

There are various reasons why empathic resonance is important for counselling and psychotherapy practitioners. According to Siegel (2014), empathic resonance as

attunement to the client is fundamental to emotional regulation. The concept also incorporates meeting the other (Buber, 1923): my conceptualisation of empathic resonance is, 'I see you, you see your self'. Seeing another human being is fundamental to the therapeutic relationship, fostering deep understanding and facilitating self-understanding. To know ourselves fully via the other is often where aspects of self, lost parts of the self and dissociated memories are rediscovered. The scope of this thesis did not cover the wider story of empathic resonance, which includes clinical work beyond empathic resonance. However, I argue for knowing the self via the other as vitally important to the reintegration and self-development necessary for catharsis and resolving client difficulties. Empathic resonance is a crucial and important facet of deep relating, aiding the therapeutic process – the ultimate aim of counselling and psychotherapy.

1.1. Context of this study

This study is multifaceted. There are scattered descriptions of the empathic resonance concept in the literature, focusing primarily on alignment and attunement in counselling and psychotherapy (Decety and Ickes, 2011). These psychotherapeutic processes are essential aspects of advanced practitioner practice (Mearns and Copper, 2005).

The literature review was conducted in two stages. The first section is the main review. It covers the concepts of resonance, empathy, empathic resonance (the three core concepts of the thesis), as well as identification, dissociation and neuroscience. The clinical stories, written concurrently with the literature review, evidenced some further concepts, included in the final conceptual framework. The stories were required in order to make a more formal identification of these concepts. They include mindfulness, the dialogical relationship and participatory knowing (included in the final model). These concepts comprise the second section of the literature review. In the findings section, the core three concepts - empathy, resonance and empathic resonance - are the main focus of this work.

1.1.1. Practice experiences and the search for a study

In my practice, empathic resonant experiences have been occasional yet helpful in understanding clients better and in improving their awareness. This has been especially so when clients are recalling certain moments, telling important historical stories and re-experiencing traumas. Empathic resonance is essential to

attunement, which communicates deeper knowing of and resonance with the other (Vanaerschot, 1993). However, as a developing practitioner, it was difficult to make sense of my experiences, which transcended the limited descriptions and material I was able to locate. There was also a sense that other concepts were related, yet no one had developed a cohesive framework of integrated concepts. In my preliminary search for a study to form the basis of a doctoral thesis, I reviewed the existing literature. Originally, I conceptualised empathic resonance as 'optimal resonance' because I experienced a pivotal moment with some clients, and 'optimal' described this experience. During those moments, I sensed the nature of that meeting and was aware of a spontaneous inner process with various facets. These experiences emerged during deep authentic relating, assisting clients in numerous ways.

My former clinical experiences of empathic resonance were confusing. I struggled to find adequate language to articulate my experiences. I thought the literature would clarify things, but realised that the phenomenon was widely and variously defined. Other descriptions included experiential witnessing (Vanaerschot, 2007), empathic attunement (Vanaerschot, 1990), part of the empathy cycle (Barrett-Lennard, 1993), client moment-to-moment experience (Greenberg and Elliott, 1997), the shared field of awareness (Prendergast et al., 2003), focusing upon another (Siegel, 2010), individuals becoming a 'we' (Reis, 2009), implied resonance (Siegel, 2000) and linking (Budgell, 1995; Rowan, 2005), among others. These expressions resonated with some of my experiences. However, they failed to address *how* empathic resonance occurred and how it relates to other concepts.

Empathic resonance is located in a broader context. I realised this after a previous supervisor asked me to write up some of my experiences. The subjective exercise of documenting my experiences expanded the context of empathic resonance. This phenomenon does not only arise spontaneously, and it is closely linked to other concepts, which enhance it. This was implied in the literature, but left unexplored. Naming the phenomenon 'empathic resonance' (Barrett-Lennard 1981) indicated the close relationship between the two concepts. No studies were found on whether and how empathy and resonance are related.

1.1.2. Empathy and resonance literature

The existing literature on empathy and resonance focused on resonance in individual therapeutic and group relationships, with resonance considered an unconscious process (LaPlanche and Pontalis, 1973, 1988). Watkins (1978) developed the concept more comprehensively, developing the first framework for resonance as a 'therapeutic personality', uniting the commonalities of each therapeutic approach. He proposed that resonance is an essential quality in a therapist, enabling 'the capacity for resonance' (Watkins, 1978, p. 543) via replication.

Larson (1986) further developed the concept of resonance, uniting a multitude of therapist experiences with resonance. Sprinkle (1985) developed the work of Watkins (1978), introducing the prevalence of inner impressions during resonance. Schmid and Mearns (2006) evaluated and categorised the resonance experience, adding more detailed descriptors of the concept, such as 'en-counter' and 'meeting', linking resonance to the dialogical relationship (Clarkson, 2003) and to the I-Thou relationship proposed by Buber (1923), upon which the dialogical relationship concept is founded. This thesis explores the mode of clinical relationship within which empathic resonance is located.

The resonance literature was explored here owing to its relationship with empathic resonance. Mearns and Thorne (2013) expanded upon the concept of resonance, linking resonance with empathy. They implied a close relationship with empathy, describing resonance as empathic in nature and using the term empathic resonance. By reviewing the resonance and empathy literature, the concept of empathic resonance was identified here. Once discovered in the literature, the lack of cohesive understanding of the concepts of empathy, resonance and empathic resonance in the literature became evident.

1.1.3. Group work literature

The group work resonance literature was reviewed in order to attain deeper knowledge of the total resonance concept. Group work literature on resonance began in the late 1960s with the work of Foulkes (1967). He first mentioned resonance briefly in 1957, introducing the concept to psychotherapy with references from the physical sciences. His most considered book about resonance (Foulkes, 1971) expands upon his earlier (1971), unclear definition of resonance as an

unconscious response to a stimulus. This idea is developed widely and in numerous examples and situations. He speaks of resonance triggering reactions in others. His most significant contribution is the statement that resonance has an affinity with transference, projection and introjection, but is not any of these concepts. Rather, resonance is centred on meaning-making (Foulkes, 1977).

Dennis Brown (Maratos, 2006, p.93) further developed the concept, describing resonance as part of the 'secure' relationship. This work is a collection of his papers spanning 1976 to 2003, during which time he corresponded with Foulkes, prior to Foulkes' death. Brown links resonance with the 'secure' relationship, which is part of the dialogical relationship, as well as with identification. He argues that relatedness is deepened via resonance or identification (which he uses interchangeably) and that this is enhanced by empathy. Mention of these other concepts, empathy and identification, influenced the content of the literature review here. It was vital to review these related concepts as part of understanding empathic resonance.

The empathy literature was essential to understanding empathic resonance, in evaluating how empathy contributes towards it. This background work incorporated the main theories of empathy, cognitive (thinking) and affective, and to the concepts of emotional empathy and simulation (akin to the concept of replication by Watkins, 1978) as mechanisms for empathy. As research on empathy progressed, empathy theories emerged from different therapeutic schools. This expanded the concept beyond how empathy occurred, to its different uses in different psychotherapeutic traditions. This thesis explores the person-centred and psychoanalytic schools and their use of empathy.

1.1.4. Empathy and the person-centred school of thought

The person-centred school of thought describes empathy as one of its three core conditions for psychotherapy (Rogers, 1957): a sensing process whereby the therapist uses imagination to 'sense the client's private world as if it were your own, without ever losing the "as if" quality' (Rogers, 1957, p. 243). He later described empathy as an ability to perceive the inner world of the other and a reference point (1959), dismissing identification as empathy and emphasising that the essence of empathy is understanding. The debate in the person-centred school contrasts with the ideas proposed by Mahrer (1997), who argues for empathy, including identification and dissolution of the self-other boundary. Schmid (2001) developed

the work of Rogers, adding a searching aspect with continuous checking to the empathy process. More recently, Mearns and Thorne (2013) emphasised the need to detach from one's worldview in order to perceive accurately the authentic thoughts and feelings of the client.

1.1.5. Empathy and the psychoanalytic school of thought

There were two main contributors to the empathy debate in psychoanalytic therapy. Kohut (1959) held that empathy is an essential therapeutic process because of earlier parental empathic failures, seeing empathy as having a vital developmental function and later referring to empathy as 'vicarious introspection' (p. 82). This aids orientation to the inner world of the client via the therapist's self. Klein (1955) argued that the basis for empathy is projective identification. Prior to that, Klein (1946) researched the concept of projective identification and projection in her work with children and infants, noting the potential for a loss of self if we over-identify. According to Hinshelwood (1991), putting oneself in the shoes of another aids self-perception. Jung (1931) clarified the relationship between projection and empathy, describing them as related, including the blurring of psychological boundaries among objects.

1.1.6. The neuroscience of empathy

Research on the neuroscience of empathy was included in the literature review. Recent neuroimaging research proposes shared mental representation for empathic actions, known as the mirror neuron system (Iacoboni et al., 1999). This body of work evidences a mechanism activated in the brain during empathic responding. The mirror neuron system evidences connected minds, also referred to as the 'we-self' (Reis, 2009) and constitutes empirical evidence for empathy. This work is tentatively referred to as physiological evidence for mirroring between two people relating empathically. The place of neuroscience within this thesis is as an empirical context for the empathic resonance phenomenon; this is also the case regarding the model of practice.

1.1.7. Identification

Related to the concept of resonance is identification, which Watkins (1978) uses interchangeably with resonance and describes as overlapping with empathy (LaPlanche and Pontalis, 1988, 2006). To deepen my understanding of the concept and how it developed, it was essential to look at Freud's early work (1900), in which

he mentions identification. Freud argues that the root of identification is sexual, but this theory is based upon one dream, in which a patient wants to switch places with a friend (1900). He further develops the concept as imitation, a form of sympathy, performance, expression, reproduction (replication) and psychical infection. Much later, Freud (1922) defined identification as a mechanism that shapes personality, and suspected a link with empathy. Meissner (1970) split identification into three categories, one of which, of interest here, is partial identification: the recognition of a common quality. Watkins (1978) also describes the link with resonance as a 'temporary and partial identification' (p. 241). Central to the current thesis is the relationship of partial identification with empathy and resonance.

1.1.8. Dissociation

My previous experiences and stories of empathic resonance revealed that part of the phenomenon included the discovery of fragmented information, which I was able to access, visualise and sense. My clinical work revealed that traumatic memories or dissociated aspects of client experience typically made up such fragmented material. It was uncertain how this occurred, but it was important for me to be able to identify dissociated material adequately and understand the concept more thoroughly.

The two main early theories of dissociation were advanced by Freud (1893-1895), who founded his ideas upon repression, and Janet (1889), who founded his upon disaggregation (disintegration or splitting of the mind). Extremes of dissociative symptomology exist, ranging from mild to fundamental personality disruption (Allen and Lolafaye, 1995; Fisher and Elnitsky, 1990; Ross et al., 1990, 1991). The literature included work on forms of dissociation. This section of the literature also includes material outlining why dissociation occurs (avoidance of overwhelming emotions and knowledge threatening physical or psychological survival) in order to defend against stress. The dissociation literature includes studies that propose the normality of such a concept/process and a view that the literature outlines a movement from early intervention to holding back on psychological intervention. The purpose of this section of the review is to aid knowledge of the identification of possible dissociation in my clinical work, during empathic resonance.

1.1.9. Literature review: Part Two

As the research process unfolded, a second layer of literature review became necessary because additional concepts were identified. Some aspects of the empathic resonance phenomenon required deeper reflection via the clinical stories constructed from field reflections. The floating concepts were introspection, relationship (loosely identified) and dissociation/dissociative content (identified but inadequate to position concepts in the framework). Dissociation was explored in the first section of the literature review. Introspection was categorised as mindfulness, the foundational relationship mode containing empathic resonance was the dialogical relationship and participatory knowing in the transpersonal literature, explaining a further facet of empathic resonance.

1.1.10. Mindfulness

Introspection is identified as part of empathic resonance and indeed of empathy and resonance. This related most closely to mindfulness. Mindfulness enables awareness of moment-to-moment subjective experience (Kabat-Zinn, 1994) as a way of being (Verni, 2015), among other descriptions (Hick, 2008). This provided essential background, allowing specific identification of my introspective process.

1.1.11. Dialogical/person-to-person relationship

The specific mode of relating was important in determining whether empathic resonance process occurs in other modes of relationship (Clarkson, 2003). Empathic resonance might occur in the transference relationship. This was not my experience, however. The dialogical relationship was clearly identified (Friedman, 1985, 2003; Hycner, 1993; Heard, 1993). The foundation for the dialogical relationship/psychotherapy was Buber's I-Thou relationship (1923[1937]). Trüb (1952) later integrated the work of Buber into psychotherapy.

1.1.12. Participatory knowing

Dissociative content was relevant to this thesis. There was a sense of meeting the other and coming to know a fragment of his (dissociated) history via empathic resonance and mindfulness. A thorough search of the literature revealed a body of work in the transpersonal field and the fact that empathic resonance includes transpersonal knowing (Hart et al., 2000). In a chapter in Hart et al. (2000), Participatory Knowing, Ferrer (2000) acknowledges the work of Buber. Ferrer (2002,

2005) developed this conceptualisation, though his work has been criticised (Heron, 2015; Anderson, 2015).

1.1.13. Summary of thesis context and aims

Some of the concepts in the literature were immediately clear; others emerged as the research progressed. There are no existing studies on the relationships between the concepts in this thesis, and no attempts to consider empathic resonance in a broader context. Empathic resonance itself is poorly defined and muddled in its conceptualisation, with much overlap among concepts.

Therefore, this study sought a deeper awareness of empathic resonance and its related concepts. Empathy and resonance were the lead concepts preceding the discovery of empathic resonance in the literature, which mirrored numerous clinical experiences and are therefore core concepts alongside the central exploration of empathic resonance.

As part of the practice development aspect of the thesis, the final aim was to construct a model of practice based on the literature and integrated with the research findings. A core knowledge gap identified in the literature is a lack of first-hand experience of empathic resonance and how this concept relates to other closely related ideas.

1.2. Problem Statement

At the beginning of this chapter, I described the process whereby I was able to partially name the phenomenon I was interested in researching. After I originally named the phenomenon 'optimal resonance', a previous supervisor suggested I write up some old stories in order to identify the concepts pertinent to the thesis. Once I began examining the old stories, the prevalence of resonance and empathy in these therapeutic interactions was clear. The core concept became empathic resonance, when I identified this in the literature. This was important, because the literature included a small amount of material on empathic resonance, which was a little-known, yet an already recognised phenomenon. There is limited literature on how empathic resonance constitutes an advanced practitioner skill, as well as on its application and relationship with other concepts. The few descriptions of empathic resonance and resonance are limited, with no first-hand (subjective) accounts of empathic resonance in counselling and psychotherapy.

1.3. Statement of Purpose and Research Questions

The purpose of this thesis is to explore empathic resonance in my clinical practice. It was imperative that I should conduct research to enhance my understanding of empathic resonance, because of my experiences with the phenomenon, which seemed to profoundly impact counselling work. These experiences appeared to benefit the client deeply, helping them resolve personal difficulties. In order to grasp the significance of empathic resonance, a self-study, yielding first-hand accounts of empathic resonance for analysis, was the main focus of this work. I hoped this research would contribute to the development of clinical practice, for both myself and other practitioners. The questions that arose from the conceptual framework (Chapter 3), after extensive refinement, were:

1. Which concepts are central to the concept of empathic resonance?
2. How do these concepts fit together, how are they functionally related with regard to the core concept, empathic resonance?
3. Can new or alternative descriptions be added to the knowledge pool on each concept?
4. Do any new empathic resonance themes emerge?
5. Is it possible to ascertain where the floating concepts (seen on conceptual framework) are located in the empathic resonance practice model? Has the data enabled the naming of these concepts?
6. How and why is empathic resonance and the emerging model important as part of practice development?
7. What would my final model of empathic resonance look like in visual form, as my data analysis transformed the conceptual framework diagram (founded upon existing literature)?

1.4. Research Approach

1.4.1. Autoethnography

The construction of first-hand empathic resonance experiences, as montage stories, was the heart of this study. The literature review influenced the research design, as no one had previously conducted a first-hand phenomenological study of empathic resonance or an autoethnography. It was vital to consider the desired research outcome. Options included a focus on the essence of the phenomenon and a study of the situatedness of empathic resonance within the broader context of practitioner

concepts. Autoethnography was chosen, as it would produce clinical stories that could be subjected to thematic analysis. This would reveal both descriptive and process knowledge about empathic resonance, as well as complete stories showing the phenomenon *in situ.* This paved the way for the development of a practice development model of empathic resonance, fulfilling the practice development requirement of the thesis. This method also produced holistic stories, which evidenced the situatedness of empathic resonance. It was important to show and tell the therapeutic process through the stories, helping other practitioners to identify the phenomenon. It was hoped that the stories, in time, could lead to a dialogue with other practitioners about empathic resonance.

1.4.2. Collecting field reflections and constructing autoethnographic stories

I conducted a long process of self-observation, with myself as the primary source of data, over five years in the counselling field. Field reflections were annotated after client sessions. I recorded my internal processes and observations of self in my clinical work when empathic resonance occurred. All clients were fictionalised, but I revealed the essential reflections of my own experience of empathic resonance in the stories. After discussion with my supervisors, I decided to write one completely fictional story. I believe the fictional stories, as opposed to the recreated stories from field reflections, were difficult to tell apart.

1.4.3. Constructing a conceptual framework, data analysis and constructing a model of practice

The conceptual framework was constructed as the literature was reviewed. This framework was used during data analysis, which also included thematic analysis. Through thematic analysis, concepts were identified using coding and helped me see relationships among the concepts embedded in the stories. The conceptual framework served to organise the concepts, which were developed further (model of practice) based on the findings. The conceptual framework and thematic analysis worked together. A second thematic analysis of the core concept, empathic resonance, identified new themes in the core concept itself. Analysis led to reformation of the conceptual framework, which became the model of practice.

1.5. Rationale and Significance

The rationale for this research is based upon clinical practice, during which I experienced puzzling moments of deep relating (empathic resonance). Despite my

confusion, these were essential experiences with clients, and yielded positive therapeutic effects. It is important to understand which aspects of clinical practice help clients resolve their difficulties and drive practice forward. The rationale for this study was to understand empathic resonance and gain deeper awareness and knowledge of the phenomenon via self-observation in the clinical field. First-hand experience of this phenomenon, while recording and capturing it, was an exciting prospect, particularly as the literature evidenced a significant knowledge gap.

This study has increased my understanding of empathic resonance and resonance processes in the context of other concepts that deepen the therapeutic relationship. Attunement in the therapeutic relationship is a significant and essential task for counsellors and psychotherapists. This work evidenced the importance of empathically resonating with our clients (Siegel, 2014) and meeting our clients (Buber, 1923), and how we attain that. A model has been developed in order to clarify the empathic resonance phenomenon. It indicates how we attune to the other via empathy and resonance (attunement), leading to empathic resonance. This thesis contributes first-hand knowledge to a field of study lacking any such account. The model has a practical application, and I hope this will add to the dialogue in the empathic resonance field of study.

A further significant argument for undertaking this work is as evidence of the importance of skilled relational ways of being and how it profoundly assists many clients. Counselling and psychotherapy have been marginalised within our NHS. Commissioning is dominated by the drive for Cognitive Behaviour Therapy (CBT), particularly within the Improving Access to Psychological Therapies (IAPT) programmes. Counselling and psychotherapy have to find ways to evidence the therapeutic process, its applications and implications, for inclusion as part of the medical model driven by evidenced based (RCT) practice. Psychotherapy which encompasses the transformation of unconscious drives/patterns and the inclusion of transpersonal processes, are less easily accommodated. Therefore, it is imperative that we show and tell our work and find ways to convey the essential necessity for the psychotherapy/counselling process which values resonant relating at its heart.

Research which evidences broader possibilities for psychological therapy are vital, just as people are better suited to varying modalities because of their uniqueness. As social beings, who thrive within optimal relational conditions, attaining deeper knowledge of empathy processes and documenting their effects and potential for

transformation, importantly reminds us to relate in a sensitive, understanding way in our everyday life; and supports its inclusion within the psychological therapy culture of today. The powerful and transformative effects of empathic resonant ways of being have been minimalised in favour of interventions which neglect the feeling reality of the clients, often simply requiring catharsis.

1.6. The Researcher

While conducting this study, I was an NHS and private practice counsellor and counselling supervisor. Owing to personal circumstances, my current clinical work is private practice-based, and includes work for numerous local organisations. A 21-year career as a counsellor and an 18-year clinical supervision role are significant practical experience that has informed this work.

My education has been continuous since qualifying as a counsellor in 1996 with a Diploma in Counselling. This was followed by a Group Facilitation Diploma (1997), which involved intensive group work in a local drug and alcohol rehabilitation centre. Following were three years of teaching counselling studies at a local college, and a Master's degree in Clinical Supervision and Counselling Training (2000). After the postgraduate course I held various organisational appointments, including at local schools, two higher educational establishments, local businesses and other government work. I currently hold the post of Inspector for government mental health services.

Throughout these past and ongoing appointments and all aspects of clinical work, the quality of the therapeutic relationship has been of fundamental importance. There have been instances of failure and recognition that a lack of relational attunement has been a factor in these failures. The progression of clients has been significantly aided by more authentic, genuine relationships, during which empathic resonance experiences occur.

Personally and, where appropriate, professionally, I have a willingness to be open and vulnerable, which aids the difficult task of laying practice open to the scrutiny of others. The task and challenge of a reflexive autoethnography, available in the current research paradigm, was consistent with the research aims, as well as with my personality as the researcher. Receiving a diagnosis of dyslexia was a surprise, and explained past academic struggles and failures. However, dyslexics typically

14

see the bigger picture and this might therefore have allowed a big-picture approach to the thesis. My dyslexia was eventually seen as a potential strength as well as a weakness, which needed significant work.

Exploring my professional experiences was a risky endeavour. There was no guarantee that empathic resonance experiences would reoccur. Fortunately, the phenomenon did reveal itself and the risk paid off. Nevertheless, there was much uncertainty, a few false starts and some hesitancy regarding the topic. There was significant commitment to and profound clinical interest in the phenomenon, which motivated me to take the chance.

My integrative training encompasses Clarkson's Five Relationship Model (2003) of psychotherapy which this thesis frequently refers to. The model argues for five dominant modes of counsellor relating that can be used to explain the counselling dynamic at any given time; multiple modes can be present at once along with the clinical decision to work within a specific mode. The five relationships include, 1. The Working Alliance: This constitutes the contract and boundaries of the clinical work. It protects and holds the therapeutic process and can be considered as the foundation for the clinical work. 2. The Transferential/Countertransference relationship: The unconscious aspect of the work where unconscious influences (past relationships) can have a bearing upon either the counsellor or the client. 3. The Reparative or Reparenting Relationship: The other that the client's fantasy needs as an authority figure (healthy) as part of developing emotional resilience. 4. The Person to Person/Real Relationship: Founded in Buber's (1923) I/Thou relationship, this is the 'real/authentic' relationship. 5. The Transpersonal Relationship: A relationship that is more difficult to define but largely situated in relational experiences that can be described as expansive consciousness, spiritual, healing and embodying a sense of connectedness.

1.7. Assumptions

The first assumption of this work is the presence of the concept of resonance. This is evident in the original working title for this thesis: *An autoethnographical exploration of the deeper aspects of healing conversations: Could there be an optimal resonance?* There were many clues to my assumptions. Labelling my experience as resonance and optimal resonance (see Figure 1) was an attempt to describe and identify the phenomenon I wanted to research.

Being open about my assumptions was crucial, allowing me to identify the phenomenon as empathic resonance, yet with mindful awareness that resonance itself was likely closely related: a second assumption. The third assumption was that the presence of empathy was significant, because I use the concept in my practice to communicate a knowing awareness of the client's world. Originally, there was confusion between resonating with objects versus resonating with people and where empathy fitted into the picture. I shared an old story with other researchers and they, too, advised me to explore empathy as part of this work. My own clinical knowledge and experience assumed that empathy was an important part of the process, although I had to learn about aesthetic empathy and how objects can activate emotions.

The fourth assumption was that empathic resonance advanced my knowing and understanding of the other to some kind of meeting with them: a pivotal and vital moment of connection.

I had an idea that these empathic resonant meetings with clients, along with empathy and resonance, transcended the classical transference relationship. I did not believe we were distorting each other during these moments of meeting (fifth assumption). I would probably have labelled the relational context as the dialogical relationship, but I wanted to be absolutely sure in my argument, and research was required to state this with certainty (sixth assumption).

In describing the dialogical as 'deeper aspects of healing conversations' (from my former thesis title), I was assuming transformation of some kind, and that something was broken (assumption seven). I distanced myself from this assumption because my thinking changed as the work progressed. However, it was important to be aware of it and to consider that empathic resonance might not necessarily transform anything, and that healing is itself entirely subjective for each client. I considered that healing could also imply a need for deep connection, and that that in itself may be the need of the client. It was not for me to decide what may or may not have been broken, needed healing or repair, but to simply be aware of the implications and the phenomenon of empathic resonance and its potential for clinical work. It was difficult to set this assumption aside, owing to former experiences, but it was essential to remain, as I do as a counsellor, open to the client's experiencing; and for me to remain open to my researcher experience. I had to know my assumptions

explicitly and yet allow the research to embrace the emergent material without tainting it.

These assumptions are revisited in the Conclusion section of the thesis (Chapter Eight).

1.8. Thesis Structure

This thesis is not a traditional PhD thesis. However, it contains similar academic components. As a Doctor of Professional Practice thesis, it has four major components:

1. The literature review

This includes literature on empathic resonance and related concepts, which aided construction of the conceptual framework. The conceptual framework was used to analyse the data, and then developed into a model of practice.

2. The research journey/thesis creation/narrative

An integrated component of the thesis used to connect the three other major components, will contain reflection on the research process, as well as the introduction, setting the scene, connective preamble for chapters and a concluding chapter.

3. The practice development project

A model of professional practice, constructed via thematic analysis of the autoethnographic stories of empathic resonance, culminating in my model of practice, specifically empathic resonance. This is presented in this thesis as:

Practice Development 1 - The construction of the conceptual framework and lens through which to view and analyse practice: this is grounded in the literature and the critical analysis of the literature.

Practice Development 2 - Discussion and findings. The second part of the practice development project is a detailed discussion and findings chapter, following thematic analysis of the stories/data.

Practice Development 3 - The revised conceptual framework/practice model. This is effectively my model of empathic resonance in my clinical practice, presented as a visual model with a brief explanation.

4. The research

Empathic resonance: an autoethnography, the methods and methodology, analysis of the autoethnographic account, research findings and conclusions.

1.9. Thesis Aim

The knowledge gaps in the literature constituted a convincing argument for pursuing this thesis. It was my intention to undertake a long fieldwork study, which would capture more data on empathic resonance. Therapeutic processes and descriptions of the core concepts were scattered in the literature and there was a lack of published work including subjective counsellor experience.

1.9.1. Aims and objectives: How did I explore empathic resonance and what did this thesis set out to achieve?

Throughout this chapter I have cited various aims, including creating clinical stories, constructing a conceptual framework, exploring the interrelatedness of concepts and constructing a model of practice. How did I meet those objectives? It was my intention to provide highly reflective, reflexive accounts of my experiences of empathic resonance and related concepts. This was carefully considered, while taking into consideration the gaps in the literature regarding empathic resonance. I aimed to convey my subjective account of empathic resonance and open it to professional scrutiny.

I constructed a conceptual framework via the literature review and reflections on my practice. This framework was then used to analyse the data (stories). The conceptual framework evolved as a consequence of the research. It also gave me a lens through which to analyse the data.

The stories were constructed using the autoethnographic research methodology. This proved a successful framework for the creation of subjective practitioner accounts. These montage stories and the fieldwork collected over many years provided me with insights into this phenomenon, fuelling my desire to explore the interrelatedness of the concepts that foster empathic resonance. Thematic analysis of the stories also provided insight into the interrelatedness of the concepts.

Another aim of this thesis was to provide an account of empathic resonance that allowed me to understand better how I use empathic resonance in my clinical practice. Empathic resonance has been part of my practice for many years; it has captivated me. A further aim was to understand the possible applications of empathic resonance as an essential component of healthy interpersonal relating.

The model of practice was a culmination of the analysis of the clinical stories. In order to create a visual model of empathic resonance, I needed to have a starting point, a visual diagram of my conceptual framework. The conceptual framework was transformed via the analysis of the clinical stories into a visual model of empathic resonance.

The comprehensive literature review, together with my account of empathic resonance, the analysis work and practice model, constitute my thesis. I have produced an argument not only for the existence of empathic resonance, but also for the potential emergence of empathic resonance because of its interrelatedness with other concepts. This thesis contributes new descriptions of empathic resonance, and an original practice model with empathic resonance at its heart, as well as first-hand clinician stories of empathic resonance itself. Further, it contributes an insider view of the concept of empathic resonance.

Chapter 2
Literature Review: Empathic resonance and related concepts

2.0 Introduction

This literature review aims to explore resonance processes and empathic resonance in counselling/psychotherapy. The closely-related concepts of resonance and empathy are examined, the relationship between these concepts is reviewed and a synthesis of the literature on each concept is presented. The aim of the review is to broaden how I think about empathic resonance.

First, as the starting point of the thesis, the concept of resonance was explored, prior to its focus being narrowed to empathic resonance. I termed the phenomenon under investigation 'optimal resonance', which directed me to the resonance literature. The literature review thus begins with resonance, and the existing studies on resonance became an important foundation of the thesis. Previous work has characterised resonance as an attunement concept, which relates to empathic resonance. Given the overlap in the literature between conceptualisations of resonance and of empathy, empathy was also reviewed. A review of the resonance literature revealed that empathic resonance, while related to resonance, has distinct features.

An exploration of empathy led to the discovery of the concept of empathic resonance, the small body of work on which was closest to my own descriptions and experiences of optimal resonance. Empathic resonance was therefore afforded its own section in the literature review.

I searched for work that reflected my own experiences. I had previously resisted exploring empathy, considering it mutually exclusive from resonance. However, the resonance literature contained descriptions similar to empathy. I now believe they are different concepts, but closely related. Had I not reviewed the empathy literature, I would not have encountered the concept of empathic resonance, nor understood that it was possible that resonance and empathy together were pivotal for empathic resonance.

This literature review underscores how empathic resonance relates to other concepts. Without resonance and empathy, which are attunement concepts, empathic resonance is unlikely. Empathy, resonance and empathic resonance are the three core concepts of this thesis.

I systematically searched the literature for the insights, contributions and descriptions of the concepts given by the contributors in this review, which I listed in order to aid conceptual identification during thematic analysis (see appendix). Each concept covered in the literature review includes a summary and conclusions.

2.0.1. Navigating the literature review

Some of the literature is explored chronologically. The rationale for this is the small amount of work on some of the relevant concepts and the importance of understanding the evolution of each concept. Had there been more recent work, this might not have been necessary, but in the case of resonance especially, the body of work is limited. For example, Larson (1986) thematically analysed the concept of resonance, defining the concept using rapport to orient subjects. Whilst useful, this did not adequately reflect my experiences with empathic resonance, which transcended rapport. Work by Buber (1923) and Siegel (2010, 2014) in the field of empathic resonance supported my conceptualisation of this notion.

The resonance literature as related to individual and group therapy is included owing to the limited amount of studies. In addition to establishing whether empathy and resonance were identical, related or mutually exclusive, it was important to consider related concepts, because of the practice development component of this thesis. A comprehensive model of practice would have been weakened by neglecting to examine the relationships between concepts.

The literature on empathy included both cognitive and affective accounts. Two further concepts are covered briefly in the empathy section: projection (used interchangeably with 'projective identification', here) and participation mystique. Both Klein (1955) and Jung (1931) made claims that both of these concepts underpin empathy. The intention was not to include the comprehensive work of Klein or Jung, but rather to focus on the core three concepts: resonance, empathy and empathic resonance. The section on empathy is divided into the humanistic and

psychodynamic schools of therapy; the main schools that incorporate empathy in their psychotherapeutic frameworks.

The central concept of empathic resonance was discovered in the empathy literature. The order in which the concepts were explored reflects the starting point for the literature review and moved through each concept as it was considered or discovered. Neuroscientific findings, which convey the empirical fact that empathy exists in humans and animals, are referenced. The neuroscientific phenomenon of mirroring and its implications for empathy are discussed.

Watkins (1978) uses resonance and identification interchangeably. It was important to explore identification independently, in order to clarify its meaning as related to resonance, as this was unclear in Watkins. A thorough exploration of his substantial work was central to this thesis, as he was the first to explore the concept of resonance in individual psychotherapy. His detailed work provided a solid foundation from which to develop the current thesis.

Lastly, disassociation was explored because of a hunch founded in clinical experience. Over many clinical experiences of empathic resonance, insights into the dissociated traumas of clients appeared to emerge. In order to ascertain whether the missing aspects of clients' personal narratives had indeed been dissociated, such exploration was necessary.

2.0.2. Second section of the literature review

The second section of the literature review includes three further concepts, which are not the central focus of the thesis, but which emerged strongly while conducting a preliminary analysis of the data (Chapter Six). It was also clear from the first section of the literature review that introspection enhanced resonance, empathy and empathic resonance.

While the focus was on the core three concepts of resonance, empathy and empathic resonance, this thesis would have been weakened if overlapping, closely related concepts were not included. It was important to explore whether the core concepts emerged from a specific mode of relating; for example, the dialogical relationship (Clarkson, 2003). In order to achieve this, the dialogical relationship was considered a possible contextual aspect of empathic resonance. The second

section of the literature review is brief; it only includes literature that facilitates comprehensive interpretation of the findings (Chapter Seven).

2.0.3. List of concepts covered in this review

- Resonance in individual therapy
- Resonance in group therapy
- Empathy
- Projective identification/Projection
- Participation mystique
- Neuroscience
- Identification
- Dissociation

Section two of the literature:
- Dialogical relationship
- Mindfulness
- Participatory knowing (in the transpersonal literature)

2.0.4. Conceptual framework (Chapter 3)

Through the literature review, the conceptual framework was developed. The conceptual framework represents a summary of the literature review and reflects comprehensive thought about how the relevant concepts interrelate.

The conceptual framework was developed using a series of diagrams, which reflect the progression of thought throughout this literature review. The conceptual framework is the foundation for the creation of the practice development model for empathic resonance (Chapter Seven) and the analytical lens applied to the stories (Chapter Six).

2.0.5. Aims

The aim of this literature review was to explore resonance in counselling and psychotherapy relationships, with a focus on empathic resonance. The paucity of studies on resonance and empathic resonance points to many gaps in the knowledge on these topics. The aim of this thesis was to address such gaps, thereby contributing to a more complete conceptual understanding of empathic

resonance. The literature review reflects the research methodology adopted here, which sought subjective knowledge of the concepts and a way of researching counsellor insider perspective.

My position is that counselling is a talking intervention, wherein transformation occurs within the relational dyad. The development of self-understanding, via the other, becomes integrated and leads to transformation on multiple levels. Self-understanding implies inner knowledge acquired via the relationship, in the context of the therapeutic setting and attunement processes.

The literature review was a fundamental task, important in expanding, supporting and challenging my own position with specific concepts. It provided me with the means to construct a framework from which to build upon with my own data and it deepened my understanding of the topic. The review also provides strong justification for the current research and highlights the knowledge gaps between concepts, including the lack of insight into the interrelatedness of these concepts and the potential for a practice model.

2.0.6. Sources and search process

(i) Sources

The sources for this literature review included published books (some of which were out of print and thus sourced from the British Library), peer reviewed journal articles, theses and conference papers.

Searches were conducted using the following databases:

- Academic Search Complete
- British Library Catalogue
- BU library Catalogue
- BURO (Theses and Dissertations)
- CINAHL Complete
- Communication Source
- eBook Academic Collection (EBSCO host)
- eBook Collection
- Ethos UK PhD Thesis
- Education Source
- Google Scholar

- Medline Complete
- Proquest Dissertations and Thesis
- PsyARTICLES
- PsyBOOKS
- PsyINFO (formerly known as PsyCLIT)

(ii) Search process

The literature was searched using conceptual labels, such as resonance with psychotherapy, counselling, counseling (US spelling), psychological, psychology and psychotherapeutic. Additional searches via synonym.com were conducted for each conceptual label. Another website (English synonym dictionary 2013) produced alternative words for the concepts, which were substituted as search labels. For resonance, these included reverberate, echo, sound, plangency, ringing, sonority, sonorous, vibrancy, vibration and timbre. These words, along with psychotherapy, counselling, counseling (US spelling), psychological, psychology and psychotherapeutic were applied. The * facility in the search fields was used to expand the search, but often yielded no further results. Thorough searches were conducted using word combinations and alternative phrases if there was limited material on a concept.

Out-of-print material unavailable via electronic methods was sourced through the inter-library loan facility, which sometimes yielded further texts. All material was peer reviewed and empirical, acquired via observation or experimentation. This selection process was repeated throughout the review.

The amount of search results for different terms varied considerably. There were limited studies on resonance and empathic resonance. Appropriate filters were applied to the resonance in counselling search, including industry filters to eliminate magnetic resonance imaging studies, narrowing the search to the counselling/psychotherapy discipline. For resonance, it was essential to widen the time frame, use synonym.com and search outside the regular university databases.

There was an abundance of literature on empathy. The first search yielded 47 articles in counselling and 342 in psychotherapy. Search results were narrowed by including criteria on the development of the concept and its main contributors. This approach was used across all concepts. All studies were in English. The time frame

was widened where necessary, yet remained within the counselling and psychotherapy discipline.

2.1. The Concept of Resonance

My understanding of resonance is grounded in its everyday use. According to the Merriam-Webster Dictionary (2011), resonance is 'a quality that makes something personally meaningful or important to someone'. This definition suggests that what is intended to be known is expressed; conferring significance that could develop understanding.

Sound resonance is 'a sound or vibration produced in one object, caused by the sound or vibration produced in another' (Merriam-Webster, 2011). This is similar to 'the reinforcement or prolongation of sound by reflection from a surface or by the synchronous vibration of a neighbouring object' (Oxford Dictionary, 2010). Both definitions are derived from physics, yet the reflection aspect also has relational implications. Another definition of resonance is as a subtle form of communication: 'the power to evoke enduring images, memories, and emotions' (Oxford Dictionary, 2011). This implies an internal effect, which leads to the appearance of information. This could be important in the therapeutic context, aiding and informing the therapeutic process. Implicit memories of highly charged emotional events 'underlie and generate' symptoms presented in psychotherapy (Ecker et al., 2012, p. 14). This suggests that resonance might be a useful skill, one that makes the implicit explicit.

The literature on resonance is scarce. The existing studies are therefore explored chronologically, to illustrate how the concept was developed.

2.1.1. Resonance

> Resonance 'from unconscious to unconscious constitutes the only authentically psychoanalytic form of communication'. (LaPlanche and Pontalis, 1988, p. 93)

Resonance as a pure form of communication between client and therapist offers insight into the concept, implying an unconscious mode of communication and a way of knowing that transcends language (LaPlanche and Pontalis 1973, p. 93). This characterisation, however, lacks a subjective description of resonance. Prior to 1973 and until the work of Watkins (1978), resonance is absent from the counselling

or psychotherapy literature. It could therefore have been a new or emergent concept in counselling. Freud (1912, p. 115) spoke of turning our unconscious to that of the patient, which implies resonance without identifying it as such.

2.1.2. Watkins (1978)

Watkins (1978) further developed the concept of resonance. In his comprehensive work, he provided a conceptual framework: therapist as a 'therapeutic personality', which transcends technique and theoretical orientation. The framework integrates behavioural, psychoanalytic and existential-humanistic orientations. The factors common to each approach are expanded, defining the therapeutic self as 'an individual with the capacity for resonance' (1978, p. 85). Watkins (1978) defines resonance as the ability to identify one's own feelings with those of the client, using empathic ability: 'resonance is when a therapist experiences the other as his own self' (p.87). Resonance is distinguished from projection and transference processes, by way of therapeutic self-theory (Ibid), which enhances the understanding of others. This can be attained via objective (outer) observation and subjective (introspection) experience of the other, which Watkins terms 'resonance'. He uses resonance and empathy interchangeably, implying a close relationship between the two concepts, which it is the aim of this review to explore. Watkins (1978) thus suggested using introspection to untangle ourselves from one another.

Watkins (1978) describes resonance as inner experience via introspection; a temporary identification state not designed to effect permanent personality change. He distinguishes resonance and empathy. In 'true' resonance, the recipient feels the same feelings as the other to a lesser extent. In empathy, the same feelings are not directly felt. Resonance is like empathy; its aim is to achieve understanding via replication (Watkins 1978). Kohut (1959) describes empathy as 'the understanding echo' (p. 84), also proposing that empathy imbues a less accurate feeling or emotional representation than resonance. Resonance is an experiential vibratory mechanism.

Resonance differs from transference (Freud, 1910) owing to its subjective orientation (Kohut, 1959). Resonance is arguably a form of counter-transference, although countertransference objectifies the client (Freud, 1910) while resonance does not. Objectification (transference), however, is not an understanding process; therefore, resonance is not countertransference (Watkins, 1978). If resonance is an

understanding process (withness), this argument of countertransference (againstness) as seen from a subject/object perspective is useful and one this thesis supports. A short explanation of transference and countertransference follows, to clarify the argument advanced by Watkins (1978) and to define the position of the current thesis on resonance.

To understand transference, Freud's (1935) early use of this term is indispensable. He argued that transference involves positive or negative emotional reactions in the therapeutic situation that originate not in the therapist/client relationship but rather in the relationship of the patient with his parents or significant others. The patient unconsciously sees the therapist as someone they are not. More recently, Clarkson (2003) defines the phenomenon as follows: 'the other person is not met freely as if for the first time…it's more as if the other person is met through a screen' (p.79). This implies a kind of relational fog, which implies not understanding but distortion. Therefore, resonance cannot be transference.

Countertransference is similar to transference, but from the therapist's perspective: it involves the feelings the therapist has towards the client. It can be reactionary, a response to the material the client brings or how he behaves; it can also be influenced by the unconscious material of the therapist, which can be projected onto the client (Winnicott, 1975a). Watkins (1978) argues that resonance is understanding, which is at the root of authentic relating; countertransference is counterproductive to understanding (Yalom, 2002, p.482) and hinders contact with patients (Baehr, 2004). Countertransference, consequently, is not resonance.

Watkins (1978) proposes a vibratory mechanism underlying resonance: replication, which is founded in understanding and feeling with the client. The common ground of understanding makes empathy and resonance similar, yet they differ owing to replication. This implies that resonance is more automatic while empathy is created or sensed (cognitively) as we move purposefully towards understanding the other. This is a useful explanation. However, it differs slightly from my own evolving conceptualisation of resonance, which is concerned with how these two concepts might enhance one another. Watkins merely links them via their ability to facilitate understanding the client.

In his experimental studies, Watkins investigates resonance via observation, through a two-way mirror and from tape recordings of the verbal exchanges

between therapist and patient. This neglects the therapist's subjective experience of resonance, a fair criticism given Watkins' definition of resonance as subjective experience. There is thus a need to study the inner experience of resonance. Watkins' claim that resonance is an introspective process could be examined via subjective data, facilitating an understanding of resonance as part of the therapeutic relationship. If resonance is 'being with' the patient and the mainstay of the therapeutic self, '[s]ince resonance is an inner experience, it may be observed directly through introspection' (Watkins, 1978, p. 234). It is debatable whether his methodology adequately reflected the subjective experiences of participants. There is no interaction with participants and he does not clearly state, in his work, whether some of his conclusions are personal reflections or personal experiences of resonance.

The 'transmission' and 'identofact' client experience is derived from therapist introspection, as part of the resonance process (Watkins, 1978). This is possible when the therapist is skilful and aware; the identofact belongs to the patient and is transmitted via replication (Watkins, 1978). Transmission, as part of resonance is, therefore, an important factor in resonance, implicating a need for skilful sensitivity to the client's resonant communications. Watkins (1978) explains that resonant information occurs in two ways: direct sensory impressions (objectively) and inner replication (resonance). These resonant experiences intensify with relationship growth, and could in fact be empathic resonance, yet Watkins does not define this intensity or how it occurs and why. He suggests that resonance is easily obtained with like-minded people, but does not elaborate on this. There is no further expansion of the replication process, which underlies resonance, or on the interpretation of direct sensory impressions. His work lacks examples to support his observations, but there is some explanation of the distinction between resonance and empathy.

Watkins (1978) differentiates resonance from the concept of empathy proposed by Rogers (1959): empathy involves understanding another's feeling state; resonance is a temporary identification. Resonant understanding is conveyed automatically via replication: we experience the actual feeling state, as opposed to cognitive and affective ways of empathising, which are not automatic. Consistent with Watkins, it would be fair to conclude that both resonance and empathy convey information with the aim of gaining understanding. This suggests that identification via resonant replication precedes an understanding of the clients' feeling state and could

enhance empathic responding. Watkins proposes that resonant replication and its recreation in us via the other is critical for resonance. His work requires further development and would be strengthened by subjective evidence of resonant replication. Because Watkins refers to resonance as a temporary identification, this review also explores the concept of identification, examining the relationship between resonance and identification. The process of projection is also touched upon in this review (in the empathy section) as it is considered the mechanism underlying empathy.

It is plausible that resonance is in fact something else. In addition to its close links to empathy, it overlaps with introjection, another psychotherapy concept. Introjection is the process of a person taking into the self something that belongs to the other (Fowlie, 2005); behaviours, attributes and patterns belonging to others, taken into one's own persona, which indicates the internalisation of aspects of another's personality. Although this might describe resonant communication, it is critical to understand the nature of introjection. If resonance is achieved via replication (Watkins, 1978), this might also apply to introjection: aspects of the other are replicated. When we resonate, however, we co-enjoy, co-suffer, and co-experience, which does not involve internalising another's personality. Resonance facilitates a mutual experiencing of the inner world of the other that is temporary and consciously invited. The following short study, builds upon the work of Watkins.

2.1.3. Sprinkle (1985)

Sprinkle (1985) proposed a model of counselling called 'psychological resonance'. Based on Watkins (1978), it overlaps with definitions of empathy - a further justification for reviewing empathy, here. Sprinkle (1985) extended resonance definitions to include 'Priming'. Prime, an acronym for psychological resonance impressions of mutual experiences, describes the process of resonating and sharing one's inner impressions with clients, thereby making information available for the client to aid emotional processing.

In three cases, sharing inner (images) impressions with clients correlated with the alleviation of client difficulties. Resonant images were explained using Freud's free association (1892-1898), whilst focusing on the shared inner experiences of client and counsellor. He proposed that inner impressions were generated as a result of resonance and accessed via introspection: this also supports the resonance

process and findings of Watkins (1978). This finding justifies the need for further research, to establish how introspection aids resonance, and whether this is a natural process as part of the phenomenon.

According to Watkins (1978), resonance includes identification, replication, understanding and the necessity for introspection. He used Gendlin's (1978) concept of 'focusing' to attain introspection. It is acknowledged here that focusing techniques allow access to inner material whilst embodying curiosity, as opposed to other forms of introspection, which simply attend to inner impressions without searching or anticipation, such as mindfulness. In focusing, the attempt is to establish a personal relationship with the inner impressions and to ascribe meaning. How viable is it, however, to attend to inner impressions for a significant period, whilst a client is present? Attaching meaning to a resonant impression could also be flawed; it is arguably more beneficial if the client ascribes meaning to the impression. In contrast to focusing, the aim of mindfulness is introspection with a sense of detachment, representing a more fluent natural practice as part of resonance.

Sprinkle did not fully develop his ideas in this brief study. It is important to note that the introspection of internal images assisted his female client with emotionally processing a past issue. Resonance thus has important clinical applications.

2.1.4. Larson (1986)

Larson (1986), an experienced psychotherapist, sought the advancement of resonance and its practical application to psychotherapy. She researched 110 therapists' experiences of resonance. She described resonance as 'high levels of rapport' in order to orientate her participants towards resonance experiences. The use of rapport to define resonance limited her description for the following reasons. Traditional terms for rapport include a pleasant relationship, engaging, harmonious and smooth (Hall et al., 2009). Larson's own description includes high levels of liking, which could have failed to orientate her participants when comparing the dictionary defined terms for resonance, as well as Watkins' (1978) significant contribution to the concept. Comprehensive literature searches revealed no other studies linking resonance to rapport. There are, however, few studies on resonance. Defining resonance as rapport might have been somewhat inaccurate, but her final definition of resonance is useful and bears little resemblance to rapport. It is

31

important to note that databases have developed considerably since 1986. This is why the work of Watkins (1978) was not discovered at the outset of this thesis.

Larson defined resonance phenomenologically, identifying ten resonance experiences. 35 participants experienced resonance in their work; 31 of those experienced it more than once. Her work demonstrates resonance in practice, with detailed descriptors that illustrate subtle, non-verbal communication between therapist and client. 30 participants experienced resonance during therapy as therapeutic. The beneficial effects were not, however, expanded upon. Larson's aim was to define resonance comprehensively, with strong recommendations for a further study on how resonance relates to other concepts, which is the aim of this thesis. While Larson did not reference Watkins (1978), she did suggest that an altered state of consciousness while attending to inner impressions and sensations was integral to the process. Although it is unclear exactly how her work correlates with the introspection findings of Watkins (1978), there is overlap. Her resonance conceptualisation also states that the concept is related to transpersonal and paranormal events (Chapter 4), discussed later in the current thesis. The transpersonal domain could be a valid argument, explaining some of the characteristics of resonance experiences. Research on the concept of resonance itself, however, indicates that it is a concept in its own right, which might be located within the transpersonal field.

Larson constructed her definition of resonance using thematic analysis, which offers new insight and knowledge of the concept:
1. Intense concentration on inner experience that spontaneously initiates an altered state of consciousness.
2. Therapist-client synchronization of even tiny movement patterns.
3. Therapist-client alignment to a similar frequency noted by a palpable shift.
4. Momentary merging of therapist-client selfhood boundaries.
5. Therapist's immediate non-verbal understanding of the client's unacknowledged feelings.
6. Specific sensations and/or feelings somatically and/or kinaesthetically perceived by the therapist. (Larson 1986, p. 129)

These descriptors represent recognisable indicators of resonance, both from an external observational perspective and internal recognition of the concept. By

contrast, there is confusion about how she delineates rapport, empathy and mirroring, which overlap in their presentation and require clearer definition. Had empathy been included in her literature review, this might have been useful; some of her descriptions are founded in empathy, evidencing the close conceptual link between resonance and empathy. She states that understanding and aligning with client feelings are part of the process, consistent with Watkins (1978). The work of both Larson (1986) and Watkins (1978) support my conceptualisation of resonance, which veers towards vibratory understanding. The term resonance was not used until 20 years later, in 2006.

2.1.5. Schmid and Mearns (2006)

More recently, Schmid and Mearns (2006) described resonance, and their definition is most congruent with my experiences. Psychological resonances are echoes, implying knowing information conveyed to therapists, working dynamically in moment-to-moment relationships. The echoes trigger the therapist to become the other in the relationship, enabling client self-confrontation. The concept of 'co-resonance' (Schmid and Mearns, 2006) is more consistent with Watkins' (1978) resonance, including therapist disclosure in personal dialogue, as well as their feelings, desires, etc. They argue that resonance originates from the 'person to person/real relationship' Clarkson (2003), as authentic relating. Empathy/resonance is prevalent in the dialogical relationship (Clarkson, 2003), supporting the counter argument that resonance is not founded in transference processes, which are usually prevalent in earlier stages of the work. The study consists of the observation of practice and case examples. Examples are brief and, in some cases, fail adequately to support the conceptualisation.

According to Schmid and Mearns (2006), resonance occurs between client and counsellor, leading to mutual exchanges with symmetrical qualities, consistent with Larson (1986). They describe resonance as a way of seeing each other, focusing mainly on the client: an inter-subjective existential encounter. An existential encounter implies an authentic, congruent meeting with the other. The counsellor embodies presence, a holding still of oneself whilst devoting focus to the other. Resonance will not, however, occur via repetition of dialogue, as resonance is embedded in the relationship. This suggests that resonance is a deeply embedded process, felt by both parties while engaged in deep relating. Schmid and Mearns (2006) disagree with Larson (1986) that resonance is necessarily characterised by

'high levels of rapport', because resonance expressions are not always friendly. My developing conceptualisation of resonance also differs from that of Schmid and Mearns (2006). I associate resonance with empathy and attunement, broadening its conceptualisation.

2.1.6. Mearns and Thorne (2013)

Expanding upon Schmid and Mearns (2006), who defined resonance as 'the echo in the therapist triggered by the relationship with the client' (p.181), Mearns and Thorne (2013) describe resonance as it being in relationship as opposed to being detached (p.108). They suggest further categories of resonance based upon clinical examples:

2.1.6.1. (i) Self-resonance

The 'reverberation' of our thoughts, fears, desires, doubts and feelings, this is located in our past experiences and is synonymous with countertransference (Freud, 1910). Countertransference is a psychoanalytic term, not used in this person-centred book. Self-resonance is consistent with descriptions of resonance, reverberation and echo. If this form of resonance is set in motion by past issues of the therapist, it links resonance with the concept of partial identification. The past experiences of clients and their reverberation require attention in the therapeutic relationship.

2.1.6.2. (ii) Empathic resonance

> 'Much of the reverberation the counsellor will experience in relation
> to her client will be empathic.' (Mearns and Thorne, 2013, p.108)

This statement implies a close relationship between resonance and empathy. The practice example given is more accurately defined as accurate reflective responding than resonance: it illustrates re-ordered language spoken back. Empathic resonance transcends reflective/paraphrasing skills, by including attunement (Siegel, 2014). By this point, empathy appears in the resonance literature and is linked to resonance. The definition above confounds empathy and the resonant replication effect (Watkins, 1978). Arguably, Mearns and Thorne (2013) confound empathy and resonance.

2.1.6.3. (iii) Complementary empathic resonance

The example provided is categorised as an empathic response. It is clearly a reflection of prior information that might have been explored in previous sessions. It is based on the counsellor's knowledge of the client's change process. It could be considered a powerful reflection and an indicator of counsellor empathy, with subtle resonance. Clearer examples and dialogue would constitute better evidence of empathic resonance. Attunement or alignment with the client is not mentioned; this is usually associated with descriptions of empathic resonance (Decety and Ickes, 2011).

2.1.6.4. (iv) Personal resonance

This constitutes how the therapist responds to the experience of the client. In the example, client and counsellor have tears in their eyes simultaneously. This is a convincing example of resonance via mirroring and matching emotional states, consistent with Larson (1986). Examining counsellor responding would clarify why this counsellor has a tear in her eye. This form of resonance is expanded upon in the study. A deepening of the relationship is described: personal resonance emanates as a result of the counsellor's deep attending and presence, allowing the client to experience relational depth.

The statement describes the profound alignment and attunement emanating from relational depth. Because disturbances or trauma in the client are the result of disturbed relating, resonance is important for relationship resolution. Relational depth (Mearns and Cooper, 2005), the dialogical relationship (Clarkson, 2003) and resonance as attunement (Siegel, 2014) are vital for client progression. All of these involve cultivating the ability to resolve relationship problems. Relational depth developed in the person-centred framework (Mearns and Cooper, 2005) and overlaps with all the major schools of therapy (Knox et al., 2013) based on Buber (1970). The dialogical or real relationship (Clarkson 2003) is also founded on Buber (1970).

This section focused on resonance in individual counselling/psychotherapy relationships. It was explored in depth because of the limited amount of research on this topic. Next, group psychotherapy literature on resonance is explored.

2.2. Group Psychotherapy Resonance

The examples of resonance provided here are observational. The group conductor (facilitator) observed resonance, but was not directly involved in the interpersonal exchange, other than observing and reflecting observations back to the group.

2.2.1. Foulkes

Foulkes (1984) defines resonance as a highly specific unconscious communication emerging from instinctive levels, an unconscious chord heard in another yet unheard in oneself. Foulkes assumes that woundedness draws people together. However, attractions are multifaceted, including friendship, for example (McCrosky et al., 1972), emotional arousal (Byrne et al., 1975) and joint bonds (Huston and Levinger, 1978). People exist with varying degrees of woundedness/wholeness, that relationships exist to heal others is a generalisation.

Foulkes (1967) refers to resonance as reverberation. Developmentally regressed patients can manifest any number of preoccupations and verbal expressions; the reverberation can occur during any group event. The 'deep unconscious frame of reference' is 'set', within the first five years of life. Woundedness can reverberate with others: during group therapy in particular, woundedness is the main reverberation and resolution the aim. The therapeutic context emphasises woundedness.

This study explores resonance as originating from woundedness. Commonalities with a previous study (Foulkes, 1967) include the echoing of the self by the other, suggesting that the echo he describes is a shared mutual understanding of the other, consistent with empathy. Resonance communications are clear, mature, consciously authentic and based on experience. The immediacy of the wisdom communicated in the counselling dyad requires self-awareness.

Foulkes (1957) first used the term resonance in its physical science context. Political constraints in the profession and the obscurity of the term resonance might have led to this tentative mention of the new professional concept. 20 years later, Notes on the Concept of Resonance (1977) was his final paper. Therein, he provides examples of resonance phenomena, based on his earlier definition of resonance as an 'unconscious, highly specific reaction...to a stimulus' (Foulkes, 1971, p.07). In his final paper, he attempts to clarify this, first providing two

36

resonance dictionary definitions. The first is 'synchronous vibration' (Shorter Oxford English Dictionary as cited in Foulkes, 1977, p. 298); the second is 'an amplification of sound due to sympathetic vibration' (Encyclopaedia Britannica as cited in Foulkes 1977, p. 298). Based on these definitions, Foulkes (1977) expanded his clinical observations to group members, who provoke instinctive and inevitable reactions in one another. Triggering events (resonant) might provoke unconscious behaviour, somatic occurrences, accidents and life dramas in people. Responses will include unconscious meaning. The unconscious of the patient generates a vibration with a specific wavelength, which affects relationships, events and life, consistent with the notions of synchronous or sympathetic vibration. If so, it is the unconscious emotional charge that activates events. The reader is left without clarification.

From my perspective, one can experience resonance with an object or symbol, as a reverberation from the self. Resonance could be located in meaning: an inner attunement with others and the environment. When considering relationships and people it is difficult to distinguish resonance from empathy. Reverberation (resonance) is part of the human dyad. Foulkes' insight that resonance is an unconscious factor stirring awareness, fits with my experience. In the current thesis, resonance is considered a conscious intervention involving purposeful attunement, used by counsellors to communicate effectively with clients, hopefully enhancing self-understanding and meaning making. What clients need to convey could be a reverberation of their own self, which is located in the therapist.

Foulkes (1977) clarified the relationship of resonance to transference, arguing that it has an affinity with transference, projection and introjection via communication and that resonance is a communication process centred on meaning making, illustrating his understanding with an example. A colleague of his, Brown, developed his work some years later.

2.2.2. Brown

Resonance and Reciprocity (Brown, 2006) is a collection of papers spanning 1976 to 2003. Brown (2006) described resonance as part of the 'secure relationship' (p. 93), and as including identification, mirroring, socialisation and communication - aspects of confrontation fundamental to therapeutic group effects. He proposed that our relatedness deepens via identification or resonance and is further enhanced via empathic sensitivity. He therefore linked resonance and empathy, yet distinguished

the concepts. Empathic understanding enables introspection, which, in addition to resonance, leads to the discovery of an inner world of relationship. According to Brown (2006), resonance contributes to personal autonomy: the secure relationship is necessary because resonance is a mirroring or attunement intervention. The secure relationship fosters the courage to confront oneself as part of resonance and to bring unconscious vibrations, feelings and images to the therapy, which a skilled counsellor can sense and witness introspectively via the relationship. The terms resonance and identification are used interchangeably. Further work is required to clarify their similarities and differences.

2.2.3. Bateman

In a foreword to *Resonance and Reciprocity* (2006) by Professor Antony Bateman, he describes resonance as related to resilience or mentalising (Fonagy et al., 2002). Resonance leads to the development of resilience and mentalising, allowing clients to make meaning from traumatic experiences, foster a positive outlook and be released from victimhood, taking behavioural responsibility. The absence of mentalisation is described as leading to somatisation and impulsive behaviours, because the emotional turmoil lacks meaning. Bateman allocates an important function to resonance in counselling/psychotherapy. Resonance helps in the reprocessing of lost, repressed, forgotten and compartmentalised experiences, which are fundamental to client wellbeing. Resonance is thus a confrontational intervention: people repress and forget traumatic experiences because they feel threatened, and resonance cautiously aids the reprocessing of such experiences, keeping the relational stage and resilience of the client in mind. Integrating the reprocessed material is the next step in the therapeutic work.

2.2.4. Berman

According to Berman (2012), resonance embodies the relational perspective; 'a therapeutic communication form, with spontaneous qualities elaborated via reflection and thought as the basis of empathy and identifications' (p.188). Resonance enhances relational experiencing and deepens communication and understanding of each other, vital for clients' self-understanding. She further asserts that empathy allows one to feel their way into the worldview of the other (affective empathy) and gain awareness of the client: resonance enhances empathic capacity and vice versa. Resonating with the other could also enhance one's ability to experience his worldview, via an automatic process or, as Berman implies, a

reflective, spontaneous, communicative form of reality checking. This strongly supports the conceptual relationship between empathy and resonance. Including empathy material to compare and describe the link between resonance and empathy would have strengthened the study.

Berman describes resonance as an attunement response, cautioning that resonance can trigger defences in those not ready to respond. This is consistent with Brown (2006), who states that resonance can be confrontational. According to Berman, resonance facilitates self-recognition of split off self-states, which can be projected on to others, powerfully presenting the universal psychic life as a form of communication, a representation of the true self. These are logical assertions based upon her practice, which would have been more convincing had there been evidence of the interplay between the concepts for which she argues.
Berman offers insight into meaning awareness, intimacy, the reduction of intra psychic tension, authentic relating linked to empathy, spontaneous mind-to-mind communication and mutual recognition, all of which enhance empathy. Berman's paper approaches the concept of resonance using one in-depth clinical example.

2.3. Resonance: Summary and Conclusions

There are few studies on resonance in therapeutic counselling and psychotherapeutic relationships. Most are observational and there is extensive overlap.

Watkins (1978) defined advanced therapists as those with the capacity for resonance, for feeling with the other and thus for aiding understanding of the other via subjective experience, observed via introspection. Understanding is part of the resonance process (Watkins, 1978; Larson, 1986; Sprinkle, 1895). Watkins (1978) distinguished resonance from transference and counter-transference, arguing for replication, an automatic process whereby the identofact is transmitted to the therapist. Larson (1986) and Watkins (1978) therefore agree on resonance as alignment.

Sprinkle (1985) extended the work of Watkins, adding the term 'Prime'. Prime describes mutual experiences and the inner impressions of the client, as they relate directly to client difficulty. This arguably confirms the findings of LaPlance and

Pontalis (1973, 1988), who describe resonance as an unconscious form of communication.

More recently, Schmid and Mearns (2006) and Mearns and Thorne (2013) described forms of resonance, both arguing for the dialogical relationship as a foundation or container, in which resonance occurs. This is similar to the group psychotherapy literature, where Berman (2012) argues for resonance as relational.

The work of Foulkes from 1957 to 1977 is central to the group psychotherapy resonance literature. Foulkes (1984) considered resonance an unconscious form of communication, introducing the term 'reverberation' (p. 290). According to Foulkes, resonance and woundedness embody a therapeutic relationship: the self is echoed in the other, to make meaning. Brown (2006) expands upon Foulkes work, using identification interchangeably with resonance and relating empathy to resonance, with resonance facilitating introspection. Introspection is arguably an action, which also enhances empathy. Watkins (1978) does not describe introspection as resonance, but refers to introspection as facilitating resonance.

Resonance informs clients about themselves via the communication of resonant exchanges. Resonance can draw people closer, in an attuned relationship. This is similar to empathy, but occurs through being rather than thinking (empathy): although the mechanism differs, the outcome in both cases is understanding the other. This collaborative sharing of the client's vibration and communicating it back in an understanding way, creates a vibration of understanding expressed via verbal and bodily communications, both conscious and unconscious. It is a powerful relational intervention, which challenges clients struggling to confront themselves, bringing sensory information into language and awareness. Resonance yields vibrational material from the client, available for reordering via language if caught (via introspection) and conferring meaning. When the counsellor reverberates in tune with the client, it communicates deep understanding.

Following is an exploration of empathy from two theoretical frameworks, cognitive and affective, in order further to explore whether empathy is distinct from resonance. The relationship between resonance and identification is reviewed separately. Identification is used interchangeably with resonance (Watkins, 1978), requiring a separate section within the review.

2.4. Empathy Literature

This part of the review aims to explore empathy and how it relates to resonance. In their descriptions of resonance, researchers sometimes describe empathy. Although these could be terminological errors, this is nevertheless evidence of a close conceptual relationship between the two terms. In the current thesis, the view is that empathy could precede the attainment of empathic resonance.

2.4.1. Definitions and theories of empathy

In the English language, the word empathy originated from two sources. The ancient Greek word, *pathos*, translates to 'emotion, feeling, suffering or pity'. The German word, adapted from *Einfühlung*, translates to 'in feeling/feeling into', first appearing in Robert Vishcer's (1873) PhD. The psychologist Robert Titchener translated *Einfühlung* as 'empathy' in 1909. Titchener's translation also originated from the Greek *empatheia,* meaning to enter or be with suffering or passion (Schmid, 2001). The etymological root of *empatheia*, coupled with its use as the translation of *Einfühlung,* defines empathy as a relationship of meaning and understanding, attained via being with, merging, fusing and entering another's frame of reference. These meanings are relevant for the current study, which focuses on how we attune and then align with one another and ultimately empathically resonate together.

2.4.2. Main theories of empathy

The vast field of empathy research reveals that empathy is variously understood (Reik, 1972; Gladstein, 1983; Davis, 1990; Duan and Hill, 1996; White, 1997; Churchill and Bayne, 1998; Preston and de Waal, 2002; Waldinger et al., 2004; Batson, 2009; Davis, 2009; Eisenberg and Eggum, 2009). Cuff et al. (2014) list 43 definitions from the main contributors to the literature on empathy.

A foundational definition is the one advanced by Rogers (1957): to 'sense the client's private world as if it were your own' (p. 243). This implies the sharing of emotional experience whilst not forgetting that this sensing of the other's world is not our reality. Hein and Singer (2008) similarly view the difference between empathy and sympathy as 'feeling as and feeling for the other' (p.157). These represent two very different emotional positions: re-experiencing the emotional state of the other versus having pity and concern for the emotional experience of the other - the difference between feeling *with* and feeling *towards* the other. These

definitions are evidence of the close conceptual link between empathy and resonance, defined by Watkins (1978) as 'co-suffering, co-experiencing', a version of 'feeling as if' (Rogers, 1957, p. 243).

In order to further understand empathy and gain deeper insight into the concept, it is crucial to look at how we attain empathy. This is thought to occur in two main ways, explained according to two theories: the affective account (Mehrabian and Epstein, 1972; Hoffman, 1984; Eisenberg and Miller, 1987) and the cognitive account (Kohler, 1929; Piaget, 1932; Mead and Morris, 1934). Rogers, et al. (2007) summarise both theories: the affective account as an emotional response to the affective state of the other, and cognitive empathy as the process of understanding the perspective of the other. Gordon (1992, 1995, 2000) and Goldman (1989, 1992a, 1992b, 1995) further distinguish the affective account, also known as emotional empathy or simulation, from the cognitive account by Dymond (1949) summarises simulation. Placing ourselves via imagination or mind (cognitive theory of empathy) in the world of the other, we attempt to recreate that experience and intuit the experience of the other (Gordon, 1996). Kohut (1984) described empathy as the ability to feel, via thinking, into the inner life of the other. The two main theories contrast with affective simulation, which is similar to the contrast Watkins (1978) proposed between replication and thinking.

In sum, according to the simulation account, we automatically simulate the thoughts and feelings of the other; according to the cognitive account, we engage in a thought process that gives rise to empathy. Ravenscroft (1998) claimed the majority of normal adults, those without brain damage or other psychopathologies, have the ability to imagine the world of another and that empathy is enhanced when we have experienced similar events. This overlaps with the (partial) identification aspect of resonance discussed earlier; partial identification could thus be important for both empathy and resonance. By contrast, Ickes (1997) argues it is the ability to conceptualise and accurately infer the content of the other's experience that gives rise to empathy, implying it is a cognitive process.

Both theories describe the capacity for empathy and offer clear pathways to attain empathy. In my own practice, I use both theories, creating inner images and imagining the experience, thinking my way towards the other, which encourages reflection on emotional material. Further, being attuned to the client triggers affective simulation, which occurs almost instantaneously, as a consequence of

deep listening. Ravenscroft (1998) is consistent with my own experience in that similar experiences - partial identification - appear to influence our capacity for empathy, our ability to locate and align with client experiences. This alignment becomes a knowing awareness of the other person, whereby the therapist attains subjective knowledge essential for successful therapy.

Rogers (1957) and Kohut (1959) identify empathy as an essential therapeutic concept, leading to many new and important developments in empathy psychology. In this section, empathy is considered in relation to two core theoretical orientations in counselling and psychotherapy: person-centred and psychodynamic. Both schools have made major contributions to empathy. In the current thesis, these theories are used as a foundation for the conceptual links between empathy and resonance.

2.4.3. Person-Centred Therapy and empathy

Rogers (1957) identified three core therapeutic conditions as essential to client change: empathy, unconditional positive regard and congruence. He described empathy as follows:

> To sense the client's private world, as if it were your own, but without ever losing the 'as if' quality- this is empathy, and this seems essential to therapy. To sense the client's anger, fear or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it. (p. 243)

Rogers (1957) described a sensing ability that enabled empathy - in this sense, empathy can be conceptualised as a perceptive 'process' (Finlay, 2016, p. 47), consistent with the simulation account. Rogers (1959) centred empathy on the accurate perception of the internal frame of reference of the other. This includes perceiving the emotions and meaning symbolism of the communication, while remaining aware that it belongs to the other. Empathy without the 'as if' (Rogers, 1959, pp. 210-211) is identification (Teich, 1992c).

In the resonance literature, identification is presented as part of resonance (Brown, 2006; Watkins, 1978). Watkins uses these terms interchangeably. Initially, identification was not part of empathy (Rogers, 1957), which separates empathy from resonance. However, Rogers shifted his view by 1959, concluding that identification was part of empathy, which therefore further links the two concepts. Schmid (2001), cautions against over identification with the other person or

dissolution of oneself in the emotions of others, whilst ignoring the boundaries between self and other; that doing so can cause confusion about what belongs to the self and the other.

While Rogers (1957) described empathy as a perceptive process, Schmid (2001, considered it a searching process, with resonance a perceptive process. This evidences further overlap between empathy and resonance, with both concepts described as perceptive processes. In my own clinical practice, I experience empathy as a searching process, and simultaneously attempt to sense the mystery of the other (Rogers 1957).

The study by Schmid (2001) would be strengthened with clinical examples to support the reflective material presented, as it lacks clarity. According to Schmid (2001), empathy towards the other is not used 'in order to get knowledge about somebody' (p. 5), but rather that it 'is an expression of presence, because it is in existential wonderment, related to what the other is experiencing' (p. 6). Whilst resonance processes might embody aspects of empathy, resonance as an authentic communication seeks more than presence and subscribes to knowledge, understanding and discovery (Watkins, 1978). Likewise, the aim of empathy is to 'sense the client's anger, fear or confusion' (Rogers 1957, p. 243), which is informative and builds understanding. I disagree with Schmid (2001) that empathy is not a process to attain knowledge of someone. We do seek knowledge of client experiencing in order to aid client articulation. Knowledge about their feeling state enhances attunement, emotional regulation and catharsis. Presence is arguably the fertile ground from which both empathic or resonant communication spring. This also relates to mindfulness, both as a state of being and as a means of introspection, which enables empathy and resonance, facilitating an understanding of the other.

Rogers (1959) emphasised the understanding empathy enables, recognising the therapist's endeavour to perceive the client's internal frame of reference. Empathic understanding, which relates to emotional and effective experiencing, became Rogers' preferred term. He emphasised the importance of understanding client perceptions by voicing meanings of which clients could be unaware, enhancing emotional processing and the perception of hidden feeling states. This is a form of reality checking using empathy, which enables clients to perceive obscured parts of themselves. Empathy with client pain and suffering can enable self-awareness,

aiding the release of suffering with support. The client is no longer alone with his angst and pain; the therapist has acknowledged his subjective experience.

A persistent theme throughout Rogers (1957) was using empathy to seek client subjectivity (towards the other), while focusing on the client's frame of reference, which reduces emotional entanglement with the client. Rogers (1949) provides examples to emphasise the towards-the-other orientation of therapeutic attention. Resonance processes are also directed towards the other, which are evident in the dialogical relationship, and arguably deepen the therapeutic relationship (Clarkson, 2003).

Some have criticised the validity of the client-only frame of reference approach. Kalish (1973) and Hart (1999) argued that it is impossible to compartmentalise our own frame of reference. In the current thesis, the same view is taken, that it is impossible not to bring our own similar experiences into client interactions, yet there must be an awareness of this as part of the empathy process. Rogers later expressed empathic interventions from his frame of reference (Personal Communication with Villas Boas-Bowen, 1996 as cited in Johnson and Farber, 1998) including acknowledging personality, history and perceptions of the therapist. According to Hart (1991), a therapist's feelings require expression if persistent. As a therapist, one's own frame of reference could, therefore, via partial identification, attune one to the client.

Over identifying with clients and blurring interpersonal boundaries could be dangerous - therapists must be aware of contagion in all therapeutic work (Clarke, 2013). Caution with both empathy and resonance processes is therefore crucial. Clinical work, which seeks extension, beyond our frame of reference, towards the world and inner frame of the client, should proceed carefully. Mindful awareness is prudent for all therapists, and yet over caution is counterproductive when we fail to experience the client's inner world. Less self-aware therapists, more liable to lose themselves, might risk confusion: their blind spots could overwhelm them and must be self-monitored. Self-awareness could extend empathic capacity without the loss of self, and an intentional aware permeability could be the middle ground. This contrasts with Rogers' (1959) 'as if', allowing a deeper, more accurate experiencing of the client, with careful self-monitoring.

Mahrer's empathy (2004) includes identification, supporting the conceptual link between empathy and resonance. It situates empathy closer to resonance, describing empathy as therapist alignment with the client. He describes dissolution of the self-other boundary with a loss of conscious awareness of being oneself, a therapist with one's own identity, experiencing the self of the other person (Mahrer 1997). This 'process-experiential approach' to person centred therapy was continually developed by Mahrer (2004). This could lead to intersubjective confusion and would need to be approached carefully, with a high degree of self-awareness. It does, however, include the notion of alignment with the client, consolidating the link between empathy and resonance, as alignment is also referred to as part of the resonance process (Watkins, 1978; Larson, 1986).

Consistent with Rogers (1949), Mearns and Thorne (2013) described the empathic process as a continual setting aside of one's worldview. They state that experiencing and perceiving in order to accurately respond to client perceptions can cause therapists to feel and experience the client's authentic thoughts and feelings as acutely as if they were originating from the therapist's own self. Rogers (1996) later moved towards using his own frame of reference. It is arguably impossible to set aside one's worldview entirely. Nevertheless, it would be a mistake to imagine that similar experiences are perceived the same way. We cannot necessarily set aside our worldview but we can use it to inform a sense of the experience of the other, while remaining open minded to the other.

Person-centred empathy overlaps significantly with resonance in the literature. The psychoanalytic literature on empathy is explored further below.

2.4.4. Psychoanalytic therapy and empathy

In this section, the main contributions to empathy from the psychoanalytic school are presented. There is a short exploration of the concept of projection/projective identification, widely considered the underlying mechanism of empathy.

2.4.4.1. Kohut's Self-Psychology

Empathy is fundamental to the work of Kohut (1959). He proposed that empathic failures in parental and other relationships lead to self-structuralisation processes in patients. These deficits in parental relationships can be explored with the empathic therapist, creating a positive developmental environment. This empathic way of

relating fosters a safe place when there are rare therapist empathic failures. This can allow a client to tolerate the painful experience of being let down, strengthening former self-structures. Self-psychology views developmental and relational processes as enmeshed (Lessem, 2005). Alignment and attunement are crucial to research in this domain. Kohut located empathy at the very heart of psychoanalytic theory and technique (Grotstein et al., 2014).

Kohut (1984) defined empathy as 'vicarious introspection' (p.82), allowing the analyst to orientate himself to the inner life of the other via thinking and feeling (both main theories of empathy), because sensory organs lack the ability to observe the thoughts, feelings and fantasies of the other. Introspection and empathy allows access to these thoughts and feelings (Kohut 1959). Clarification of vicarious introspection suggests our need to think ourselves into the place of the other and their experience, allowing us to locate our inner experiences (Kohut, 1959) and use these therapeutically. According to Kohut (1984), empathy facilitates access to the psyche of the client. By contrast, Rogers (1959) cautions separateness.
The empathic method Kohut practiced contrasts with the 'as if' conceptualisation of empathy Rogers proposed. Rogers emphasised separateness (relational distance) in his 'as if' description, while Kohut (1984) advocates a moving towards the patient: a 'think[ing] and feel[ing] oneself into the inner life of another person' (p.82), Kohut's empathy is 'experience-near' (Rowe and MacIsaac, 1989). This could foster a deeper understanding of the client when coupled with introspection. In his conceptualisation of resonance, Watkins (1978) emphasises the need for introspection and how this aids resonance and thereby understanding. Vital clinical knowledge about the client is obtained through shared constructs, using empathy and resonance. Our ability to respond accurately to clients is significantly enhanced when we are acutely aware of how someone thinks and feels.

According to Kohut (1977), empathy works to acquire psychological information, and should not be described as compassion, kindness or benevolence. By contrast, Mearns and Thorne (2013) argue for empathy as presence. Kohut proposed listening introspectively, to gather data relating to the inner life of the patient (Wispé, 1987). This is the essential use of empathy from the psychoanalytic perspective - to aid reflective interpretations of implicit and explicit client expressions (Kohut, 1984), also described as a 'hermeneutic circle' (Agosta, 2014). Introspection is not a rigid concentration of attention upon the content of consciousness, but rather a relaxed attending that allows emergent material to 'pop into one's mind' (Agosta, 2014, p.

52). Kohut and the psychoanalytic school teach us how to attend to inner impressions, and emphasise introspection.

The notion of vicarious introspection proposed by Kohut (1971) is deepened by Freud's introspective receptivity or empathic receptivity of oneself when listening to the patient. Freud (1912) called this technique non-directive: the 'evenly suspended attention' while being open to 'all one hears' without 'deliberate concentration', triggering 'selection', proposed by Agosta (2014) is reminiscent of this Freudian idea. Selecting material runs the risk of failing to discover anything new. Purposeful focus risks the essential bypass of new knowledge (Freud, 1912).

Kohut's perspective on Freud's 'evenly hovering attention' (Agosta, 2014, p. 53) is that the therapist opens to the other via empathic receptivity, the mechanism of this kind of introspection. The analyst must '[b]end his own unconscious like a receptive organ towards the emerging unconscious of the patient… the physician's unconscious mind is able to reconstruct the patient's unconscious' (Freud, 1912, p. 115-116). Freud did not write about empathy, but he did offer insights into how to listen internally for information about the patient, which may have arisen in himself, and could be used to inform analytic interpretations.

Understanding empathic receptivity is important because it links empathy with resonance. According to Agosta (2014), 'bottom up' empathy with a 'lower boundary' (p. 80) allows emotional contagion, suggesting a self-permeability stance. Contagion is evidence of receptivity, Freud's 'receptive organ'. Empathic beingness, where contagion occurs, is reminiscent of resonance as proposed by Watkins (1978), consolidating the relationship between resonance and empathy.

Criticism of receptive empathy could include a lack of feedback from patients. Kohut reflects upon our empathic reliability as a major psychotherapeutic instrument. Empathy declines as individual differences become salient, which makes a case for the use of partial identification in empathy. Early developmental challenges hinder our empathic ability (Kohut, 1971), reducing mentalisation and resilience and leading to long-term psychological problems. Developing empathic abilities for others and ourselves is thus beneficial.

Clark (2007) proposes some solutions for shortfalls in the empathic method; for example, the client and therapist having similar backgrounds. Differing backgrounds

can block identification with each other. Severely traumatised patients require a longer understanding phase, during which the therapist comes to feel what the patient experiences, via identification (Kohut, 1984). This strengthens the idea that empathy and resonance are closely related, via identification.

2.4.4.2. Klein

Klein (1955) proposed that empathy is based upon projective identification. Empathy as projective identification – as a defence mechanism – is paradoxical. She contrasts projective mechanisms with introjection: the former referring to the locating of some internal aspect of self in the other; the latter the taking in of some internal aspect of the other. She describes the process of identification as being founded upon similar qualities or projected attitudes, and believed psychoanalytic theory, until that point, had overlooked this mechanism.

Infants use projective identification as a defence mechanism; in later life, adults to a greater or lesser extent continue to project defensively onto objects material they find intolerable (Klein, 1946). Projective identification operates unconsciously. Its function is a defence against destructive impulses that trigger immense anxiety. These are difficult for the infant to contain and are usually projected towards the mother. Hatred of parts of the self are directed towards the mother because the infant's impulsive drive is to harm, and later control, the mother, who is experienced as a persecutor. Parts of the ego, good and bad, are split off and projected into the world outside. If the mother becomes the idealistic ego, it weakens the developing ego: the infant feels he has entered the other person. Richmond (2004) describes projective identification as narcissistic and as involving a misunderstanding of self-other boundaries, leading to a self-other merger, whereby the mother becomes an extension of the self. This relates to empathy in the context of Klein (1959), who describes how we put into others 'some of our own emotions and thoughts…we are putting ourselves into the other person's shoes' (pp. 252-253). If this direction is pursued, the risk is a loss of self and a lack of objective judgement.

Klein describes our degree of identification with the other as a choice, a conscious mechanism of human relating and communicating, rather than projective identification (Klein, 1959). She considers the mechanism underlying empathy as identification, not necessarily projective identification (Klein, 1959). Excessive empathy or the loss of the self, she terms projective identification. According to

Hinshelwood (1991), putting oneself in the shoes of the other is empathic; as is inserting a part of oneself into the position of someone else in order to perceive their experience.

In Kleinian terms, consciously projecting one's personal history as a frame of reference (identification) informs empathy. I believe this is Klein's meaning, which became clearer by 1959. Her tentative statements in 1959 implied a relationship between identification and empathy, suggesting that life experiences can be projected as part of identification. Once consciously traversed and reintegrated, identification, including unconscious identification, becomes part of empathic interpretation according to the psychoanalytic model, linking empathy to resonance.

The conceptualisation of empathy advanced by Kohut (1984) is consistent with Klein (1959) because both recognise identification as part of the process. The analyst explores the personal history of the patient as a basis for empathic relating. If we are to interpret Klein to mean that therapists project an understanding (identification) that informs empathic attunement, no further exploration of empathy and the related projective identification is necessary. Klein did not further clarify her meaning, however, necessitating further exploration of the literature, including the work of Jung, to ascertain whether projection underlies empathy. How we empathise and whether that has a bearing on how we resonate, is important for practice development and awareness as part of this thesis. It is also a factor in determining whether resonance and empathy have different underlying mechanisms.

2.4.4.3. Jung

Jung sought links between empathy, projective identification and participation mystique. His work, *Archaic Man* (1931), outlined the blurred boundaries between individuals, the environment and objects belonging to primitive people, who did not ascribe to individualism but shared a collective relationship. According to Jung (1931), projection is one of the most common psychic phenomena. Participation mystique (Levy-Bruhl, 1910) is a comparable phenomenon, whereby unconscious contents belonging to ourselves are found in others. Relationships can be damaged as we struggle with seeing in our fellows 'our own inferior side' (Jung, 1931, p. 65). This statement clarifies how Jung viewed the operation of participation mystique and projection. We see in others a characteristic of ourselves and unconsciously

project it onto them. Projection and projective identification are often used interchangeably. In the current thesis, they are referred to as follows:

> Projection and projective identification are identical; in interchangeable terms there can be no projection without identification. (Grotstein, 1981, p. 132)

One person can project material with which the other identifies. Conversely, it is possible to project material or an experience from one's own frame of reference, which informs the identification communication (from one person). Therefore, both concepts have a relationship with empathy, if we agree that projection is the mechanism underlying empathy. With reference to Jung's explanation of participation mystique, Winborn (2014) describes it as a blurring of boundaries between people, the environment, objects and individuals that indicates projective mechanisms. In the case of empathy and projection, this could be useful if we utilise our sense of an experience, such as bereavement, and project that frame of reference into the client as part of an empathic response and identification with that experience.

Based upon the psychoanalytic and person-centred material examined thus far, a tentative statement by Klein (1955) suggests that projection underlies empathy (remembering that projection and identification are interchangeable terms; Grotstein 1981) - an idea which she developed as identification underlying empathy (1959). While Jung considers participation mystique projection (1931), in which boundaries are blurred, Rogers (1959) initially disagreed with this conceptualisation, later changing his view. These originally contrasting views and the maintenance or loss of boundaries later converged across psychotherapeutic schools, with a loosening of inner boundaries. Jung, Klein and Kohut prioritise the role of the unconscious, consistent with a psychoanalytic worldview. My view is that boundaries with consciously enabled permeability are an essential mechanism of empathy, resonance and empathic resonance. It is possible to loosen internal boundaries, as long as this occurs consciously.

Rogers later moved towards a more flexible boundary when responding empathically (Faber et al., 1996), which implies his view that projection (a psychoanalytic term) is part of the empathic process. The question of what a boundary constitutes and what effects boundaries is mentioned in the empathic resonance material. Loosening the inner boundary might be what moves one beyond empathy, to empathic resonance.

51

A number of psychologists and psychotherapists agree with Jung that participation mystique is similar to projection and relates to empathy (Gordon, 1967; Schwartz-Salant, 1988; Field, 1991). Jung (1971) considered empathy a perceptual process, whereby psychic material is projected into the object (client or therapist), causing a subject/object assimilation, usually occurring when the material is from the therapist's frame of reference: '[t]he 'empathized' object appears animated to him, as though it were speaking to him of its own accord' (p. 289). Jung outlines the dynamic between the projection of unconscious content and empathy, describing a kind of boundary fusion. A clue to the empathic aspect of this dynamic lies in the subjective history of the therapist:

> Projection means the expulsion of a subjective content into an object; it is the opposite of introjection (q.v.). Accordingly, it is a process of dissimilation (v. assimilation), by which a subjective content becomes alienated from the subject and is, so to speak, embodied in the object. (Jung, 1971, p. 457)

Jung (1971) clarified the contagion aspect of this process: empathy requires the therapist to yield to the sense of the other and allow emotional contagion. Agosta describes the same process (2014). This is a powerful, revealing process in the relationship.

Content that the patient struggles to tolerate can be projected and requires the awareness of the therapist. Jung (1971) argued that projection and introjection foster empathy, which suggests that therapists possibly project from our own frame of reference in order to empathise, while receiving (introjecting) the projections of clients. This is further evidence that projection underlies empathy. It is also evident that it can be a two-way process: therapeutic empathy is enhanced via our own frame of reference and by projecting that into the client, as well as by the receipt of unwanted material, projected into us, which we can tolerate and with which we can empathise.

From a Jungian and possibly Kleinian perspective, the relationship between Klein's projective identification/projection and contagion via projective processes dynamically shape empathic responding. Does projection precede or have a relationship with resonance that might be associated with the recovery of the dissociated content of clients? Jung (1971) defines projection as, 'a content, a feeling, for instance' (p. 289), which could be a memory, an event, a dream, a trauma, an anxiety, an emotion, anything the patient splits off and projects. Could

resonance processes assist in recovering projected, split off content and reintegrating disowned material? This possibility is explored here.

Winborn (2014), describes participation mystique (projection with an object) from the perspective of being out for a morning run. While settling into his pace on a familiar road, one leaf caught his attention as it fell from the canopy overhead:

> Time and space seemed to collapse inward…It was as if I'd entered a visual/cognitive tunnel…the leaf and I existed in some unseen communion…After a few moments…the enchantment slowly dissolved…The feeling of communion…has now persisted over a number of…The leaf 'spoke' to me in that moment and invited me to participate in its journey. (p. 1)

This depiction of participation mystique provides a sense of how projection and introjection might feel like a two-way communion. The description also overlaps with resonance and empathic resonance.

2.4.5. Summary and conclusions

The main points presented in this section overlap significantly. Empathy is an attempt to feel into the world of the other via two main techniques: a simulation of the feeling state or world of the other, and thinking our way towards the world of the other, using imagination. It represents an attempt to attain knowledge of the inner life of the other and to understand the other. Understanding provides a conceptual link between resonance and empathy.

Numerous factors enhance empathy, including similar events in our own backgrounds and engaging in identification, which influences empathic responding. If, as many argue, identification is part of the empathic process, then so is projection, as identification and projection are synonymous. This consolidates the relationship between empathy and resonance, via the linking concept of identification.

Empathy is considered a searching skill, a process and a perceptual ability. A common assertion is that introspection is part of empathy; whether it represents a part of the process or the whole process is a further aspect of the debate. Ultimately, though, introspection further links resonance to empathy.

The self-other boundary is mentioned in the literature. The differences between a 'near' and 'far' empathy are considered, with warnings about blurring the boundary between the self and the other. This is an important part of the empathy debate. It is plausible that loosening the inner boundary is essential for affective empathy, in which the feeling state of the other is felt in the self via simulation. If we were resistant to loosening the boundary, could empathy occur? Rather than empathically feeling our way towards the other, we would have to rely upon thinking our way towards him. The boundary issue is discussed further in the section on empathic resonance.

Empathic resonance is mentioned briefly in the empathy literature. The term optimal resonance was discarded in favour of empathic resonance, which most closely reflected my own experiences.

2.5. Empathic Resonance

The term 'empathic resonance' recurred throughout the empathy literature. It is synonymous with alignment and attunement descriptions (Vanaerschot, 1990; Prendergast et al., 2003; Hopenwasser, 2008; Siegel, 2010; Decety and Ickes, 2011), potentially bridging resonance and empathy. How do empathy and resonance relate to empathic resonance and could this concept be the culmination of both empathy and resonance, as its name implies? Alternatively, might the term represent a stage that transcends both empathy and resonance? Empathic resonance is the heart of the current thesis. I formerly described it as 'optimal resonance', because practice observations evidenced deep alignment, moments of deep pause and unspoken communication along with emergent dissociated material accessible via introspection. It appeared to differ from yet be related to empathy, but exactly how remained unclear. The starting point for examining this concept was a simple definition by Decety and Ickes (2011):

> It is part of the therapist's task to resonate effectively with the client. Empathic attunement refers to the therapist's effort for engagement in empathic resonance. (p. 116)

This definition was important evidence of the conceptual link between resonance and empathy. In order to resonate with the other, it appears that one must simply attune with the self of the other via empathy, attaining empathic resonance. Whilst this is a helpful statement, which supports the conceptual link between empathy and

resonance, empathic resonance conveys understanding and facilitates the emotional processing and experiencing of clients (Vanaerschot, 1993). It is an inner form of listening (Vanaerschot 2007). In 1975, Rogers stated that one does not set oneself aside when empathically resonating, a significant shift from his earlier work (Rogers, 1957, 1959). When the therapist is empathically resonating, he is a receptive presence, using himself as an instrument while remaining open to client correction (Vanaerschot, 1990). Empathic resonance and empathic attunement are interchangeable; empathic attunement is synonymous with client resonation. Understanding links this concept with resonance and empathy. With empathic resonance, however, there is a further step in the therapeutic process, the need to facilitate emotional processing. Emotional processing and catharsis profoundly transform the residual energy of a situation or experience for a client; a transformation essential for change and growth. In empathic resonance, the self is not set aside, suggesting that the self is an essential part of the process. This concept emphasises presence as an important way of being with a client.

Empathic resonance bears experiential witness to client expression, via felt sense, in the therapist's body, implying hidden experiences that become available for client checking (Vanaerschot, 2007). Empathic resonance therefore seems to be a tool with which to read people's unique vibrational tones, enhancing relational tuning as ongoing relational monitoring, which could inform interventions and reflections. As a form of introspection, it could relate to Freud's (1912) evenly suspended attention and the importance of 'turning our unconscious to the unconscious the patient' (pp. 115-116). This supports the argument that introspection is part of the process of resonance. It is important to know whether felt sense perception (Gendlin, 1978) or mindfulness is used in this process, to enhance attunement.

Barrett-Lennard (1993) outlined the empathy cycle in three phases: empathic resonation, expressed empathy and received empathy. Before Phase One, empathic resonation, the authors describe active openness to introspective knowing of the other, as a precondition for empathy. The preconditions precede the next steps, during which person A resonates experientially with person B. Empathic resonance is 'experiential understanding' (Barrett-Lennard, 1993, p. 6). Material from clinical observation suggests that empathic resonance precedes empathy and resonance, whilst acknowledging the authors' 'still evolving view of empathy' (1993, p. 1). I disagree that empathic resonance is limited to experiential understanding. This perspective implies that empathic resonance precedes empathy and the

communication of empathic responses. From the example, it could be argued that resonance and empathic resonance are interchangeable, if 'A resonates with B'. The use of the term empathic resonance in this instance does not evidence the facilitation of client experiences (Vanaerschot, 1993) nor recognise our deepest contact with others, which occurs after alignment and attunement, after receiving client symbols, interpretation and checking via empathic resonance. This use of empathic resonance is similar to that by Decety and Ickes. (2011). Resonance could be substituted here, making it clear that some use this term simply to express empathy as a form of resonance (resonating empathically); whereas for others, it represents a stage beyond empathy.

Greenburg and Elliott (1997) conceptualise empathic resonance as a focus upon the client's moment-by-moment experience as the most accurate attunement we can accomplish with the other. Immediate experiencing is focused on, in order to 'join' with the client in understanding what is occurring by accurately listening to content and inflection as it emerges in each moment. This differs from the Rogerian (1959) 'as if' (empathy stance), separating empathic resonance from empathy and defining it as beyond empathy. This is because we are not feeling for or thinking our way towards the other, but rather experiencing a shared moment with him, in addition to empathising. According to Greenberg and Elliott (1997), empathic attunement is 'an unmistakable, but difficult to describe experience' (p. 174). There is therefore a gap in the knowledge on empathic resonance descriptors. A further study could deepen our understanding and application of empathic attunement/resonance, consistent with the aim of the current thesis.

Empathic resonance is 'the shared field of awareness'; being together intimately, leads to, 'dropping into a deeper place together… therapists accurately attuned to their clients' inner experiences without being lost in them' (Prendergast et al., 2003, p. 101). According to this conceptualisation, empathic resonance differs from projective identification in that it is an unconscious phenomenon, but the two can coexist: clinical maturity allows the therapist to separate the two phenomena, using introspection. The client's deep self is available in intimate moments, not to be confused with the 'erotic transference' (Freud, 1915), which involves feelings of love tinged with sensual or sexual feelings of a client towards the therapist. Erotic transference has a different emphasis and is not empathic resonance.

Siegel (2010) describes interpersonal attunement as focusing on another person while aiming, via awareness, to feel the other's internal state. He describes empathic resonance as two entities resonating via mutual attunement and coupling as a whole, as the inner state of one another is harmonically absorbed into themselves. The other can detect the attunement/empathic resonance in his own mind; they become a 'we' beyond understanding and more deeply engaged (Siegel, 2000). This description supports the subjective recognition of empathic resonance. The term coupling is relevant. However, each person remains autonomous. Coupling fits with the 'we-self' (Reis, 2009). Empathic resonance according to Barrett-Lennard (1993) differs vastly from Siegel's conceptualisation, which is 'beyond understanding and into engagement' (Siegel, 2000). The perspective adopted here is that empathic resonance could represent both engagement/coupling and a deepening of understanding, with a simultaneous quality that transcends both empathy and resonance: the deepest attunement or alignment.

Substituting the term attunement for resonance, Hopenwasser (2008) used terms from biology, physiology and psychotherapy to define empathic resonance, including 'in sync' or 'getting the vibes' (p.349), which are similar to resonance descriptors. The word attunement loses its sense of the process as embodied/co-constructed, as Hopenwasser (2008) describes it as a 'mutually held state of attunement', neither a 'do to you' nor 'do to me' experience (p. 350). It describes a spontaneous process. This separates attunement from projective identification, transference and countertransference processes, because these are unconscious processes whereby something pertaining to the self is projected into the other. Hopenwasser (2008) defines attunement as:

> Synchronised, simultaneous awareness of knowing that is non-linear and fully bidirectional… a form of knowing that is considered unconscious procedural knowledge. (p. 351)

Attunement has also been conceptualised as implicit relational knowing (Lyon's-Ruth, 1999), defining it as a sensing beyond cognitive awareness. Hopenwasser (2008) explored unconscious knowing and dissociative knowing by analysing clinical vignettes supporting her argument for the dissociative attunement, so an attempt by the therapist to tune into the client specifically to receive dissociated material, while sensing 'transcendental awareness' (an argument for a link with the transpersonal).

Hopenwasser (2008) also described attunement as both a healing moment and a healing force, arguing that unconscious knowing (hidden material) is required for attunement when there is a lack of prior relational attunement. This provides a link with dissociative attunement (relational) and dissociative material. Her mention of vicarious traumatisation constitutes a warning about engaging with traumatised clients who have dissociated experiences, a reminder of the risks of loosened boundaries. When allowing the other into self, a client's traumatic material could overwhelm the therapist. Nevertheless, attunement is vital for healing. Empathic resonance is therefore important for mentalisation (Fonagy et al., 2003). It is vital for self-regulation and for shifting us away from fear and other disorganised traumatic states (Tomkins, 1962): '[t]he roots of resilience are to be found in the sense of being understood by and existing in the mind of a loving, attuned and self-possessed other' (Fosha, 2003, p. 228).

The terms 'somatic resonant energy', 'empathic attunement' and 'affective resonance' (Hopenwasser, 2008, pp.354-360) are also used. Such descriptions further clarify her conceptualisation of attunement; in particular, 'somatic' energy as part of trauma. Therefore, by linking somatic resonant energy and empathic attunement, the relationship between empathic resonance and trauma (dissociation) is strengthened. The aim of this thesis is to seek new knowledge of the relationships among empathy, resonance and empathic resonance as attunement processes, along with concepts that facilitate and elucidate this phenomenon. Hopenwasser (2008) argues for the crucial therapeutic ability to attune to dissociated client material. She terms this dissociative attunement, further consolidating the link between attunement processes and dissociated material and their effect on client change.

Decety and Ickes (2011) outline the importance of empathic resonance for client transformation, believing that it instigates meaningful communication. They agree with Rogers (1957) that it constitutes the most basic condition for therapeutic change. An informative phenomenological account highlights their empathic attunement teaching. Empathic resonance assists clients in multiple ways, including, self-expression, creative adaption, emotional regulation, self-understanding, improved interpersonal interactions and personality development (Decety and Ickes 2011). This work evidences the wide clinical application of empathic resonance.

As a practitioner with growing yet difficult-to-define experience in clinical work, empathic resonance is understood as a concept located in the transpersonal relationship (Clarkson, 2003). These curious empathic resonant experiences and the attainment of knowledge outside ordinary means were mysterious. It is not until the expansion, the extension, the beyondness of empathy and resonance has occurred, that knowing attained via other means is encountered. Transpersonal knowing or the kind of knowing that occurs with empathic resonance, is fleeting and 'prior to there being anything of which one could 'have knowledge'' (Hart et al., 2000, p. 15). Is there a transpersonal aspect to empathic resonance? It is vital to search the literature with this in mind.

Rowan (2005) uses the term linking, originally from a thesis by Budgell (1995), who described 'moments of near fusion…the transpersonal sense of relinquishing the self…working through pain and fear…a sacred, natural experience...from the transpersonal realm, a step beyond empathy' (Budgell 1995, p. 33). This expands the definition of empathic resonance, if these descriptors echo the experiences of this work, which they appear to do. The rest of the chapter outlines Rowan's descriptions of the phenomenon from numerous perspectives and advances a clear argument for why it differs from empathy, projective identification, countertransference and identification. This constitutes important evidence that empathic resonance could be this same phenomenon. Vitally, however, it has a transpersonal aspect, consistent with Hopenwasser's (2008) 'unconscious knowing'. In the current thesis, therefore, the question of whether empathic resonance touched the transpersonal domain and realm of knowing was considered.

Lastly, this thesis draws upon various psychotherapeutic frameworks, but more so from the person centred approach than the psychoanalytic field. Although there are limitations regarding the extent to which the literature review can be developed it has been noted that there are links between these two frameworks. In particular there are numerous contemporary psychoanalytic theorists attempting to conceptualise forms of attunement. Examples of whom include Bion (1989) with his conceptualisation of 'reverie', Stern's (1985) 'interaffective attunement' and Bollas (1989) 'unthought known' which is also comprehensively discussed in Nettleton (2017).

2.5.1. Empathic resonance: summary and conclusions

Empathic resonance is an important therapeutic task, attained using empathic attunement (Decety and Ickes, 2011). The process enhances understanding of the other and supports emotional processing and experiencing (Vanaerschot, 1993). It differs from the idea of empathy as setting oneself aside (Rogers, 1957). Indeed, oneself is not set aside (Rogers, 1975), suggesting that attaining empathic resonance requires a more flexible self-boundary, consistent with my earlier suggestion of a permeable boundary, and possibly relating to Budgell's (1995) linking and relinquishing of the self.

Empathic resonance is described as an inner form of listening (Vanaerschot, 1990), which has an introspective aspect. Although Vanaerschot (1990) argues that empathic resonance is interchangeable with empathic attunement, this statement could be misleading. If person A vibrates with person B, they are arguably attuned. Therefore, the attunement process itself preceded alignment, which is evidenced by their empathic resonation. Vanaerschot (2007) expands upon this conceptualisation of empathic resonance, emphasising the need for ongoing reattunement. How one might reattune is not mentioned in the context of empathic resonance.

A focus on moment-by-moment experiencing (Greenberg and Elliott, 1997) is central to a way of being with the other that allows empathic resonance. This supports more recent descriptions of being together intimately, while attuning to the inner life or experience of the client, without straying and becoming confused by how the therapist experiences the other (Prendergast et al., 2003).

More recent work (Siegel, 2010, 2014) focuses on successful attunement processes to attain coupling, which is synonymous with empathic resonance, possibly its point of origin. Empathic resonance includes melding with the inner state of the other (Siegel, 2010). This deep level of resonation facilitates relational awareness or knowing (Lyons-Ruth, 1999) and retrieves information from the psyche (Hopenwasser, 2008). This implies that unconscious material not previously available to the client could be used therapeutically, effecting positive client change. When we consider empathic resonance, it is important to consider what we come to know about the other and how this phenomenon accesses that information. Explanations for this way of knowing are most certainly to be found in the transpersonal domain (Hopenwasser, 2008; Lyons-Ruth, 1999). If the term linking

(Budgell, 1995) equates to empathic resonance, the view held here, empathic resonance might have a transpersonal facet (Rowan, 2005).

In the following sections, the neuroscience findings are reviewed. Important empirical findings of how physiological brain structures and functions facilitate empathy and resonance processes, is examined. Humans appear to be hard-wired for these experiences.

2.6. The Neuroscience of Empathy

In this section, the physiological evidence for how the brain is activated when we are engaged empathically, is examined. It grounds many of the previously explored concepts in another, more tangible framework. Empathy as a multi-layered phenomenon, existing between cognitive processes and emotions (De Waal, 2008; Bernhardt and Singer, 2012) and including emotional contagion, has drawn the attention of neuroscience researchers.

Emotional contagion is considered an emotional response two or more individuals share (Preston and de Waal, 2002; De Vignemont and Singer, 2006), likely originating as an action perception mechanism in primates. Scholars (Paukner and Anderson, 2006; Norscia and Palagi, 2011) report a link between emotional contagion and contagious behaviours, such as yawning, revealing that key elements of empathic behaviour originate in mimicry behaviour. Unconscious processes rely upon shared motor representations, enabling emotional relatedness among individuals, which fosters familiarity and empathy (Palagi et al., 2009). This suggests a mechanism for shared emotional states, which could form part of empathic resonance. A further study, beyond the scope of this work, would be to observe mirroring and body language during resonance.

Imaging techniques and other investigatory methods have led to new discoveries in modern neuroscience over the last two decades, leading to new insights into neuroplasticity: '[t]he brain's remarkable capacity to constantly adjust to the exigencies of its use' (Staemmler, 2012, p. 150). 'This process is not limited to a certain phase of life, but continues throughout the entire life of an organism' (Spitzer, 1999, p. 148). Georgi et al. (2014) found evidence of this in two different professional groups. The neuroplasticity of the brain implies that empathy can be learnt, implying that empathy and empathic resonation could also be taught.

61

In various neuroimaging studies (Singer et al., 2004; Botvinick et al., 2005; Decety and Lamm, 2007), patterns of activity common to certain emotional situations experienced by the self or observed in others have been investigated. This included feeling and witnessing pain. The studies indicated that shared networks in the anterior cingulate cortex and anterior insular are involved in these experiences. Of particular interest to this thesis, because it may be a structure central to the facilitation of empathy, is a network that appears to moderate shared mental representation for action: the mirror neuron system (Iacoboni, et al. 1999). The neural activity of the Macaque monkey was investigated in order further to understand the human brain and the mirror neuron system (Passingham, 2009).

Neurons in the ventral pre-motor cortex and inferior parietal lobe fire when a monkey observes the hand actions of other monkeys that activate those brain regions (Gallese et al., 1996; Rizzolatti et al.1996). Single cell recordings are not easy to take in humans, yet mirror neuron responses have been recorded in humans using fMRI (Iacoboni et al., 1999, 2005). The mirror neuron system may facilitate shared emotional representation with others, cultivating empathic responding (Pfeifer et al., 2008). The ability of children to empathise is positively correlated with mirror neuron activity in these emotional representation regions of the brain, suggesting that people actually feel what others feel. These studies, although yielding significant results, had small sample populations and need to be replicated with larger samples to consolidate these findings and to determine whether mirror neurons are the only neural mechanism that facilitate empathy.

According to Preston et al. (2002), 'Mirror neurons alone cannot produce empathy at any level' (p. 10). Empathy should therefore not be attributed to activity at the neural level alone. Sceptics have not sensationalised this finding, arguing that, 'we shouldn't imbue neurons with intentional properties. They are just fatty bags letting ions come and go. There is no intentional behaviour in a neuron – even a mirror neuron!' (Gallese, 2006, p. 193). When observers engage in emotional resonance with others, the mirror neuron system is automatically activated, leading to emotional contagion (Preston et al., 2002). Mirror neurons connect minds, forming a 'we-self' (Reis, 2009). The mirror neuron system is therefore part of the empathy process. However, more recent work by Ferrari (2013) demonstrates that mirror neurons are a significant part of the process.

Mirror neurons fire when participants observe facial gestures and emotional facial cues that activate corresponding regions of the brain (Ferrari et al., 2013). Facial expressions, specifically, correlate with distinct feelings while observing the other, evoking feelings associated with that facial expression; thus, we feel what others feel (Ferrari et al., 2003; Gallese, 2003; Niedenthal et al., 2010). These findings support both resonant replication and the knowing awareness of the recreation of a 'mini-form' of the self of the other in us (Watkins, 1978), as well as the affective and simulation theories of empathy.

There is a plethora of research on brain activity and empathy while participants witness others suffering pain (Singer et al., 2004, 2006; Cheng et al., 2007; Morrison et al., 2007; Lamm et al., 2010). Participants, as observers, receive either painful stimulation or perceived pain during fMRI scans, which activate the anterior cingulate cortex and anterior insular (Singer et al., 2004, 2006). This data supports the theory of empathy advanced by Lipps (1905): that we are mind creatures, projecting the self into other while imitating emotion, and that empathy is always, 'the experience of another human' (p. 49). This evidences our capacity for empathically resonating with others and illustrates that we have a mirrored empathic response while observing fellow humans suffer. This suggests that we are wired to feel the self of the other in order to assist the other.

Rizzolatti et al. (1996) conducted a study of the brains of two interacting people in direct communication, without either being aware of this activity communication. According to Gallase (2005), this occurs via activation of the motor cortex and the limbic system. Complex feedback loops are activated, involving a simultaneous echoing process, the 'observer is observed is observed' phenomenon. This implies that empathic resonance requires the reattunements mentioned in that section of this work, and/or particularly if there is a deficient mirror neuron system, when people fail to empathise.

Studies of psychopathic populations, those with impairments to their ability to empathise and make moral judgements, reveal that these neural mechanisms can be problematic (Hare, 2003). Psychopathic and autistic individuals are impaired in embodied empathy (Baron Cohen, 2010), and have related deficiencies in the mirror neuron system (Dapretto et al., 2006). This supports the theory that the mirror neuron system underlies empathy, yet it is not the only factor in our ability to be empathic.

Evidence for the mirror neuron system and other specific brain regions is directly linked to empathic ability, and requires the activity of other cognitive processes (Preston and De Waal, 2002; Bzdok et al., 2012; Bernhardt and Singer, 2012). Factors enhancing empathic modulation include familiarity with the empathised, the nature of the empathiser, motivation, beliefs, aims and intentions (Decety and Ickes, 2007). The nature of the relationship with others mediates neural mechanisms, which can be activated while observing social pain; when people witness the anguish of strangers, emotional sharing is less likely (Meyer et al., 2012). This suggests that relational distance inhibits empathy, making the case for deepening therapeutic relationships, to facilitate emotional processing, which is further enhanced when one is empathic by nature. This also supports the work of Watkins (1978), who argued for one of the most important therapeutic attributes, the capacity for resonance.

2.6.1. Conclusions and Implications for Counselling and Psychotherapy

Neuroscientific research on empathy provides important evidence for the neural mechanisms underlying empathy, pointing particularly to the mirror neuron system, which operates when people resonate empathically. Empathy, mostly in social groups, is a crucial means of communication, linking members in their appreciation and understanding of one another, fostering nurturing and caretaking of our wounded and vulnerable. Some individuals have a deficient mirror neuron system, which requires understanding for their own wellbeing and social inclusion. Counselling and psychotherapy may change the brain of the client (Ivey and Zalaquett, 2011), and possibly repair a deficient mirror neuron system (which could stem from neurobiological or relational problems) via empathy and resonance.

The neuroscientific literature supports the view that to respond empathically, to experience and feel the emotional experience of others from physiological, emotional and psychological perspectives, collusion of both the conscious and unconscious of the therapist is required. This implies that empathy fosters intimacy, emotional processing and emotional regulation, assisting clients with difficult and painful emotional experiences. Resonating with the other in a sensitive, compassionate way is felt and experienced in the brain of the other. It sends a vital message to the client: I am here, I am present, you are not alone, I see you, I feel you, you are known, I feel your emotions and experiences, particularly traumatic ones, and processing this is possible.

Effective psychotherapeutic relationships are healing interactions, which trigger changes in the brain via safe and supportive relationships; this is vital, as many psychological disorders are the result of suboptimal interpersonal relationships (Cozolino, 2014). The transformation of the client via empathic resonance is thus of paramount importance to the practice of counsellors and psychotherapists, which supports the practice model this thesis aims to construct and present.

2.7. Identification

As resonance and identification have been used interchangeably throughout the resonance literature, it is necessary to explore identification in this thesis in order to establish the meaning of identification in the context of the literature and later to test hypotheses during the research and findings section of this thesis. Identification emerged in the empathy literature as an aspect of projection, which is arguably the basis of empathy. The concept therefore is linked to both resonance and empathy.

LaPlanche and Pontalis (1988) define identification as a psychological process, based on absorption in the nature and character of the other, which can completely or partially transform the personality via modelling. In everyday parlance, to identify means to recognise: this might refer to an aspect of experience or familiar feelings. Fleiss (1953) and LaPlanche and Pontalis (1988) discuss the derivatives of identification, criticising the concept in the sense of a lack of clarity and lack of empirical investigation and application, in line with comments on Freud's lack of development of the concept (Badowska, 2008). Bronfenbrenner (1960) describes identification as a process, the most powerful form of which is to become like a parent or another person. This could apply to the concept of resonance. During emotional resonance, we become like the other - but not permanently (Watkins, 1978). Watkins calls the identification part of resonance 'temporary'. In the case of empathy, if we became like the other we would lose our sense of self and merge with the other - contrary to the thesis proposed, here. Indeed, empathic resonance and its related concepts of empathy and resonance subscribe to linking (Budgell, 1995) without the loss of self.

Whilst identification overlaps with other concepts, including imitation, empathy, sympathy, mental contagion and projection (LaPlanche and Pontalis, 1988), it is important to discover what definition or facet of identification is most likely part of

empathic resonance. In the current thesis, the interest is in the partial (recognition) form of identification, as defined by Meissner (1970). Partial identification could assume its own place as part of empathy, resonance and empathy. The concept of full identification, whereby the personality is modelled or the core meaning of identification is located, is beyond the scope of this thesis.

Freud (1900 [1913]) initially mentioned identification in the context of the dream of the abandoned supper party: his fundamental thesis was that 'the meaning of every dream is the fulfilment of a wish' (p. 134). He argued that the origins of identification are sexual: in the dream, the patient puts herself in her friend's place with the friend's husband. In Freud's words, she had 'identified herself with her friend' (Ibid, p. 150). By putting oneself in the place of someone else, a new perspective is created, from which it is possible to look back on oneself as well as to identify that perspective through the eyes of the other. Freud's (1900 [1913]) explanation was that, 'following the rules of hysterical thought processes, in expressing her jealousy of her friend…by taking her place in the dream and identifying herself with her by creating a symptom – the renounced wish' (pp. 150-151). The expression of her jealousy was his foundation for interpreting the dream as a secret sexual desire, which he called identification. While there is a sense of putting oneself in the place of the other, particularly when empathising, the motive for this in clinical work is not a jealous disposition or a wish to be in that person's situation; that is, to be the other. The motive is, simply, the attainment of understanding.

Freud (1900[1913]) described identification as imitation, sympathy, performance, expression, reproduction and 'psychical infection' (p. 150). He described psychical infection as patients experiencing the same symptoms because of an unconscious commonality. Further explanation included hysteria; that is, symptoms existing in the absence of organic pathology. Identification allows patients to, 'suffer on behalf of a whole crowd of people and to act all the parts single-handed' (Freud, 1900, p. 149). Hysterics imitate the symptoms of others that have 'struck their attention-sympathy' and, 'intensified to the point of reproduction' (p. 149). In the early 1900s, there had been little research into empathy, which might have challenged Freud's conclusions. Many people capably replicate the inner world of others (empathy) and this is considered a stable personality trait (Caspi et al., 2005). The mirror neuron system (Iacoboni et al., 1999) was not discovered during Freud's time, and the conjectures on hysteria might have been misunderstood or incomplete.

Freud (1900[1913]) therefore held a negative view of identification and its function, in contrast to Watkins (1978), who used resonance interchangeably with identification and held the view that the most effective therapists had the capacity for resonance or identification. Both Freud and Watkins describe the similarities of absorption and incorporation, but Watkins is clear in his conceptualisation of identification and resonance as temporary feeling states, whereby understanding is attained (1978). Freud apparently missed the potential of identification as a means of attaining deeper understanding, seeing the concept as a takeover mechanism. Rogers (1957) clarified the relationship between empathy and identification as the lack of the 'as if quality' (pp. 210-211). Rogers' early empathy or identification conceptualisation resembles the Freudian (1900[1913]) identification: when 'as if' is no longer present and the boundaries between client and therapist become blurred. However, Rogers did develop his definition of empathy, incorporating an understanding of one's worldview when empathising. This is arguably the recognition of the other via the self, consistent with the conceptualisation of partial identification as part of empathy, as proposed by Meissner (1970).

Freud (1922) later defined identification as a mechanism that shapes the personality of the person, a model in which the emotional tie triggers unconscious dominant mechanisms. Meissner (1970) developed Freud's (1922) descriptions of identification into primary identification, narcissistic identification and partial identification. Primary identification has a stronger influence on the personality. Narcissistic identification follows abandonment by or loss of an object, and partial identification is based on the quality of another person or symptom formation. Partial identification is not founded upon the other being an object of sexual desire, but rather one that is recognised or familiar.

Most relevant to the current thesis is partial identification (Meissner, 1970), as this might enhance our ability to resonate and empathise. Watkins (1978) described the link with identification and resonance as 'a temporary and partial identification' (pp. 241), developing partial identification as a common feeling state, as 'the process of investing the replicated image of another with ego cathexis' (1978, p. 516). Watkins (1978) clarified ego cathexis as 'thoughts or parts of the body…experienced as being within myself' (p. 513), albeit temporarily. A transient impact upon the personality, recognisable as belonging to the other yet temporarily residing in the self, is therefore something familiar, which is enhanced by similar experiences.

Freud (1922) later suspected a relationship between identification and empathy: 'Another suspicion may tell us that we are far from having exhausted the problem of identification and that we are faced by the process which psychology calls empathy and which plays the largest part in our understanding of what is inherently foreign to our ego in other people' (p. 66). Linking the two concepts suggests that identification might be the mechanism required to understand (empathically) what is unfamiliar to ourselves. This allowing of the other into the self, is consistent with the temporary identification of Watkins (1978) and the partial identification of Meissner (1970).

2.7.1. Identification: Conclusions

The question posed here is whether the aim of empathic resonance is to mould the ego of the client via modelling. It appears not. The relationship between identification and empathic resonance is therefore based on partial identification (Freud, 1922; Meissner, 1970; Watkins, 1978; LaPlanche et al., 1988), which will be examined as part of the data analysis and discussion section of the thesis. In the following section, literature on dissociation is reviewed to identify whether dissociation is part of the empathic resonance process.

2.8. Dissociation

Dissociation is possibly linked to empathic resonance. Reported experiences of empathic resonance often include the retrieval of material that could be classified as dissociated. In order to know, identify and understand this concept and its dimensions, it is included in this review. The inclusion of dissociation is also a clinical hunch, founded upon the sense that therapists offer relational experiences that contrast sharply with traumatic experiences and relationships. This could trigger a return of that which was lost or split off. Clinical hunches are often indicative of an alternative understanding, whereby clinical principles and important research advances are scrutinised via research (Lubordski and Lubordski, 2006).

There are two broad definitions of dissociation, by two main contributors, Freud and Janet. Freud's (1893-1895) definition of dissociation leaned towards repression; Janet's (1889), a passive 'disaggregation', or disintegration/splitting of the mind as a result of psychic trauma in those organically predisposed. Putnan (1985), Holmes et al. (2005), Dorahy and Van der Hart (2007) and Sadler and Woody (2010) offer rich discussions of both Freud and Janet's definitions and contrasting positions. More recent research has led to a better understanding of dissociation.

There is firm evidence supporting a spectrum of dissociative symptoms, ranging from mild to fundamental personality disruption, including Dissociative Identity Disorder (Fischer and Elnitsky, 1990; Ross et al., 1990, 1991; Allen et al., 1995). Dissociation can also be divided into different types, such as detachment, absorption, compartmentalisation and their sub-divisions (Zerubavel et al., 2013). It can also include emotional numbing, absorption, depersonalisation and derealisation, amnesia and fragmentation of identity (Ross et al., 1990, 1991; Allen et al., 1995; Holmes et al., 2005; Brown, 2006). All this material is vital to identify potential dissociative experiences in clinical practice, specifically in the field research section of the current thesis.

Dissociation can be conceptualised as disorder arising from the need to avoid overwhelming emotions or knowledge that threatens psychological or physical survival (Herman, 2015). Dissociation as a defence mechanism is deepened by emotional angst, such as death and survival (Steiner, 2011). When threatened to our core, dissociative mechanisms may be triggered. This is important for this thesis as it helps identify a potentially dissociated experience in the stories, which represent the data for analysis in this work.

Strong emotion impacts the ability for transformation of a traumatic memory into a neutral narrative. The emotion of the trauma thus persists as an alienated experience (Van der Kolk and Fisler, 1995). Phobias are an example. Phobias prevent experiential integration, as the memory is separated from conscious awareness. The inability to organise memory can lead to intrusive episodes of terrifying perceptual experiences and anxiety (Van der Kolk et al., 1991). While this may of course be true, the experience of strong emotion is subjective. Some are able to process strong emotions and one's personal history is a factor in vulnerability to stress and dissociation. Age is an important factor when considering the ability to process traumatic events emotionally. A young child exposed to the same stressor as an adult is more likely to be overwhelmed. It is important to recognise these factors in the context of empathic resonance and what may become available within the attuned relationship. Knowing about dissociation and understanding how it occurs is essential when counsellors work with individuals who may not have declared a trauma during assessment. If material of this nature surfaces as a consequence of empathic resonance, then knowing how to work with it (or how to refer the patient onwards, appropriately and sensitively) is important.

Dissociation, a defence mechanism for stressful experiences (Valliant, 1997, 1994; Bowins, 2004, 2006) enables people to detach from distressing emotional states. The examples provided are at the more dysfunctional end of the spectrum; some normal behaviours could be classed as dissociative, such as absorption. This is a normative experience of dissociation, not necessarily evidence of trauma (Putnam, 1997), but is classified as dissociation because of the level of concentration, which can exclude other content from awareness (Butler, 2004). In the context of absorption is the concept of flow (Csikszentmihalyi, 2014), which might constitute a characteristic of empathic resonance, further linking dissociation with empathic resonance. Empathic resonance could therefore be related to dissociation in a positive context, by shedding light upon the dissociative field (hidden) via attunement. The focus of the current thesis is this potential facet of empathic resonance.

Dissociative experiences are common in the normal population (Roche McConkey, 1990; Ross et al. 1990, 1991). By contrast, Spanos (1996) views dissociation neither as a defence nor as a viable explanation for multiple personality disorder. Dissociation as a defence may work well short term, but hinder development long-term because of a lack of emotional processing and ability to move past trauma, impacting everyday life. Until recently, debriefing after a potential trigger event was standard practice. Consensus in the literature is now that debriefing can do more harm than good (Mayou et al., 2000) and this practice has been largely halted (Rose et al., 1999; Carlier et al., 2000; van Emmerik et al., 2002), with natural healing being allowed to occur. Long-standing trauma that has been dissociated is an entirely different scenario to an intervention post-event.

Many individuals do not suffer an enduring psychological problem after trauma. Those that struggle have usually experienced numerous traumas, predisposing them to chronic psychological problems (Morgan et al., 2001). From this perspective, a dissociative defence is potentially helpful in the short term, depending upon the gravity of the experience and the client perception. According to research, peritraumatic symptoms of dissociation - symptoms of dissociation experience during and for a short while following exposure to trauma - are a risk factor for the development of enduring psychological or somatic complaints (Farley and Keaney, 1997). Therefore, these symptoms should not be ignored, as might happen when debriefing is foregone. Based on the literature, which helps identify dissociative symptomology, individuals requiring early intervention for immediate dissociative

symptoms after an event are easily identified. Those with no obvious dissociative symptomology could be released and monitored as they experience a natural healing process.

Dissociation is better understood using descriptors of dissociative symptomology found in the Multiscale Dissociation Inventory (Briere, 2002), the Dissociative Experiences Scale (Bernstein and Putnam, 1986), which measures dissociation in normal and clinical populations. The 20-item Somatoform Dissociation Questionnaire (SDQ-20, Nijenhuis et al., 1996) was designed to evaluate the severity of somatoform dissociation, and the Structured Clinical Interview for DSM-IV dissociation disorders (SCID-D) to diagnose dissociation. Dissociative symptomology is described in numerous books and papers, but these evaluative clinical tools consist as a combination of comprehensive documents listing the range of dissociative symptomology, severity and diagnoses. These are important tools for recognising dissociation.

2.8.1. Dissociation: Conclusions

Dissociation is a relatively common phenomenon (Roche and McConkey, 1990; Ross et al., 1990, 1991). The presence of a traumatic experience appears to be the overriding factor exacerbating pathological dissociative symptomology, consistent with my own practice experience. The most deeply affected individuals, in my experience, are those who have endured abuse and trauma as children and been exposed to the most severe threats; consistent with the literature (Walker, 2013; Wieland, 2015).

Some authors consider dissociation a defence mechanism (Valliant, 1994, 1997; Bowins, 2004, 2006). Others consider it an inability to process an overwhelming emotional reaction to a perceived threat (Herman, 2015), and as the crucial factor in developing enduring, long-lasting psychological disturbance (Farley, 1997). This suggests that both are part of the dissociative experience that part of the mind needs to be escaped. Dissociation is protective, reducing overwhelming feelings, a defence against the inability to comprehend the event and remain fully present. To ascertain whether the kinds of experiences included in this thesis were dissociated, it was essential to evaluate them as such, and this material aids the identification process. The aim of the current thesis is to determine whether there is a link

between empathic resonance and an aspect of a client story that has been dissociated.

Empathic resonance as a relational experience directly contradicts traumatic, abusive experiences, embodying presence and attunement. Empathic resonance and its potential connection with dissociative material requires deeper exploration, in order to clarify, describe and attain knowledge of practice applications. Dissociation and empathic resonance might be related; empathic attunement might provide access to dissociated material in the mind.

2.9. Literature Review Conclusion

The aim of this literature review has been to better understand the concept of empathic resonance and its associated concepts, as grounded in empirical studies. It has been vital to explore concepts related to empathic resonance, in order to construct my own conceptual framework (Chapter Three), which forms part of my practice development work. The conceptual framework has been used to analyse the data, represented as clinical stories in Chapter Six.

In Chapter Three, the rationale underlying the conceptual framework (Empathic Resonance Enriched) is discussed. Chapter Three presents the lens developed to analyse client stories and constitutes a further synthesis of the literature. The following chapter is a descriptive narrative of how these concepts relate to one another, and forms the basis for the practice development work: to develop a model of practice based on empathic resonance.

2.10. Literature Review: Part Two (Practice Development Model)

Field work notes, data and other research conversations, reflections and insights clarified the loosely labelled floating concepts tentatively identified in the conceptual framework. They are more boldly identified in clouds in the final conceptual framework diagram (Chapter 3, Figure 6.). To consolidate the discussion and findings sections, a brief second review of the literature was required. This assisted in constructing the final model of practice, near to the end of the research process, facilitating a more comprehensive development of the findings. This second section of literature also forms part of my practice development work, which sought to build a model of practice from the conceptual framework. The final model of practice

would have included unanswered aspects had I not returned to the literature after a careful review of the data.

The data formed part of the conceptual identification process. This section integrates some of the thinking, identifying these concepts and their place in the thesis as related to empathic resonance. In studies using certain other methodologies it is possible to identify all the concepts at the outset. Given the nature of the current study, however, this was not possible. These concepts and their place as part of the practice model were added to the final model as appropriate.

The possibility of having this section stand alone was considered, located before the discussion and findings chapter. However, locating it here appeared to be less confusing for readers following this work. Therefore, this material is cited in the main literature review section, while emphasising it is part of the practice development project as well as the second part of the literature review: a further review of the literature was essential for the final development of the model as part of the practice development work.

The concepts covered briefly in this section of the literature review include:

- Mindfulness
- The Dialogical/Person-to-Person/Real Relationship
- Participatory Knowing

This thesis was limited in time and size. The aim, to construct a model of practice, thus needed to be held in mind, requiring a succinct selection of texts for the second section. After the first literature review, further questions arose. First, what was the introspective process of resonating, empathising or empathically resonating with a client? Second, if the process of empathic resonance occurs beyond transferential relationships (Freud, 1910), is it possible to identify which kind of therapeutic relationship (Clarkson, 2003) has been established? Last, given experiences of empathic resonance in the transpersonal domain, is there any further transpersonal conceptualisation of empathic resonation? Could this explain how empathic resonance and dissociated material are related?

The thesis would have been more straightforward if empathic resonance consisted of only one, two or three concepts. The data, however, indicates that it involves many overlapping concepts, each of which contributes to empathic resonance.

While this aspect of the work is less clear, it was decided that many unanswered questions would weaken the thesis. Indeed, without introspection and movement towards a more authentic relationship, empathic resonance might not occur or might be more difficult to operationalise. The floating concepts in the conceptual framework required clarification from the literature. The conclusion here draws together the three additional concepts. Discussion of the final integration of concepts and the practice model are located in Chapter Seven.

2.11. Mindfulness

Mindfulness involves the awareness of subjective experience, moment by moment (Kabat-Zinn, 1994). It is a non-judgemental, purposeful focusing of attention on the present moment, with compassionate relational awareness as a way of being with inner and outer experiences (Hick, 2008; Verni, 2015). Each thought, feeling or sensation arising in the attentional field is accepted as it is (Segal et al., 2012; Kabat-Zinn, 2005). Central to this thesis is the work of Jones-Smith (2014), who describes thoughts and feelings seen as 'events in the mind' (p. 433), viewed neutrally, similar to Freud's, 'evenly suspended attention' (Freud, 1912, p. 111). According to Jones-Smith (2014), this kind of observing creates 'space between one's perception and response' (p. 433). Mindfulness offers access to our inner and outer subjectivity, allowing observation with neutrality, which could foster empathic resonance.

References to an introspective aspect of empathy and resonance processes were discussed in the literature review. Introspection (Kohut, 1959, 1984) and 'introspective receptivity' (Freud, 1912, p. 111) both describe aspects of mindfulness. The data (stories) collected in the current thesis describe turning in towards the self, being with the client in the present moment, yet also noticing what is simultaneously occurring in oneself. The skill of perceiving the body's interior, of focusing on one's inner world and bodily dispositions and signals, while looking inside of oneself, is called interoception (Siegel, 2010). This skill leads to alignment, when therapists are most closely connected to their clients. This is arguably akin to mindfulness, which has been described as an interior kind of observation that allows us to become more present in our attending and openness with another (Verni, 2015).

Hick and Bien (2008) describe empathy as a kind of projection, during which assumptions are imposed in order to understand the client: a cyclical process; a hermeneutic circle composed of reflection, scepticism and humility, whereby mindfulness allows the therapist to recognise and access client experience in the present moment, 'vacillating between self-reflection and presence' (p. 77). These descriptions of empathy link it to mindfulness, in that attending to inner experience deepens the therapeutic relationship. This is a useful description of the relationship between mindfulness and empathy, illustrating the continual attunement required to move towards alignment. Mindfulness is thus indispensable to attunement. If resonance and empathy are the main requirements for attunement, mindfulness is likely an essential part of that process.

Mindfulness might also support partial identification (Meissner, 1970), as part of the attunement processes associated with attaining empathic resonance as we recognise our similar experiences. '[S]elf-reflection and presence' (Hick and Bein, 2008, p. 77) indicates a turning in towards the self, recognising inner content via introspection, and being mindfully aware of content with a disciplined focus that is used to inform our responses. Alternatively, focusing (Gendlin, 2010) might be central to introspection, enhancing resonance. Focusing is essentially different, and involves developing a relationship with inner impressions and ascribing meaning to them, counter to the introspective process this thesis supports. It is for clients to ascribe meaning to their experiences, with the aid of empathic resonance and neutral introspective mechanisms.

Accurately receiving mindful, subjective information over numerous, cyclical attempts can move one closer to understanding one's clients. Mindfulness is therefore likely the introspective process that fosters many of the concepts considered throughout this review. It is more than a skill; it is a way of being, a specific kind of compassionate presence that enhances empathy and resonance. As resonance is extended via mindful interoception (Siegel, 2010), attunement with other is amplified. This is often reported by clients: 'We feel 'close' or 'heard' or 'seen' by another person when we can detect that he has attuned to us and has taken us inside of his own mind' (Siegel, 2014, p.54). Siegel (2014) describes this taking in of the other as resonance. It might be, however, that it is more aptly termed empathic resonance: it has moved beyond resonance, beyond understanding, becoming alignment. Empathy, resonance and empathic resonance are nurtured via

introspection; mindfulness appears most accurately to describe the introspective process that facilitates the 'we-self' experience (Reis, 2009).

When used in psychotherapy/counselling relationships, mindfulness should be considered more than a skill to enhance empathy or resonance and underpinning the introspective process. It also cultivates a sense of openness, which 'invites the therapist to notice the 'between' of the relationship. The sense of an isolated self and separate other give way to an, I-Thou relationship' (Hick and Bien, 2008, p. 206).

It not only enhances the core concepts explored in this thesis, but also links mindfulness to the next concept explored in this section of the literature review. This process moves us beyond isolation, into I-Thou (Buber, 1937) relating, which describes relationships in which high degrees of empathy, resonance and empathic resonance occur: the dialogical relationship. Buber's I-Thou (1937) is the foundational work for the dialogical relationship.

2.12. Buber's I/Thou Dialogical Relationship

Buber's I-Thou (1923[2000]) contains three sections, the first of which, the psychology of individual man, is relevant to the current thesis. Use of the word object, in Buber's work, can refer to people or things. According to Buber, man has two distinct ways of engaging with the world. The first, the mode of I-it, is termed experience. The other mode, required in order to be truly and wholly human, is the mode I-Thou. We enter into a relationship with the object, participate in something with that object, and the I-Thou is transformed by the relationship between them. In this mode of relating, the other is encountered in its entirety, rather than as a sum of its qualities: 'As experience, the world belongs to the primary world I-it. The primary word I-Thou establishes the world of relation' (Buber, 1923[2000], p.21).

I understand this as discerning between the perceptual experience of an object (the I-It experience, which could be regarded as objectification) and entering into a relationship with the object, with which the current thesis is concerned. The kind of relatedness focused on here is consistent with Buber's I-Thou, 'the world of relation' a kind of betweenness or the total encounter of another in his or her totality, to the exclusion of everything else, which is not to be found in oneself but between and within the relationship with the object.

Buber provides the example of a tree to distinguish between I-it and I-Thou relationships:

> In all this, the tree remains my object, occupies space and time, and has its nature and constitution. It can, however, also come about, if I have both will and embrace that in considering the tree I become bound up in relation to it. The tree is now no longer it. I have been seized by the power of exclusiveness...The tree is everything, picture and movement, species and type, visibly united in this event…Everything belonging to the tree…Present in a single whole. (Buber 1923[2000], p. 23)

The tree, then, is no longer merely a perceived object: is encountered in the context of the relationship that is established. This is similar to the concept of participation mystique (Jung, 1931) and to Winborn's (2014) description of his encounter with a falling leaf, which he described as a kind of communion. It is this way of encountering our clients that is fundamental to the current thesis. This I-Thou way of encountering the other does not consider clients as objects, but rather as people just as they are. I-Thou relating transcends the transference relationship (Freud, 1910), which is replete with distortions. Buber sets a tone for subject-to-subject relating.

To deepen our understanding of this concept, we must consider the early work of Buber. *The Life of Dialogue* (Friedman, 2003) was the first completed study of Buber's thought. It centred upon the oneness and unity created and realised in the world, as the basis for the I-Thou relationship, 'an event which takes place between two beings, which nonetheless remains separate' (Friedman, 2003, p. 56). 'He who truly experiences a thing that leaps to meet him of its self has known therein the world' (Ibid, p. 57). He continues to speak of the contact between things and its more-than quality, which includes contact with, 'the incarnate spirit', which he describes as 'an encounter…The encounter takes place, not between man and passive objects but between man and the active self of things' (Ibid, p. 57). This describes the subject-to-subject relationship in which both subjects actively seek contact with each other. This description puts us in mind of the contact characteristic of empathic resonance.

According to Friedman (2003), this mode of relationship (I-Thou/dialogical) and experiencing are experiences that have been relegated to the soul and to the world, simply as outer and inner impressions, minimising the impact of these encounters.

However, when two individuals 'happen', something remains that is common to them both:

> The sphere of between (*Das Zwischenmenschliche)*. The participation of both partners is in principle indispensable…The unfolding of this sphere Buber calls 'the dialogical'…The meaning of this dialogue is found in neither one nor the other of the partners, nor in both. Taken together, but in their interchange...The sphere of the between, writes Buber, is the duality of being and seeming.' (p. 98)

Buber heavily emphasises the participation of both, echoing his early conceptualisation. Both people attain the emergent essence of what it is not only to be in an I/Thou relationship, but also in a 'dialogical' relationship – the space in which both parties find themselves. Empathic resonance, whereby there is deep engagement and a sense of togetherness, profoundly echoes Buber's I-Thou/dialogical sphere and could be founded within I/Thou. This is not the hypothesis here; rather, the two are considered inextricable. Empathic resonance might be derived from I/Thou. The words then hold more than their explicit meaning: they evidence the dialogical and, fundamentally, 'the between' - the place or space that can be experienced when meeting the other in a relationship.

Importantly, Buber continues with his conceptualisation of I-Thou, further differentiating between I-Thou and I-it relationships. The two differing modes of relating or existing can be further clarified as one originating in the very essence of a person: I-Thou. The other, I-it, can be described as an image or how a person wishes to appear, conjuring a sense of objectification. This is the difference between an authentic and a false self:

> In the realm between man and it means that one imparts oneself to the other as what one is…allowing the person with whom one communicates to partake of one's being. It is a question of the authenticity of what is between men. (Friedman, 2003, p. 99)

It is interesting that authenticity is mentioned here. This links to Clarkson's (2003) description of the person-to-person or dialogical relationship as the 'real relationship' (p. 152). Empathic resonance does not arise from a false or transferential relationship. This is further reason to believe that empathic resonance originates from dialogical relating.

Buber describes dialogue as including a realisation of the other in one's being. It is not, however, empathy. Dialogue could therefore transcend or occur in addition to

empathy. Buber (as cited in Friedman 2003) describes empathy as 'transposing oneself into the dynamic structure of an object' (p. 102). My understanding of this statement is a sense that while I/Thou involves an expansion of one's own concreteness, a participation in life and a sense of one's own presence as part of the dialogical dynamic, empathy differs. According to Buber, empathy involves removing oneself in order to recreate the object within oneself. This conceptualisation could, however, be outmoded. He does, though, clearly distinguish empathy from I/Thou, not considering it a way of being that encapsulates the between. If empathic resonance transcends empathy or is directly related to I/Thou, this does separate empathy and empathic resonation, further justifying an investigation of the relationship between empathy and empathic resonance.

Buber's work constitutes a descriptive parallel to empathic resonance. I-Thou does not encompass the wider relationship in which empathic resonance is situated. Jacobs (1989) describes I/Thou more succinctly, as a 'special moment' (p. 3). Buber's tree example refers to a relationship with the wider world, akin to participation mystique (Jung, 1931; Winborn 2014). Empathic resonance, however, is more narrowly focused on human relationships. Empathic resonance and I/Thou are similar. They represent brief, intense encounters, and I/Thou could represent an early description of empathic resonance. The conversational approach to I-Thou is of interest, here. The essence of the contact Buber describes as inclusive and encompassing the whole self, along with the spirit or nature of the whole being, is at the heart of empathic resonance, when it has moved beyond resonant engagement. This moves empathic resonance beyond empathy and resonance, into deeper relating.

To develop this thinking and identify the place of empathic resonance and its relationship with these tightly connected concepts, the dialogical relationship needs to be reviewed.

2.12.1. Dialogical Psychotherapy

The identification of the wider relationship in which empathic resonance occurs began by working backwards from Clarkson's (2003) conceptualisation of the Dialogical Relationship. Clarkson (2003) referenced Buber's work, which found its way into psychotherapy as 'dialogical psychotherapy' (Friedman, 1985, 2003; Hycner, 1993; Heard, 1993). Trüb (1952) integrated Buber's philosophy into

psychotherapy. Buber's philosophy made a unique contribution to the understanding of relationships and was foundational to the dialogical approach.

Trüb was convinced of this after meeting Buber in 1935 and listening to the practice of 'inclusion' or experiencing the other side. Trüb (1935/2002) interpreted this as listening for the echo from the other (p. 554). This description sounds like resonance, which is interesting because Clarkson (2003) also mentions resonance in her comprehensive chapter on the dialogical relationship. This is important for the current thesis, as both Buber (1935) and Clarkson (2003) link resonance processes with the dialogical relationship, as do Mearns and Thorne (2013) and Berman (2012). This might also suggest that the dialogical relationship is the foundation for resonance or the container of such processes between people.

2.12.2. Defining the Dialogical Relationship

Friedman's (1985) book was a significant text for the development of Dialogical Psychotherapy. Interpreting Buber's work over many decades, he defined Dialogical Psychotherapy as 'a climate of trust that confirmation of otherness, in which healing through meeting can flourish on every level' (Friedman, 1985, p. 3). In this kind of therapy, the presence of the other (the client) is recognised; the therapist offers understanding where it may have been denied and establishes the 'real relationship' with 'eye to eye confrontation' (Friedman, 1985, pp. 11-35). These helpful descriptions validate the relational mode (dialogical) upon which the core concepts of this thesis are founded. Resonance and empathy have a close conceptual relationship, united by the aim of understanding the clients' frame of reference. Friedman (1985) offers a broader conceptualisation than that of Buber's I/Thou (1923).

Hycner's (1993) work builds upon the earlier ideas of Buber (1923), Trüb (1952) and Friedman (1985), using clinical experience and drawing upon the implications of Zen, Gestalt and Transpersonal Psychology. He distinguishes between dialect and dialogue in Dialogical Psychotherapy. This distinction is important, referring as it does to the quality of relating. One is to be found in the authentic relationship (dialogue), the other involves either two sides of a person talking or two people talking (dialect), which does not infer the depth that dialogue implies.

Hycner (1993) continued to describe the real relationship as the context for dealing with relational distortions belonging to the client's self or others. He proposed that inner conflicts could only be healed when the dialogical relationship had been established. The focus is upon building a trusting relationship, confirming the other and accepting the other, while starting with the client's experience. This kind of relating is essential for the therapist to seek out 'lost and forgotten things' (Hycner, 1993, p. 60). This might suggest that, as the therapeutic work progresses moves towards more intense moments of relating, the dissociated, lost and repressed might find its way back to the client from within this relationship and the context of empathic resonance.

In the current thesis, the dialogical relationship (a mode of relating that is continuous) is distinguished from the intense (fleeting) moments of meeting and encounter described by Buber, which could also be considered empathic resonance. Intense moments of meeting, however, may well be found in the dialogical relationship. According to Jacobs (1989):

> Buber makes no formal distinction between the two, I distinguish between the I-Thou moment, and the dialogic process. The I-Thou moment is a special moment of insight or illumination, wherein the participants confirm each other in the unique being. Such moments occur at various times during genuine dialogue and are often culminating points of the dialogic process. (pp. 28-9)

This statement clarifies that the dialogical relationship as a foundational way of being and relating is the container for I-Thou moments. This is important, as it is vital to recognise these intensities for what they are. A moment of deep connection, which Jacob's describes as 'culminating points' could represent the empathic resonance of interest here. A wider sense of deepening authenticity, immediacy and interpersonal closeness could be more accurately labelled as dialogical relationship indicators.

This brief yet concise review of Buber's work and its relationship to dialogical psychotherapy has been essential to identifying of the mode of relating in which empathic resonance occurs. Of particular usefulness is the differentiation between the dialogical relationship and these intense 'moments' (Jacobs, 1989). The aim of the current thesis will be to develop this idea. These vivid, profound instances evidence a potential for the expression of lost information, knowledge or awareness of the other. Furthermore, the transformational prospects of such deep relating

could be available in psychotherapy, particularly when we understand how they occur.

2.13. Participatory Knowing

One aspect of empathic resonance experience needs to be categorised. As a consequence of empathic resonance, a form of knowing occurred. It was important to conceptualise this aspect of the empathic resonance experience in order to construct a model of practice. My starting point was examining the transpersonal literature. Clarkson (2003) included a broad overview chapter on the transpersonal relationship, as part of her five-relationship model. This enabled me to reflect upon whether the transpersonal could be part of empathic resonance. Indeed, John Rowan (2005) wrote about linking in his book, *The Transpersonal*. The possibility that empathic resonance might fall within that domain has already been considered here. My question is how I came to know something about my client's history without prior knowledge or how I gained deeper awareness, which is pertinent to clinical work and transformation.

Clarkson's seven levels model (1975) included 'knowing' as part of the transpersonal. Grof (1988) clarified my evaluation of a transpersonal experience, describing '[e]xperiential, expansion or extension of consciousness beyond the usual boundaries of the body, ego and beyond the limitations of time and space' (p. 38).

Thus, knowledge acquired as transpersonal knowing could be categorised as an expansion of consciousness. By loosely categorising my empathic resonance experience as transpersonal knowing (because there are many categories of transpersonal experiences; Grof 1985), I was able to locate a body of work specifically dedicated to transpersonal knowing (Hart et al., 2000) - '[w]hat is lacking, however, are first-hand investigations of the phenomena of this type of knowing' (p. 3), which confirmed that this thesis could fill a further knowledge gap if empathic resonance had a transpersonal knowing aspect.

My return to the literature, at this stage, was to conceptually categorise the knowledge attained during the empathic resonance process while introspecting, as it was part of the experience. My earlier focus on the core concepts of empathy, resonance and empathic resonance as the facilitative skills and essential

attunement concepts required for transformation was thus incomplete. Part of this process included transpersonal knowing, which required identification as an aspect of the phenomenon. From an epistemological perspective, how did I come to know these things? The data had a relational theme throughout. At the heart of the work was participation in a relational experience, which extended awareness of the other beyond my own boundaries. Therefore, could the transpersonal literature embrace relational experience as the foundation for transpersonal knowledge?

Ferrer (2000) wrote a brief chapter in in Hart's (2000) book, proposing a participatory approach to transpersonal phenomena, contradicting the intersubjective view or altered states of consciousness theories. My own transpersonal experiences, both clinical and personal, have all been relational in some sense. This has included meditation, shamanic journeying or relating to another person, when part of me seeks the other and my inner state is part of the world. Ferrer (2000) argues that many transpersonal theorists have too readily accepted that spirituality is an inner subjective experience, based on earlier empirical studies. He argues against the subject-object model of cognition and knowledge, expressing gratitude for the work of Buber (1970), 'for having offered one of the most compelling expositions of a relational understanding of spirituality', (Ferrer 2000, p. 226). This connects Buber's relational philosophy (1923) of I/Thou to transpersonal knowing, thus linking empathic resonance and transpersonal knowing.

According to Ferrer (2000), transpersonal events are participatory: 'transpersonal events engage human beings in a participatory, connected, and often passionate activity that can involve not only the opening of the mind, but also of the body, the heart, and the soul' (p. 217). Ferrer considered transpersonal phenomena participatory events, as opposed to intrasubjective experiences. Participatory knowing is presential, being establishes the 'bringing forth of a world domain of distinction co-created by the different elements involved in the epistemic event'; it is transformative (Ferrer, 2000, pp. 228-229). This powerful statement suggests a cohesion and culmination of factors that lead to transpersonal knowledge.

Arguments against Ferrer's early chapter and later books (Ferrer, 2002, 2008) revolve mainly around his stance on spiritual events not being intrasubjective but rather participatory. By assuming this position, he eradicates the Cartesian stance of spiritual phenomena as intrasubjective. The main criticisms of Ferrer's Participatory

Knowing were by Heron (2015), who emphasised a lack of the relational or of person-to-person collaboration. This was in response to a brief passage outlining the basic premise of Ferrer's work. Heron's criticism aids the important clarification of these experiences, founded on relational cooperation. However, Ferrer acknowledges the work of Buber (1970) and responds to Heron's critique, admitting in his 2002 book that there was a lack of emphasis upon the relational in this work, consistent with the literature on empathic resonance. Ferrer (2003, 2005) emphasises the relational in his later works. It could be argued that there are other ways of attaining transpersonal knowledge, such as dreams, intuition and intrasubjective experiences, which Ferrer neglects to explore; a criticism of Paulson (2004). By his own admission, his work is founded on collaborative spiritual practice, personal spiritual inquiry, reading and dialogue with others (p2p foundation, 2011). The other main critic of his work is Anderson (2015), who acknowledges his contribution to knowledge but believes the work neglects these claims about intrasubjective transpersonal knowledge.

The relational thus appears to be a foundation for transpersonal knowing. In this thesis, a framework that supports Ferrer's Participatory Knowing is adhered to. There is a small aspect of the work, the intrasubjective experience as part of the relational, which Ferrer begins to address with references to Gendlin (1997 as cited in Friedman and Hartelius, 2012), confirming that he recognised the existence of an introspective process.

2.14. Conclusion of Literature Review Part Two

Ferrer's conceptualisation (2000), rooted in the relationship and categorised as transpersonal knowing (Hart, 2000), is the concept in the literature that most closely explains inexplicable and mysterious moments of knowing (specifically when dissociated material becomes known to the therapist). Participatory knowing, as part of empathic resonance, also requires an introspective process, which could be accessed via mindfulness.

Ferrer's conceptualisation is developing. While the question of a relationship with the world arises in the context of his conceptualisation, the matter of what constitutes the world is important. It is a matter of whether the world is outside or inside ourselves - or both, in which case, participatory knowing would have a bearing upon our relationship with everything, including people and parts of ourselves. This

captures the essence of what a relationship constitutes and with what and whom, including the divine within ourselves.

As this literature review proceeded alongside the collection of data, the beginning of a conceptual framework, it was clear that a mode of relationship beyond transferential (distorted) relationships was fundamental to empathic resonance. Time was needed to identify this relationship. It was also interesting to see how these three final concepts might be linked. If introspection aids the dialogical relationship, as well as all the core concepts (empathic resonance, resonance and empathy), introspection (mindfulness) is fundamental to all the concepts. It fosters authentic relating and could be the essential skill with which to discover the knowing aspect of participatory knowing.

Participatory knowing is founded upon relational understanding of the transpersonal, which relates to Buber (1923[2000]) - the foundation for the dialogical relationship. Therefore, while these concepts have been considered part of empathic resonance, it is confirmatory to discover links between them in the literature, which tie them together. Mindfulness appears foundational to all three concepts, with the dialogical emerging from it and Participatory Knowing originating in both. The aim of this thesis is to explore the links among these concepts and integrate them into a model of practice. It is hoped that this will enhance our understanding of how our deepest alignments with one another are forged. In the following chapter, the conceptual framework is constructed.

Constructing the Conceptual Framework (Empathic Resonance Enriched):
Towards a model of practice

3.0. Introduction

In this chapter, the construction of the conceptual framework for empathic resonance is documented. It consists of the concepts explored in the literature review, except for one of the final three concepts (participatory knowing), which is explored in section two of the literature review. Two of those concepts do feature in this framework: the person-to-person relationship (Clarkson, 2003) and introspection (identified as mindfulness in section two of the literature review). At the time of writing the literature review and beginning to construct this framework, not all the concepts had yet been identified. While the person-to-person relationship (Clarkson, 2003) is labelled in early diagrams, the label was removed from Diagram 5, owing to uncertainty about its appropriate location or indeed whether it had been appropriately identified.

The thinking underpinning the conceptual framework is presented here in narrative form and as a series of progressive conceptual diagrams, with a final visual representation (version five) at the end of the chapter. The development of the framework was inductive and emergent; progression was made through the literature. The final version was fully developed from the literature and information available at this stage of the research. The work in this chapter encompasses further conclusions and synthesis from the literature review. A conceptual framework and its core components are described as 'the researcher's own experience and insights' (Bloomberg and Volpe, 2016, p. 137). In addition to drawing conclusions from the literature, this work therefore represents an amalgamation of those conclusions, with my embedded experience of the empathic resonance phenomenon.

3.0.1. Purpose of a conceptual framework

The purpose of a conceptual framework is to clarify the concepts to be studied and to propose relationships between them.

> Any researcher, no matter how inductive in approach, knows which
> bins are likely to be in play in the study, and what is likely to be in

them. Setting up bins, naming them, and getting clearer about their interrelationships leads you to a conceptual framework (Miles and Huberman, 1994, p. 18).

This was the process I followed. Part of the process of writing this thesis was to eradicate some of the bins, as there were too many, which detracted from the central thesis. The narrower conceptual zone offered the opportunity for deeper, richer exploration of the concepts, with a more focused conceptual framework.

It was important to understand the purpose of the conceptual framework as a structure for the development of the final practice model and as an analytical lens through which to analyse the stories. The literature review was essential to begin to identify the concepts for study, and to build a framework according to which to examine overlap among concepts. As the literature review progressed, more connections among the concepts were noted; the description of one concept would cross over into the description of another, owing to similar terminology. In some instances, such descriptions were of the same phenomenon. This caused confusion, but it is inevitable that people label phenomena, and see the world and its concepts, differently. A further consideration was the difference between a conceptual framework and a model of practice.

Nilsen (2015) guided my understanding of the difference between a framework and a model. He describes the conceptual framework as a lens through which to analyse the data and the model as a descriptive structure representing the reality of the phenomenon. The final practice model - which it is the ultimate creative aim of this thesis - guides the translation of the research into a practice model (Nielson, 2015). The conceptual framework therefore provides an overview of the concepts I intend to develop into a practice model. This is consistent with Mouton and Marais (1988), who viewed a model as an attempt to represent the dynamic aspects of the phenomenon. Developing the conceptual framework into a model from the data (client stories) will require analysis (Discussed in Chapter Five). The conceptual framework, however, has other functions. Among these is structuring the literature reviewed as an overview of the concepts explored, as well as elucidating the relationship among concepts explored in the literature. This lens, through which the literature can be viewed (specifically to determine conceptual relationships), would eventually become the Empathic Resonance Model of Practice.

3.0.2. From conceptual framework to model of practice

The original aim of the practice development component of the thesis was to illustrate my subjective experience of empathic resonance, via the selected research methodology (autoethnography), as descriptive practice stories. However, the literature review lacked subjective therapist experiences and offered a limited understanding of such phenomena. The core concept, and its related concepts, required researching for understanding, awareness and clarification of practice. Working towards a model of practice, exposing the interdependence of closely linked concepts, conferred an additional challenge and a valuable awareness of clinical practice.

The development of a practice model, from the client stories, was the next step. The Empathic Resonance Model of Practice represents a total synthesis of work from the literature review, research, analysis, discussion and findings. Bernard and Ryan (2010) identify three steps to building a model. First, identify the key concepts (in this thesis, this was done by conducting the literature review: the initial review followed by a review of the data, and the secondary, iterative review). Second, demonstrate how the concepts relate (build a conceptual framework). Third, test these relationships. In the final step, which includes data analysis, the conceptual framework is reshaped into the practice model.

There was a shift towards a practice development project with two equally important dimensions. The first was the construction of standalone clinical stories that illustrate the phenomenon in action. The second was a visual model of practice - as a dyslexic person, I think mainly in images. Drawing can clarify ideas, rendering them visible and thus clearer and easier to discuss, promoting further discussion (Wolfe, 2014). One aim of the thesis was to stimulate practitioner dialogue, with which the visual representation of the model would assist. Visuals are powerful mediums of communication, which offer alternative representations of reality. The visual creates the reality under observation (Rose, 2001). A visual model has the advantage of rapidly communicating the interrelatedness of concepts. The stories, constructed from years of fieldwork, observation and reflection, were dynamic renderings of my lived experience of the phenomenon of empathic resonance. The visual model of practice was a natural extension of that aim, whereby both stories and model worked together to illustrate my lived experience of empathic resonance.

I thought a visual model would be valuable for other practitioners: an accessible map, easily remembered.

There were several advantages to working within the integrative counsellor framework (Norcross, 2005), which offers a vast perspective for clinical work. It allowed me to move between different schools of counselling/psychoanalytic thought, with the simple goal of drawing knowledge from various disciplines, in my quest to understand empathic resonance. The aim was to create a visual practice model, which was explanatory and reflected the clinical stories and literature.

3.1. Constructing the Conceptual Framework

This thesis originated many years ago, as an exploration of resonance. I originally referred to this concept as optimal resonance. Although initially resistant to changing the title of the study, the literature led me to conceptual descriptions of empathic resonance, convincing me that the phenomenon was accurately labelled. It remained somewhat elusive, however: lacking description and an understanding of how it develops. To understand empathic resonance properly, a deep exploration of the concepts was required.

The concepts have been scrutinised in order to familiarise myself with their challenging overlaps and to study their relationships. One aim was to conceptualise and recognise them more clearly: along with their place, function and situatedness in my clinical practice. A series of diagrams were used to find language for my thinking (as a dyslexic who predominantly thinks in images, this was a helpful process) and to represent the literature visually. Each version progressed as the literature review developed; they are evidence of the evolution of thought towards the final conceptual framework. The main discussion of the concepts is at the end of this chapter. Links to other concepts are discussed before the final conceptual framework is presented.

3.1.1 Development of the conceptual framework: Version 1
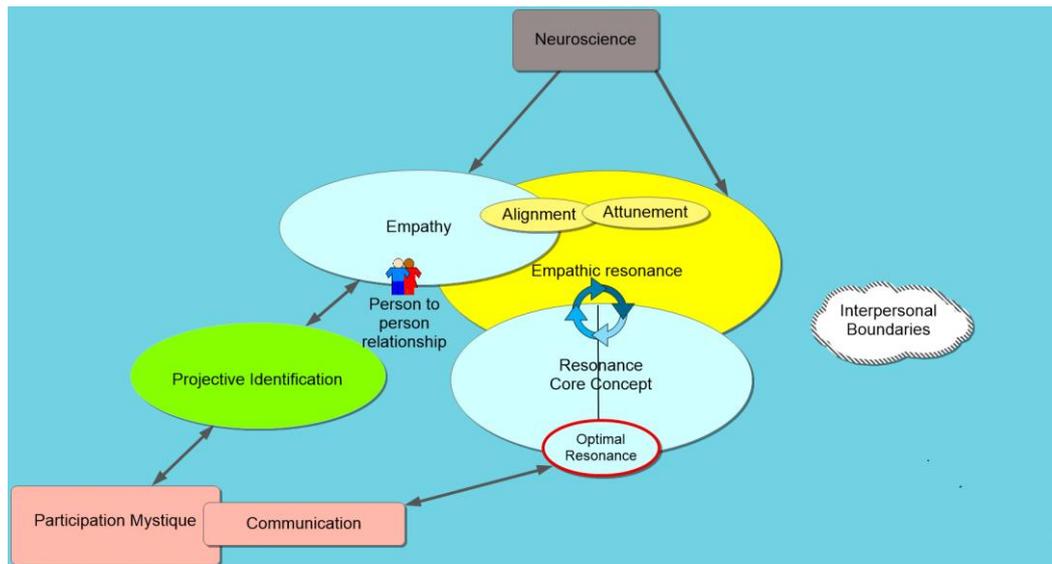
Figure 2. Conceptual Framework Version 1

The first attempt to construct a framework simply involves establishing the concepts and showing how they are related, based on the initial literature review. There was still a lack of clarity at this point, and I persisted with the concept of optimal resonance. I was still uncertain whether it was distinct from empathic resonance. Empathic resonance is at the centre of this diagram, yet resonance is labelled as the core concept because I did not yet sufficiently understand the concepts. Empathic resonance exists between resonance and empathy, reflecting my sense that it could manifest as a consequence of both resonance and empathy, as well as a marker of both, and could become the core concept of this work.

In the literature review, empathic resonance was defined as alignment and attunement. The perspective, derived from literature and practice, that projective identification/projection is the underlying mechanism of empathy, provided a link between empathy and participation mystique. A clue to one form of communication appears on this framework. Because the literature described participation mystique as a form of communion, it seemed reasonable to link this to optimal resonance, which, based on practice, is a manifestation of subjective knowing, knowledge of the other - a form of unconscious communication. Neuroscientific research provides further evidence of the link between empathy and resonance: specific patterns of shared neural activity are observed when one person empathises or resonates with another.

The circular arrows represent a symbolic relatedness of the core concepts, which I had yet to conceptualise (these eventually became resonance, empathy and empathic resonance). At this stage, I was more focused on resonance and empathic resonance. I therefore initially situated the circular arrows near to both these concepts.

Interpersonal boundaries float on the side of the diagram: I had not yet decided whether to review this as a separate concept. I was still unclear on the level of scrutiny boundaries required, especially as I was grasping the differences between empathy near and far, empathy near having a more open interpersonal boundary (Kohut, 1984).

The person-to-person relationship (Clarkson, 2003) formed part of this framework, as more of a sense of its presence emerged. However, I had difficulty knowing where to locate it, and wanted to include it in the conceptual framework. It is one of the floating concepts addressed in the second section of the literature review as I became more convinced of its importance.

3.1.2. Version 2
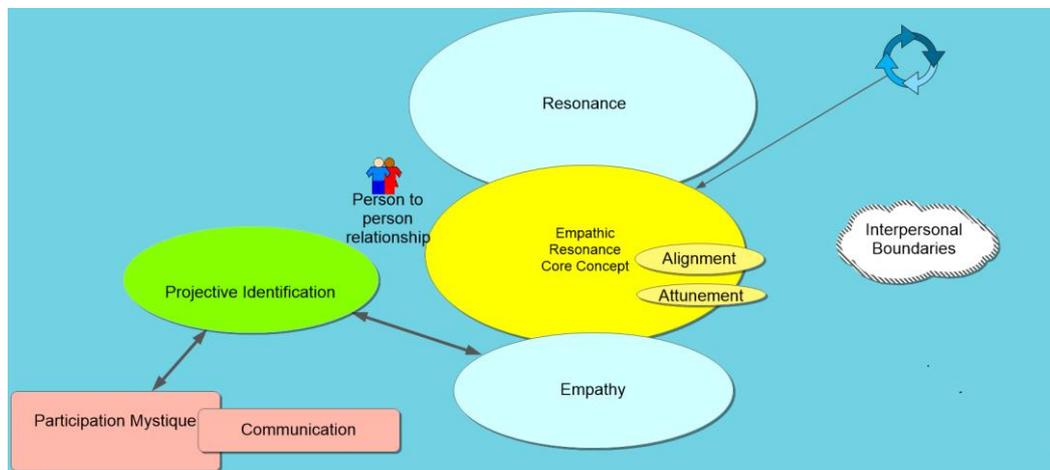
Figure 3. Conceptual Framework Version 2

The main shift in constructing this diagram was locating empathic resonance as the core concept of this thesis. The descriptions of empathic resonance in the literature equated optimal resonance with empathic resonance. My conceptualisation, however, offered the additional potential link with dissociative material.

As the core concept, empathic resonance was now the primary focus. I relinquished the label optimal resonance, which was difficult owing to my personal investment in it. I believe, however, that the optimal aspect of my conceptualisation might have been most relevant in its conceptual link to dissociation.

The other major shift was recognising empathic resonance as central, alongside resonance and empathy (the three core concepts). From the literature, it was clear that these three concepts are related, and that resonance and empathy are largely interchangeable. The three core concepts overlap, all described as understanding, information exchange and knowing. Empathic resonance, however, was additionally described as having a quality of meeting or alignment (Siegel, 2014). Empathic resonance appears to represent the culmination of empathy and resonance, as attunement concepts.

Other concepts remained as they were at this stage. Communication, however, was misplaced. I therefore asked, what was communicated? The answer was knowing the other and dissociative material, both evident in clinical practice. The neuroscientific concepts were excluded at first, as I found this hindered the conceptual framework. The circular arrows indicate links to empathic resonance. They are located to one side, emphasising that empathic resonance is the central concept.

3.1.3. Version 3
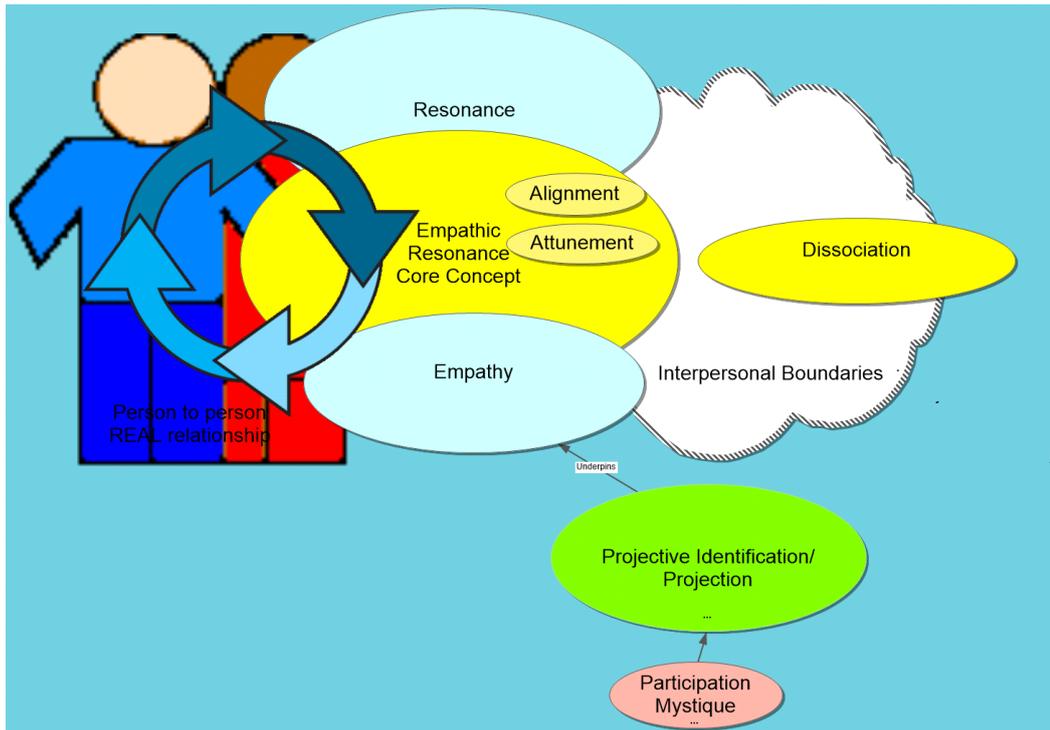
Figure 4. Conceptual Framework Version 3

The main shift depicted here is the enlargement of the person-to-person relationship (Clarkson, 2003). Reflecting upon my practice while compiling the field reflections as stories, convinced me that empathic resonance occurred primarily in a specific kind of relationship. I was mindful that I was ultimately trying to construct a framework without allowing the data to flood it, but this was difficult in reality. The circular arrows over the three core concepts and the person-to-person relationship (Clarkson, 2003) represents this link. Interpersonal boundaries shifted towards the core three concepts as the literature review expanded my awareness of the boundary aspect of this work. The boundaries were not separate, but rather permeable, allowing contagion (the self of the other).

I answered my own question about what was communicated. Dissociation featured in the framework as my clinical hunch grew. Placing it on a level with empathic resonance, I realised this was where my conceptualisation of empathic resonance different slightly or was more expansive. I removed communication, as it was part of the empathic resonance process whereby communion and knowledge, information or knowing of the other was heightened.

3.1.4. Version 4
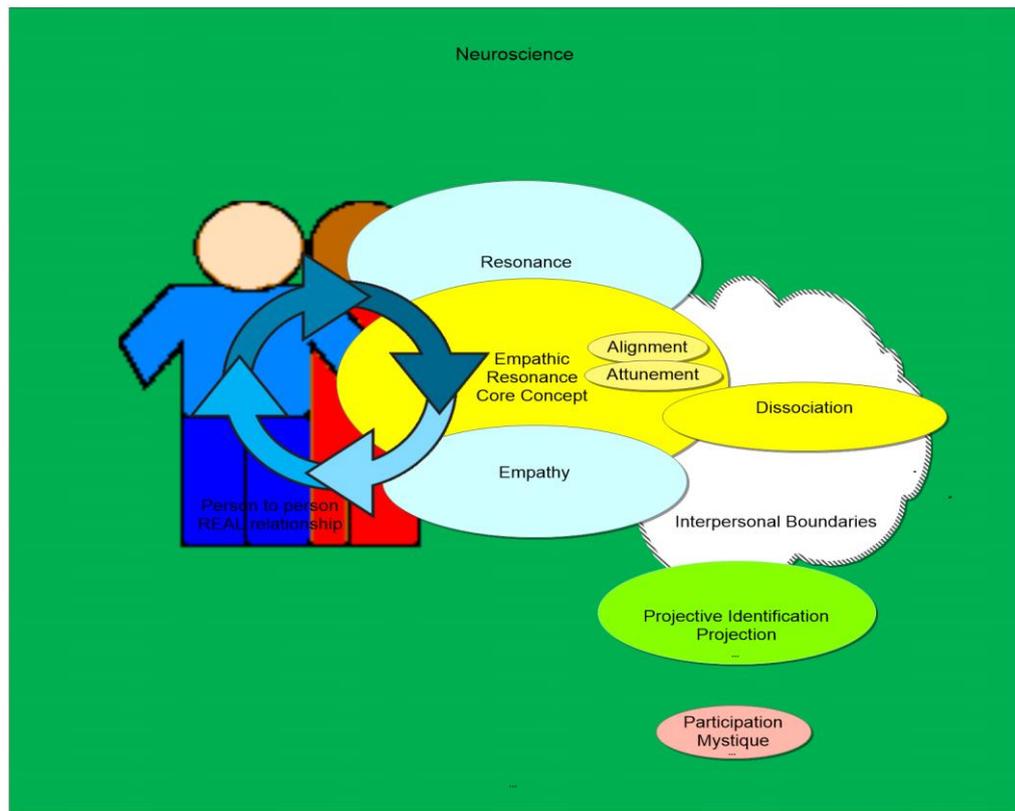
Figure 5. Conceptual Framework Version 4

The two shifts in the fourth conceptual framework involve the reappearance of the neuroscience literature, which grounds the concepts. A question arose in supervision regarding the evidence at the centre of this thesis. The argument here is not that neuroscience provides evidence for all these concepts, but rather that it offers empirical proof of what occurs during the empathic process. As all the concepts are related, it seems reasonable to ground the framework in neuroscience. There is direct neuroscientific evidence only for empathy and resonance as phenomena that give rise to synonymous activation in two relating brains.

Participation mystique is a floating concept, here. There was deliberation about whether it should remain in the framework. The arrows linking projective identification were removed at this stage; its place in the framework was reconsidered.

3.2. Narrative description of the conceptual framework leading to visual representation (Version Five)

The following material constitutes a narrative description of the conceptual relationships derived from the literature. This excludes section two of the literature, which was integrated into the final practice model.

3.2.1. Empathic Resonance

Empathic resonance was located between empathy and resonance. Its name alone indicates conceptual links with empathy and resonance. One aim of the thesis was to determine whether empathic resonance differed from empathy and resonance or represented a combination of the two.

During this phase of the research, the three essential concepts (empathy, resonance and empathic resonance) were conceptualised as transforming the therapeutic relationship; specifically, by aiding emotional processing (Vanaerschot, 1993). The aim was to examine these concepts during data analysis while remaining open to the findings, which may indicate that they are separate processes. Other concepts, such as the therapeutic intention, rapport and compassion, could have formed part of this framework, but it was essential to identify core concepts as a starting point.

These core concepts, while arguably important during communication, are not fundamental to empathic resonance. Rapport, for example, was noted only once in the resonance literature. Additional concepts have the potential to swamp and confuse the core research; indeed, in the first years of this research, it was vital to pare down the concepts to a manageable number. Optimal resonance appears in the first framework, consistent with my early thinking and first round of the literature review. It was essential to assess whether this was simply my own term for an existing concept, or a distinct entity.

Decety (2011) describes the therapeutic task as to resonate with empathic attunement, linking the concepts of empathy and resonance. The term empathic resonance could therefore bridge empathy and resonance, representing a culmination of both concepts as well as an alignment and attunement process (Siegel, 2010, Decety, et al., 2011), enhanced via introspection (Vanaerschot, 2007). Barrett-Lennard (1993) outlines the empathy cycle in three phases, including

empathic resonation as the first phase. This is in contrast to other scholars. An explanation for this would be simple resonation with empathy (an earlier stage of attunement), opposed to the deeper empathic resonation described by Decety (2011), which is consistent with the current thesis. A different emphasis is therefore proposed, using the same phraseology.

According to the literature, empathising means understanding the world of the client; knowing the client, in a felt sense (Rogers, 1957). Etymologically, empathy translates as in feeling or feeling into (Vishcer, 1873). It can also be defined as being with a person who is suffering (from the Greek, empatheia), the predominant stance in therapy. Understanding links the core three concepts, as it is integral to empathic resonance (Vanaerschot, 1993), resonance (Foulkes, 1967; Berman, 2012) and empathy (Rogers, 1959). Understanding, therefore, appears to synthesise the three concepts. It is one factor that draws these concepts into close proximity in the conceptual framework. However, empathic resonance transcends understanding, becoming alignment (Siegel, 2000). Understanding thus forms part of empathic resonance, as well as other functions, which will be explored.

The alignment and attunement processes described in the literature on resonance and empathic resonance are represented using the same colour (yellow) in the first diagram, depicting the relationship between the concepts and their processes. In the final diagram, alignment and attunement are located in the sphere of empathic resonance. Thought on which concepts facilitate alignment and attunement evolved throughout the research. Alignment and attunement differ subtly, a fact not well recognised in the literature. If the goal of the therapist is to attune with understanding, both to the world and to the experiences of the client, does attunement facilitate alignment? Alignment might represent empathic resonance when we have attained an untainted sense of the other via the relationship. Empathy and resonance could be attunement concepts that foster alignment and culminate in empathic resonance (alignment).

Empathic resonance, resonance and empathy are related. The aim of all of them is to attain knowledge of the inner world of the client and to relate to him by conveying and reflecting on the information available. Kohut (1984) describes empathy as 'vicarious introspection', which implies looking within oneself for something belonging to the other. In this way, it is similar to resonant replication (Watkins, 1978). Rogers' empathy (1957), a cognitive and imaginal process, whereby we

enter the world of the client 'as if' it is our own, also has an introspective aspect. To imagine or to think in this manner and to be aware of those processes, one must introspect. The distinction between resonance and empathy introspection is slight. Accessing imagination and thoughts (empathising) requires less introspection than accessing material that has been replicated in ourselves, owing to resonance. Replicated resonant information is easily confused with our own emotions and feelings. Disentangling what belongs to the self versus the other is necessary.

Deeper introspection involves an experiential witnessing; it is *felt* (Vanaerschot, 2007). This is the purpose of the deep attending and presence of the therapist (Mearns and Thorne, 2013) and makes sense of 'vicarious introspection' (Kohut, 1984). Kohut's (1984) empathy is more compatible with empathic resonance: it implies a more permeable inner boundary, which allows the self of the other to be taken in more readily. Deeper levels of introspection are required when empathically resonating or when opening one's self boundary in empathy near states. Empathic resonance represents a more intense type of relating than is implied by empathy, in which there is alignment with the other (Vanaerschot, 1990; Greenberg, 1997; Prendergast, et al., 2003; Hopenwasser, 2008; Siegel, 2010; Decety et al., 2011), characterised by deep pause and unspoken communication. This is the extension of empathic resonance beyond empathy and resonance alone, differentiated from attunement. Thus, empathy near (Kohut, 1984) approximates empathic resonance. It is not, however, until alignment occurs that the phenomenon can accurately be classified as empathic resonance.

Empathic resonance enables hidden experiences to become known (Vanaerschot, 2007), whereby there is access to a 'shared field of awareness' (Prendergast et al., 2003). Both resonance and empathy facilitate knowledge of the other to emerge to the therapist. Siegel (2000) proposes that the client identifies attunement in his mind as 'coupling' and 'engagement'; becoming a 'we' is interesting evidence: empathic resonance constitutes a meeting of minds. This is consistent with linking as described by Budgell (1995) in the transpersonal literature. This distinguishes empathic resonance from empathy and resonance, while recognising their individual roles in the process.

3.2.2. Empathy

Empathy helps therapists feel, know and understand (Rogers, 1959) the emotions, thoughts and nuances of the other. Empathy involves a sensing quality. The extent to which sensing is allowed to develop in the context of interpersonal boundaries (Kalish, 1973, Hart, 1991, Becker et al., 1999) is a matter of debate. Empathy has been described as a perceptual process (Kohut, 1984; Wispé, 1987) that focuses on the subjective view of the client. This relates to 'vicarious introspection' (Kohut, 1984). Whether we turn our attention inwards or outwards in our pursuit of empathy, there is a sensing or perceiving of the other that contrasts with resonance, accessed via introspection. Through empathy, therapists become aware of the feeling world of the client. In so doing, therapists and clients relate more closely, facilitating attunement as part of alignment. It is the attunement potential of empathy, along with its capacity for understanding, linking it to empathic resonance and resonance.

Empathy thus overlaps with empathic resonance, which involves attunement and alignment. The two concepts are afforded equal consideration in the literature, and are often conflated.

3.2.3. Resonance

Resonance creates vibration with the other (Merriam-Webster, 2011), also described as alignment to a frequency (Larson, 1986), echoes (Foulkes, 1967; Schmid and Mearns, 2006) and reverberation (Foulkes, 1984; Mearns and Thorne, 2013). Watkins (1978) uses the term interchangeably with identification, stipulating that it is fostered via replication. It could be described as an aspect of empathy, but it has a quality of being as opposed to of sensing or perceiving, which allows one to understand the feeling state of the other (Watkins, 1978). Resonance proposes a mutuality, by co-feeling and co-suffering (Watkins, 1978). It is generally thought of as an introspective process (Watkins, 1978; Sprinkle, 1985; Larson, 1986), as opposed to empathy, whereby the therapist gains a feeling impression of the client. The verbal communication of resonance after introspection is aimed towards the client.

Resonance has a mutuality, an existential quality also described as meeting or encounter (Schmid and Mearns, 2006), suggesting that resonance occurs when we remain open to contact with the other. It has been described as communication, which focuses upon the self of the other and appears to link with the 'true self'

(Berman, 2012). Resonance enhances empathy (Brown, 2006): the mutuality attained represents a further insight, moving the therapist towards a greater understanding of the client (Watkins, 1978; Larson, 1986; Sprinkle, 1895), embodying meaning making (Foulkes, 1977; Berman, 2012). There is evidence to link attunement processes (Larson, 1986; Berman, 2012; Schmid and Mearns, 2013) with empathic resonance (Siegel, 2014). Resonance enhances empathy, which links the concepts. The concepts are equally important facilitators of attunement.

In the resonance literature, Brown (2006) references the secure relationship. This brings to mind the mode of relationship within which resonance exists. Schmid and Mearns (2006) and Mearns and Thorne (2013) reference the 'person to person/real relationship' (Clarkson, 2003). At this point, the need to return to the literature became clear.

Other notable descriptors of resonance include the attainment of information, whether this be images, memories, emotions, impressions and a way of knowing or a form of communication (LaPlanche and Pontalis, 1973; Foulkes, 1977; Watkins, 1978; Sprinkle, 1985; Larson, 1986; Schmid and Mearns, 2006; Oxford Dictionary, 2011; Berman, 2012; Mearns and Thorne, 2013). Some consider this process unconscious (Foulkes, 1984; LaPlanche and Pontalis, 1988). By contrast, Larson (1986) believes resonance makes unconscious client material consciously available to the therapist. This relates to transpersonal knowing (Hart, 2000). Resonance is an important concept, one that enables emotional processing (Sprinkle, 1985; Bateman, 2006; Berman, 2012) and is characterised by mirroring and synchronisation (Larson, 1986; Mearns and Thorne, 2013), during which the other is taken into our own mind (Siegel, 2014). It can also facilitate trauma, woundedness and split off states (Foulkes, 1967; Foulkes, 1977; Bateman, 2006; Berman, 2012), representing a potential link to dissociation, consistent with my own clinical experience.

Positioning resonance and empathy in the conceptual framework is important in that it provides a visual representation of their close relationship, founded in mutual understanding. Resonance as a result of replication (Watkins, 1978) is similar to affective accounts of empathy (Rogers, 2007) in that they are relatively automatic processes. This is represented diagrammatically: the concepts are represented as aligned with each other but not overlapping, and both as overlapping with empathic

resonance. Empathy and resonance both tend towards other processes, both with an informative introspective aim.

In the resonance literature, there are numerous links with empathy. Empathy can facilitate an understanding of resonance (Watkins, 1978). Larson (1986) and Sprinkle (1985) confound various descriptions of resonance with empathy. Reverberations with a client are empathic, linking this to resonance and empathy (Mearns and Thorne, 2013). Brown (2006) argues that empathic sensitivity further enhances resonance. Berman (2012), by contrast, believes that resonance enhances empathic capacity. This supports my belief that the two might reinforce each other, rather than the one causing the other. Neither empathy nor resonance alone fully embody empathic resonance. This focus of the current thesis is the nature of the relationship between resonance and empathy.

3.2.4. Identification (Partial)

Identification has been linked to resonance in the literature and the terms are somewhat interchangeable (Watkins, 1978). It was important during the literature review to examine the concept of identification, to ascertain its meaning and place in this conceptual framework. Identification appeared for the first time only in the final framework, as this material was reviewed only later on during the literature review.

It was also important to problematise why Watkins (1978) used the term interchangeably with resonance, to gain an understanding of his interpretation: 'it is a temporary and partial identification in a common feeling state and an understanding derived by participation in such a state' (1978, p. 241). In this thesis, an aim was to ascertain the place of identification, specifically partial identification, and whether this is consistent with Watkins (1978). This links to empathy via understanding, as empathy enables understanding (Rogers, 1959).
Resonance is an introspective process (Watkins, 1978; Sprinkle, 1985; Larson, 1986), which involves an intense focus on inner experience. It can be externally observed as synchronised movement and mirroring (Larson, 1986; Mearns and Thorne, 2013). Whether boundaries are merged or permeable is important. Rogers (1959) describes a loss of boundaries as identification. Watkins (1978) conceptualises resonance as identification, describing 'partial identification in a common feeling state' (p. 241), which might imply a loss of boundaries but not one that is total.

My own conceptualisation is that identification informs a knowing sense of locating client experience via our own, which is based on my early clinical work, in which clients in a group setting were encouraged to identify with others via shared experiences, in order to encourage empathy. Applied to counselling, this might facilitate knowledge of emotion, deepening understanding through a shared experience and vibrational understanding. Foulkes (1967) also mentioned shared mutual understanding in the context of group work, which led to reverberation founded in woundedness. Nevertheless, each person's experience is unique to them and identification can imply a loss of self-boundaries. This concept should therefore be used cautiously (Rogers, 1959; Becker et al., 1998). Fleiss (1953) described this as counter-identification. When deeply attuning to and aligning with our clients, it is important to know where one stands in that intense experience. Although the therapist partly holds the client's distress, feeling and experiencing it with them; it belongs to them.

Identification is therefore located near resonance in the framework, enhancing it. Recognition - or partial identification - provides the common thread running through resonance and identification. When two people resonate, each recognises the other (Meissner, 1970). In this context, resonance and identification are interchangeable; both imply a shared feeling state and understanding (Watkins, 1978). In the current thesis, the concept of partial identification is used (Meissner, 1970; Watkins, 1978). My interpretation of partial identification is a shared vibrational understanding via familiar experiential recognition, which might enrich resonance.

Rogers (1959) defines identification as the loss of interpersonal boundary and absorption of the character of the other, consistent with the classical description of identification. In his later work, Rogers (1996) did respond empathically according to his own frame of reference, supporting the idea that partial identification (recognition) forms part of empathy. My clinical work suggests a permeability of boundary, which forms part of these clinical processes. Fleiss (1953) describes 'transient trial identification' (p. 280) in his paper, offering a positive permeability of boundary. The neuroscientific literature supports this notion of permeability, as the mirror neuron system evidences the connection or reflection of one brain with another (Iacoboni et al., 1999, 2005; Preston et al., 2002; Reis, 2009).

How does the recognition of a familiar experience impact empathy? I believe there is a connection between the two concepts, but not in the same manner as partial identification relates to resonance. During resonance processes, the sameness/recognition could be described in vibrational terms; for example, being on the same wavelength. As regards empathy and partial identification, I propose that the client on some level has an awareness of the therapist's understanding. The client might express this as, 'I feel understood'. Partial identification could enhance both empathy and resonance from the perspective of understanding, in slightly different ways. For now, this thought was held in mind and partial identification retained its position in the final framework. I remained open to changing this, depending upon the data.

Identification is positioned as feeding into the resonance concept in the final conceptual framework (version five). The separate icon, representing boundaries, was removed from the final framework: the inner boundary was considered integral to empathy, empathic resonance and resonance. Deliberation about which form of identification to use and about the meaning of partial identification centred on the issue of boundaries. Had I been arguing for identification as loss of self (Schmid, 2001) or as loss of 'as if" (Rogers, 1959, p. 210), an argument for the loss of self as essential to resonance would have been necessary, implying the loss of interpersonal boundaries.

3.2.5. Projection/Projective Identification

Although used interchangeably by Grotstein (1981), here these terms are defined as sent out and received, respectively. The concept of projective identification/projection is related to empathy in two senses. Projection is considered an underlying mechanism of empathy, as well as a defence mechanism (Klein, 1955). Unconscious material is projected onto the recipient (the therapist in the therapeutic context) because it is too threatening for the individual to acknowledge consciously (Klein, 1946). This does not mean projection is the only mechanism at work during empathic exchanges. One's personal history as a therapist can be unconsciously projected during empathic relating. Similar life experiences (recognition/partial identification) can therefore unconsciously inform empathic responding via projection towards the client, indicating a conceptual link.

At this stage of the research, it was hypothesised that projection, empathic resonance and resonance are related. If resonance is constituted predominantly by alignment and attunement processes (Siegel, 2010), a beingness that occurs introspectively, it is rich ground for projection, as a form of communication. At the point of vibrating together, the sense of the other could be projected onto and experienced by the therapist (Fleiss, 1953). I locate projective identification and projection closer to empathy, consistent with Klein (1955), because clinical experience has shown me that I use my own experiential sense of a similar event to inform my empathic response. If projection involves subjective content expelled on to a subject, this would link resonance with projection processes, because subjectivity is the material brought into awareness as part of the resonance process (Watkins, 1978).

Resonance differs from empathy via replication (Watkins, 1978). Replication is an automatic process, the potential mechanism according to which projection operates. When engaging in empathy, too, we put into others (project) 'some of our own emotions and thoughts' (Klein, 1959, pp. 252-253). The information conveyed via projection requires careful consideration (via introspection with the maintenance of interpersonal boundaries), to minimise confusion. It might also be argued that, although not conscious of my compassion for the other, the other feels this. Projection is not a main concept of this thesis, but its part is recognised in the empathy process. According to Jung (1931), projection is one of the most common psychic phenomena. The final conceptual framework situates projection linking with empathy. I was uncertain of the conceptual links among projection, resonance and empathy at this time, trying to represent resonance and empathy as related yet distinct. I held the view that I could not adequately represent the conceptual link between projection and resonance in the empathic resonance framework, as I did not have any evidence for this. Data analysis was required.

3.2.6. Participation Mystique

Participation mystique (Levy-Bruhl, 1910) overlaps with projective identification and projection: Jung (1931) linked projection and participation mystique by virtue of their both involving unconscious projection of content. However, while reflecting upon Winborn's (2014) experience of participation mystique with the leaf, I questioned this view. For a moment in time, the leaf and the observer 'existed in some unseen communion' (Winborn, 2014, p. 1), as though the projective mechanism triggered a

meaningful response. Mark and the leaf experienced something shared, a mutuality which could be resonant or perhaps even represent aesthetic empathy, and was certainly not wholly unconscious.

This could have represented a mutual empathic exchange with the leaf. However, from my own experiences with objects, which have triggered aesthetic appreciation and symbolic meaning, I wondered whether this was both communion (Winborn, 2014) and an unconscious encounter with an object with symbolic mystery; an unconscious projection from inside, transferred to the object. There is uncertainty in my positioning of this concept, but I have located participation mystique close to projection, owing to my tentative agreement with Jung.

I had a profound experience of this nature when I encountered a carved ironwood donkey in a beautiful craft shop. I locked eyes with the object and knew it held a mystery. I could not find the words until a few days later, when I was in a garden. Then, it came to me that the donkey's eyes conveyed compassion (or my projection of compassion on to it). As I came to this deep realisation and spoke of the meaning to a friend, a donkey in a field brayed; a powerful synchronicity. The carved ironwood donkey sits behind me when I work, a reminder to try always to remain compassionate.

In the Winborn (2014) example, it is possible that the leaf and Mark shared a subjective communion bound in Mark's psyche. The symbol became resonant for Mark, because of a meaning making experience located in his unconscious yet appearing as a conscious communion in his awareness. I remain open to what participation mystique may offer this work. I am mindful of experiencing similar kinds of 'resonant' connections with objects, but am also mindful this is not the overriding focus of this work. The essence of participation mystique does evoke questions regarding its nature, and whether this kind of communion is possible with and between people. I suspect that it dissolves into the I/Thou relationship (Buber, 1923), given Buber's description of I/Thou with a tree.

3.2.7. Dissociation

The inclusion of dissociation in the literature review is a clinical hunch founded on experience. My clinical hunch is that empathic resonance is fundamental and that it is a connecting with other process; through those connections, that which was

disconnected (lost, dissociated) can emerge. Hidden experiences can become known (Vanaerschot, 2007), via access to a field of shared awareness (Prendergast, 2003) providing evidence that material can be recovered. The availability of this material once appropriately acknowledged could be an essential element for client transformation. It is not argued here that remembering traumatic material is essential for the recovery of trauma. Rather, my subjective experience of empathic resonance and resonance processes is documented, observing what might occur. Dissociation is a floating concept in the empathic resonance framework. Floating concepts were labelled as such because, while identified, there was uncertainty about their positioning, or whether they would appear in the final model.

3.2.8. Neuroscience

Neuroscientific findings are included in this thesis as tangible evidence of empathy and resonance processes. The mirror neuron system is described as a potential underlying mechanism underlying empathy and resonance (Iacoboni, et al., 1999, 2005; Preston, et al., 2002; Gallese, 2003; Gallese, et al., 2003; Pfeiffer, et al., 2008; Niedenthal, et al., 2010). There is empirical evidence of human connection and our neural relatedness. We do not function in isolation and are connected at a neural level. There is evidence of one mind duplicating another, a mind-to-mind connection (Rizzolatti et al., 1996), indicating a permeability between us and, therefore, evidence of our interconnectedness.

Neuroscientific evidence is relevant in this thesis, in terms of matching brain activity between people in resonant empathic relationships (Palagi, et al., 2009). The body of work further supports and encourages us to explore and understand the potential for human relatedness. The connection between empathy and resonance and neural mirroring indicates a reflection of self in the other, and vice-versa (Gallese et al., 1996; Rizzolatti et al., 1996). This justifies further research into resonance processes, potentially critical to transformation and healing, as we learn to confront ourselves via the other.

Projection (Klein, 1955) is difficult to study neuroscientifically. In the literature, projection is most closely related to association, but there are difficulties inherent to studying an unconscious process and to equating this with empathy. Likewise, dissociation may or may not be elucidated by the neuroscience literature. If

dissociated material emerges during the empathic resonance process, it would be reasonable to leave it there as a part of the process that unfolds. Projection and dissociation, as well as concepts in this thesis, might not be identifiable via MRI and fMRI scans. Because these concepts are linked to empathy and resonance, however, it is likely that they constitute part of our neural relatedness, consciously or unconsciously. Following is the final framework, with some brief clarification.

3.2.9. Version 5.
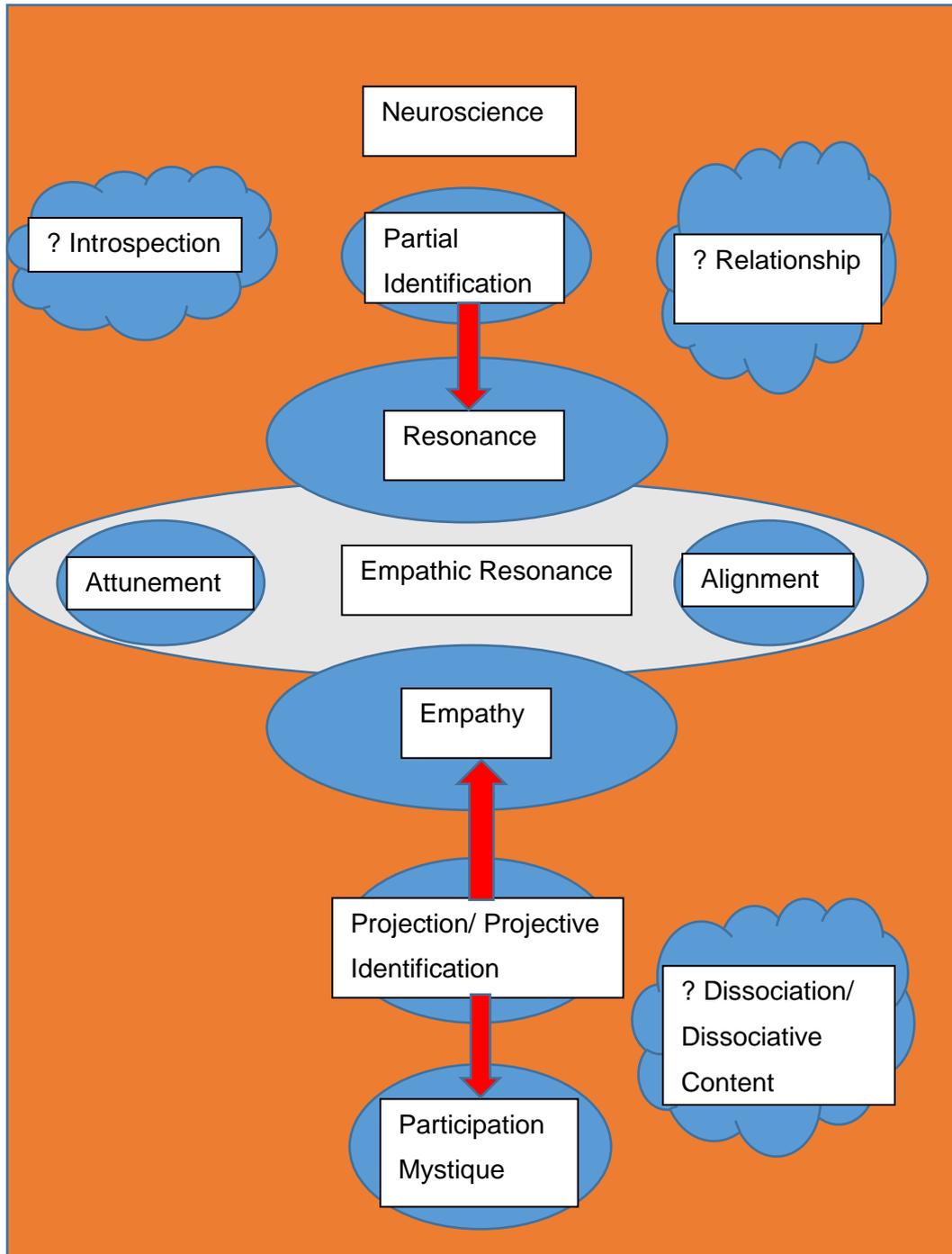
Figure 6. Conceptual Framework Version 5

The shift from version four to five is significant. I had reflected more deeply upon the literature and discussed the conceptual framework at length in supervision. Jonathan asked me to observe myself as I demonstrated, with my hands, the core and peripheral concepts nested within each other.

I used Inspiration software, provided as part of my dyslexia aids, to create the first four two-dimensional conceptual frameworks, but it did not have the software capability to create a multi-layered framework with more than two layers. I found an adequate program (word shapes), which permitted a new multi-layered visual format. I spent hours layering shapes and then decided to switch programs to produce the final conceptual framework, version 5, with this new software. Word shapes would be used to develop the final practice model from version five.

My supervision discussion opened up other avenues of thought, and my main sticking point at this time was the mode of relationship, which adequately held my experience of empathic resonance. Jonathan and Ann offered an alternative conceptualisation - Buber's (1923) work - which raised questions for the research. I was certain that the person-to-person relationship (Clarkson, 2003) was the foundational relationship upon which empathic resonance was built. However, as Buber's (1923) work had been identified, I wanted to be more certain of my thinking. Concepts that remained uncertain were left as 'floating concepts' at this time. The floating concepts included: the relationship (which one?), dissociation (what aspect?) and introspection (which form?). Some of the concepts that appeared in the earlier conceptual frameworks were withdrawn; reviewing the data was necessary before carrying out the second round of the literature review; the literature already reviewed had not provided adequate information on these three floating concepts. The second round of the literature review therefore constituted part of my practice development. Without it, I would not have been able to complete the work and finalise the practice model.

Dissociation was a clinical hunch and I wanted to be sure of this via the data, I needed to complete the literature review (section two) and analyse the data. However, next to dissociation in the cloud I had written dissociative content, I was keen to know if this could be part of what was communicated via empathic resonance. Thus, there was a clarification of meaning, I was not implying that

empathic resonation had a dissociative essence but that it might access dissociative content.

Throughout the literature and my practice, I noticed a high degree of introspection linked to multiple concepts. In the first frameworks, introspection was missing because I had not given it due consideration. There was an introspective element to empathic resonance, empathy and resonance processes; to omit this here would have been inaccurate and unhelpful. Introspection is fundamental to the process. My dilemma in labelling introspection was a need to examine practice more closely, in order to define it more adequately. This was done in the second round of literature review.

Identification in a partial aspect emerged in version five. I had been encouraged to write up snapshots of clinical practice conceptualising my emerging understanding of the concepts). It was evident that I used partial identification when engaging in resonance.

The core concepts were duly placed at the centre of the conceptual framework. Version five was the analytical lens from which I would analyse my data, and the foundation of the model of practice. It was not possible for me to develop the framework any further with my current knowledge, I needed to accept this was as far as I could develop it, before data analysis and the integration of the second round of the literature review.

Participation mystique remained in the framework at this stage, but it was becoming apparent that it would unlikely appear in my practice stories. This concept, although it described the process of projection, was in relation to objects.

3.3. Towards a Model of Practice (Practice Development)

Originally, I did not intend to construct a practice model. In the early stages of my work, it seemed sufficient to elucidate practice (via autoethnographic stories) because reflection can in itself impact practice development and learning (Johns, and Freshwater, 2009), through questioning actions, values and beliefs. The stories I had created had already impacted me, opening a deep inner dialogue about my work, which hinged upon the conceptual relationships and how they worked together. It would have been possible to review the stories - the culmination of a

long period of fieldwork - and write up another layer of reflection describing, analysing and evaluating the learning (Reid, 1993). This neither fed into my strengths as a visual thinker, however, nor helped me organise my thoughts about the conceptual relationships. I wanted to fine tune this purposeful collection of concepts into a visual representation, with some additional elements from the data.

An essential element of my work, to bring the subjective counsellor experience into the open, was a large part of my practice development. The stories themselves illustrate empathic resonance in action. I wanted to further my practice development using my visual thinking and drawing deeper knowledge from the stories. It was not obvious to me, but it clearly was to Jonathan, when he suggested a model of practice. The development of a model would involve a summarised visual representation, illustrating how these concepts relate - an extension of an already constructed conceptual framework. This required thought about how I would analyse the stories. The model would encompass the literature, field work reflections, constructed autoethnographic stories and data analysis.

A personal practice model adopted from social work practice involves 'the art and science of social work…an explicit conceptual scheme that expresses a worker's view of practice' (Mullen, 1983, p. 623). This is a concise statement of the kind of contribution to knowledge and practice I wanted to make. Developing a model of practice offered me a chance to deepen my understanding of my practice experiences and potentially start a dialogue with other professionals. A model of practice would aid understanding of empathic resonance.

3.4. Research Questions

Thesis questions located in the core thesis aim, developing a model of practice
My research questions and aims arose from the literature review and are grounded in the conceptual framework (see introductory chapter).

Chapter 4
Methodology

4.0. Introduction

In the first part of this chapter, the ontological and epistemological position of the study is described, and how these are appropriate in the context of autoethnography. Next, the methodology is discussed and the rationale for using this framework developed. Research paradigms and autoethnography are contextualised in terms of the history of the approach, its purpose, methodological criticisms and my decision to use autoethnography reflexively and write clinical stories. Some personal reflections are included at the end of the chapter, to illustrate my difficulties with and ambivalence towards the methodology. These had to be addressed before proceeding with the work, along with my reasons for rejecting a phenomenological approach. Personal disclosure is foundational to this research approach. This caused me angst at the outset, because of my hidden wounds, which had to be resolved alongside this thesis, in a separate space.

4.1. Ontology

Patton (2002) asked, 'What do we believe about the nature of reality? (Ontological debates concerning the possibility of a singular verifiable reality vs. the inevitability of social constructed multiple realities)' (p. 134). This helped me think about my position on the nature of reality: is there an external reality existing independently from my interpretations thereof? I do not believe there is a reality that exists separately from my perceptions. I do, however, believe there is a place in research for positivist studies that look outwards towards external reality. I am neither a pure subjectivist nor a pure objectivist; I regard these two perspectives as related, as affecting one another. How does this fit with autoethnography? Autoethnographers see reality neither as fixed nor external, but as created by the changing perceptions and beliefs of the viewer (Duncan, 2004). The current study is participatory in nature; it would therefore be accurate to describe my ontological position as relativist - I take the position that reality is socially constructed.

4.2. Epistemology

Epistemology is the theory of knowledge and how we know things. This thesis embodies my lived experiences with my work, research, life, people and

interactions. My belief is that we come to know things via experience, which resonates with autoethnographical methodology.

The epistemological roots of the autoethnographic method are grounded in postmodernism, which proposes multiple ways of knowing and inquiring, no one of which takes precedence. 'It distrusts abstract explanation and holds that research can do no more than describe, with all descriptions equally valid. Any researcher can do no more than describe his or her experiences' (Neuman, 1994, p. 74), reflecting my epistemological position.

A paper by McIlveen (2008), '*Autoethnography as a method for reflexive research and practice in vocational psychology*' helped me to further explore whether autoethnography and my own position were a good fit. This paper allowed me to think more clearly about the research methodology, specifically the epistemological stance, which 'can align with either the constructivism-interpretive or critical ideological paradigms' (p. 3). Autoethnography and my personal beliefs, worldview and values thus matched well. The approach resonated with my interest in co-constructed realities and my core desire to understand people, especially the marginalised, wounded and vulnerable. Indeed, the topic of empathic resonance itself seems oppressed and marginalised: it is spoken about quietly, regarded as strange and mysterious. Many counsellors have told me about their own experience of the phenomenon, which they generally do not share for fear of being marginalised.

I believed I would come to know my practitioner self more fully by conducting autoethnographic research. The 'doing' of my practice would be conveyed by stories that communicated my subjectivity to readers interested in empathic resonance. The reflexivity of the approach mirrored my counsellor training. It has been a way of knowing and learning while training and doing (largely experiential) that has inspired insights and development along with the integration of theories and therapeutic conceptualisations that have shaped my practice.

4.3. The methodological discussion

Prior to attending the research methodology course, it was evident that my work would be qualitative, owing to my desire to understand empathic resonance. Qualitative research is exploratory (Lodico et al., 2006). Its focus is to understand

the insights, motivations and human group life of the individuals under study. Qualitative research activities include interpretive, transformative, meaning making practices (Denzin and Lincoln, 2011).

Meaning-making was of particular interest, particularly because the focus of my clinical work is to understand, derive meaning, interpret, reintegrate and reframe. I had experienced empathic resonance in practice as a social construction manifested between clients and myself. I wanted to understand this phenomenon in the context of the therapeutic relationships forged. It was important to identify a methodology that would allow me to represent these experiences most accurately. 'The main purpose of qualitative research is the understanding of social behaviour and thought through people's own accounts and observations of their interactions with others' (Avis, 2005, p. 4).

4.3.1. Exploring paradigms, interpretive and critical

As mentioned, McIlveen (2008) helped me understand narrative construction:

> There are few regulations on how to write an autoethnographic narrative analysis; it is the meaning of the story that is important, rather than conventions of scholarly production. Analysis of data would entail the production of a meaningful account. Rather than a self-absorbed rendering, an autoethnography should produce a narrative that is authentic and thus enable the reader to deeply grasp the experience and interpretation. (p. 4)

I held in mind that, for a good autoethnography, the stories would have to give an account of my practice that communicated the experience. This was a difficult task, as empathic resonance experiences are fleeting. Nevertheless, holding this in mind helped me focus my story construction. I needed to show how empathic resonance was embedded in practice, while remaining true to the account. I also read about interpretative and critical paradigms, exploring these approaches.

Critical theories overlap somewhat with interpretive paradigms. However, critical theories focus on oppression, examining oppressive forces in the known social structure. According to this paradigm, a group has an explicit political agenda that needs to be challenge. Autoethnography can also be critical, a way to:

> Examine social conditions and uncover oppressive power arrangements and fuse theory and action to challenge processes of domination' (Boylorn and Orbe, 2016, p. 20).

Other modalities are often more popular owing to budgets and evidence; for example, CBT dominates in the NHS; although there has been a recent shift towards Dynamic Interpersonal Therapy (an intervention based upon psychodynamic approaches, but more brief). The popularity of these approaches is enhanced by their ability to earn therapists a living more easily than depth and relational approaches. Many people require longer-term therapy for lasting effectiveness, affording them the opportunity to address deeper relational wounds. However, the efficacy of depth approaches is more difficult to measure. Research on core relational specifics in counselling and psychotherapy would be useful. Although the current thesis has a critical ideological element, this is not its main focus.

Evocative autoethnography is consistent with a critical ideological approach in the sense that it is free form in style (Ellis, 2000; Ellis and Bochner, 2000). This kind of autoethnography fits most appropriately with the aims of this thesis, encouraging empathy and resonance in readers. In short, this form of autoethnography seeks to 'elicit emotional identification and understanding' (Denzin, 1989, p. 124).

What of the constructivist-interpretative approach? Anderson (2006) differentiated between analytic autoethnography and evocative forms of the method. The analytical form tends towards objective writing and analysis. By contrast, I tended towards evocative autoethnography, which I considered best suited to this thesis. However, in spite of Anderson's (2006) form of autoethnography being set aside because of its procedural requirements (a text with analytical interpretation throughout), its strengths were acknowledged and embraced. Whilst I choose the evocative form of the method (which allowed the phenomenon and its context to be recreated) and crafted standalone stories for later analysis, there was a recognition that in order to create a model of practice I had to do something more with the stories. Whilst, the evocative aims to encourage reader interpretation I had to analyse the stories to construct a model of practice. Therefore, this thesis appreciates both forms of the method and harvested the strengths of both to fulfil its aims.

4.3.2. History and overview of autoethnography

Two names are synonymous with autoethnography: Heider (1975) and Hayano (1979). The term was first used in the literature in the 1970s, by anthropologists, sociologists and other scholars. Heider (1975) used it to describe his methodology when he studied the Dani people of Irian Jaya, collecting 50 stories from school children, which he called oral testimonies or 'autoethnographies'.

Hayano (1979) published a short paper in which he conceptualised material written by native anthropologists as autoethnography: 'studies which analyse one's own life through the procedures of ethnography' (p. 103). He distinguished between studies that are 'not only auto-ethnographic, they are self-ethnographic but it is not immediately shown how they are applicable to other cultural members' (Ibid, p. 103). He described the universal features of autoethnographies in members of a cultural group, in contrast to self-ethnographies, which involve personal, individual attributions. This kind of methodological approach is thus flexible. The position of researcher-is-researched (Doloriert and Sambrook, 2009) might be considered self-ethnographic. The current study is not purely self-focused, however; it is other-focused, with an onus upon self, as well as resonance focused. In today's terms, this is an autoethnography.

Allen-Collinson and Hockey (2005) described autoethnography as follows: having 'its roots in anthropology and sociology, ethnography utilizes a spectrum of qualitative methods to gain access to particular kinds of human phenomena' (p. 177). This addressed my earlier hesitations about autoethnography, the fear of subjecting the material to phenomenological reductionism. Unfiltered, complete stories were the aim, as opposed to describing a particular phenomenon in a reductive way. Methods that limit phenomenological possibilities were to be avoided. The relational characteristics between self and other were the focus, with the aim of characterising empathic resonance. Autoethnography thus provided the most powerful introspective opportunities for self-examination.

4.3.3. Defining autoethnography, its forms of representation and purpose

Ellis and Bochner (2000) provide the following definition of autoethnography: 'Autobiographies that self-consciously explore the interplay of the introspective, personally engaged self with cultural descriptions mediated through language, history and ethnographic exploration (p. 742).

The 'exploration of the introspective' is most significant, here. The autobiographical is a contextual necessity. However, because of my interest in practice development, the introspective aspects of the method support my choosing autoethnography. Autoethnographic methodology provided a framework through which to focus on my subjective experience. This will hopefully be useful for other professionals, connecting me to culture as part of the collective understanding of resonance processes and related concepts. These were purposeful stories that required my presence in the text, leading to questions about representation.

A former supervisor said, 'It can be anything you want it to be, in the context of your, self/other interactions and the effect of culture, people, and your social interactions' (Supervision, 2009). This echoed Speedy's (2007) description of autoethnography as a 'slippery customer' (p. 155). However, I would additionally argue that the self is slippery and elusive. This is especially true in relation to the personal wounds people have and perhaps accounts for the discomfort I observed at a workshop. I witnessed the reactions of scholars at an autoethnographical workshop with Tessa Muncey (2009). Their disdain fascinated me as a non-academic. I witnessed my own internal argument: Who can know you and see inside you better than you; this could be an opportunity to really know others by sharing ourselves - in my case, my practitioner self. A second insight emerged rereading this text: 'It's not just about seeing inside yourself, it's noticing your internal processes as a consequence of those self/other interactions'. This is relevant to this study, in which the concepts of attunement and alignment were ambiguous.

Since 'Disclosure begets disclosure' (Jourard, 1971, p. 14), autoethnography could be considered an invitation to share and feel into experiences, encouraging connectedness between people. If one is able truly to be open about their experiences, it is natural for others to follow and share. My work could allow readers to 'gaze back into his own multi-storied life space' (Boje et al., 1999, p. 349), specifically the professional life space. It is hoped that this work opens a dialogue with other professionals, leading to further work on empathic resonance.

Definitions of autoethnography vary widely. The conflict here over choosing autoethnography or phenomenology is clear in relation to the definition provided by Simpson (2014), which locates autoethnography under ethnography, phenomenology and ethno-methodology: all of these aim to understand phenomena

in context, while respecting the different perspectives of participants. Autoethnography 'offers unique perspectives on social practices, as it draws attention to the fact that the researcher's perspective is not the same as the participant's perspective and that both may be dissimilar from the perspective of the researcher as participants' (Ibid, p. 42). This definition emphasises one's perspective when witnessing phenomena, providing valuable insight into unobservable social experiences. Autoethnography harnesses the insider perspective, appropriate to the research questions here.

It was valuable to self-observe, to look both to my internal workings and to the external relationship. Ellis (2015) confirms that '[t]hese experiences cannot be recreated in an experiment or laboratory and are often too sensitive to discuss in interviews or survey research. However, an insider can describe the nuance, complexity, emotional meaning of these experiences as s/he has lived them' (p. 32). Writing about an insider perspective, Ellis (2015) thus supports the value of an insider perspective, an 'epistemology of insiderness' (Reinharz, 1992, p. 260). This is part of my rationale for using autoethnography, to gain an insider perspective of my clinical practice, to demonstrate what I do in the context of empathic resonance and to foster dialogue among practicing clinicians.

Autoethnography promotes the need to be closer as fellow humans, to render 'scholarship more human, useful, emotional and evocative' (Ellis, 2015, p. 3), uniting us in our common thoughts, feelings, fears, desires, frailties and insecurities. The methodology here expands upon this purpose, linking it with being known, with connection and with resonance. The research questions are consistent with the methodology. My therapist-self sought methodology capable of attaining a deep personal and social relatedness. When we work hard to know our core and ourselves, we gain the ability to understand and connect intimately with others:

> Autoethnography refers to writing about the personal and its relationship to culture. It is an autobiographical genre of writing and research that displays multiple layers of consciousness. Back and forth autoethnographers gaze: First they look through an ethnographic wide angle lens, focusing outward on social and cultural aspects of their personal experience; then, they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations. (Ellis and Bochner, 2000, p. 739)

This methodology allowed me to study my personal experience and to relate this to the social experience of others, as well as to the phenomenon between myself and

client. It allowed me to shift my gaze in two directions, examining both my inner and outer experiences. There was some resistance to the vulnerable self-becoming, open to voices from the wider culture that might diminish the experience. My personal healing, though, stood me in good stead. Colleagues encouraged and empowered me to keep searching. Tierney (1988) regards autoethnography as 'reclaim[ing]…spaces that have marginalized those of us at the border' (p. 66). Some of these empathic resonance experiences are regarded as strange, even by other therapists, and many remain silent about them. I required some guidance as to how to focus the stories:

The work of Ellis (2009) assisted with the subjective focus of my stories:

> As an autoethnographer, I am both the author and focus of the story, the one who tells and the one who experiences, the observer and the observed…I am the person at the intersection of the personal and the cultural, thinking and observing as an ethnographer and writing and describing as a storyteller. (p. 13)

This definition helped me locate myself as observer, allowing me to construct a text reflecting my embodied experience of empathic resonance. The story contains important data about empathic resonance. I was able to study my thinking, feeling, sensing, interventions and any other strands of consciousness that emerged as a consequence of this methodological positioning. 'For autoethnography, virtually any aspect of one's life can become a research focus' (Chang, 2016, p. 49). Here, the focus was my clinical practice.

Gergen and Gergen (2002) helped me understand the composition and style of my work, by advocating the idea of allowing one's uniqueness to permeate the text, complete with emotional revelations and anything that allows readers to encounter the 'full human being' (p. 14). By so doing, I expressed myself and accessed multiple strands of my consciousness relevant to this work. It allowed me to be human and real and to access my counsellor self as a transformative presence, thereby more authentically communicating with readers. My voice was present as the narrator of the text, which was exciting. In previous studies, I felt I had a lot to contribute yet my voice was missing. Autoethnographers include themselves in their work, 'challeng[ing] silent authorship where the researcher's voice is not included in the presentation of findings' (Holt, 2003, p. 2).

The voice of the researcher dominates in autoethnographic work, challenging qualitative research discourse. The fluidity of the approach is liberating. I learnt to

step away from my desire for instructions and to grasp the freedom of expression autoethnography held: 'Self-narratives cover a wide range of writings whose primary focus rests on self. Besides the commonality, they vary in genre, authorship, thematic focus, and writing style' (Chang, 2016, p. 35).

This furthered my understanding of autoethnography; that it truly could be anything I wanted it to be. This freedom of expression and author presence were examined in the autoethnographic literature, which spans creative writing, paintings, drawings, poetry, visual or audio representation, drama and theatre productions (Ellis, 1995; Ellis, 2002; Ellis and Boucher, 1996; Ronai, 1995). I had to think about how my text would be created, shaped and produced. This type of methodology is fluid: 'a big piece of silly putty, and today is the time to play' (Hemmingson, 2009, p. 127). I remained overwhelmed about constructing the stories.

4.3.4. Criticisms of the autoethnographic approach

There are many criticisms of the autoethnographic approach, including autoethnography as therapy, the problem with memory and fictionalised texts. Ethical considerations related to the approach are discussed in Chapter Five. In this short section, the two main criticisms of the approach are described.

The first main criticism of this methodology could be categorised as self-indulgence. However, '[a]utoethnographers embrace vulnerability with a purpose' (Holman-Jones, Adams and Ellis, 2016, p. 24). My purpose is clear: I want to expose my subjectivity and self for deeper scrutiny, with a focus on empathic resonance. This is not 'navel gazing' (Hemmingson, 2009, p. 134); 'exposure of the self who is also a spectator has to take us somewhere we couldn't otherwise get to. It has to be essential to the argument, not a decorative flourish, not exposure for its own sake' (Behar, 1996, p. 14). This is an important response to the criticism of 'gross self-indulgence' (Coffey, 1999, p. 132) and narcissism (Delamont, 2009). Those who do not understand how the self is constituted might well claim that autoethnography is narcissistic. This is a claim easily done away with, though, by authors clarifying their intention and purpose in creating personal narratives (Ellis and Adams, 2014, p. 269). One's own motives for representation are, therefore, essential. Criticism of this methodology is reduced when it is properly located in the context of research aims and objectives.

Throughout this chapter, I have touched upon autoethnographies as fictionalised accounts. When originally contemplating this methodology, I was very resistant to writing a fictionalised autoethnography. My concern with that form of representation was expressed by Walford (2004): 'If people wish to write fiction, they have every right to do so, but not every right to call it research' (p. 411). Can fiction be research and can fictionalised accounts be scholarly? In 'aesthetic modes of knowing', the artist makes meaning out of chaos (Eisner, 1985, p. 22). Leavy (2016) proposes a list of criteria for fiction as research, including, for example, the fact that 'it could have happened' (p. 79) and compares these criteria to the traditional qualitative evaluative criteria for qualitative research, including validity, congruence and reflexivity. When considering what is scholarly, Chang (2016) advises grounding narratives in four overlapping criteria, in order to appease critics. While these are important, the purpose of the fictionalised text is paramount. Nash (2004) suggested ten tentative criteria for scholarly personal narratives, most of which are fundamental to this thesis.

4.3.5. The reflexive autoethnographer

Autoethnographic research is difficult. When I first encountered autoethnography, I wrote in my journal, 'I don't believe this work needs to be evocative for the sake of creating an artistic masterpiece, for that is not my goal with the use of autoethnography for this work'. However, I have used poetry and story, as well as painted an image expressing my thesis title. I did not want to weaken the work by not representing other strands of myself, which lean towards a model of practice. A creative element emerged, however. The work called for both the evocative and the structured. Sometimes I feared not being able to write beautiful, heartfelt autoethnography. Hopefully, however, it is sufficient to convey my clinical experiences. I had to resolve the dilemma of representation and vulnerability, tolerating inner tension and allowing the work to unfold naturally.

The work required a high degree of reflexivity, an ability to examine my practice and myself in a meaningful way. While the analytical autoethnographical style has advantages, the current work required a more reflexive, evocative approach, one that encouraged insight and resonated with the emotive, healing work of the therapist. The stories represent the deeper message and hidden wisdom embodied in my lived experience - they are the heart of my work and illustrate empathic resonance in action. They are a large part of my practice development project, and are the data from which I developed my model of practice.

4.3.6. Reflexivity

In an earlier part of this journey, I thought that reflections on my written work (stories) would form the key aspect of my practice development project. Reid (1993) describes reflection as a 'process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice' (p. 305). This changed, however, as the discussion and findings section of the thesis encompass significant learning about practice. A further reflective chapter would not have contributed novel information; therefore, the autoethnographic stories were analysed to develop a model of practice. The model evolved naturally from the conceptual framework (Chapter Three) and was integrated and constructed from the findings and discussion (Chapter Seven).

In hindsight, the process of creating the stories was fragmented. The parts were all there, but the construction was a work in progress. Unlike constructing an engine, for example, I did not have a schematic from which to work. Creative freedom was fundamental while gathering all I had observed, reflected upon, come to understand and needed to construct. Autoethnography was like free form painting: I had an idea of the colours and shape but, until the final medium was dry, the form was shrouded. The process reminded me of therapy, during which one feels one's way forward, one sensitive and sense-orientated step at a time. The final becoming and reconstructed story was emergent.

Learning about autoethnography fostered spontaneity. I realised it is possible to set out upon this kind of research journey, thinking about what it will become, while holding a space for transformation and becoming, which evolves along the way. The text had its own life and spirit, which needed time to flourish. I had to feel and find my way, trusting that the thesis would find its natural shape. Reflexivity and reflections on practice were integral to creating autoethnographic accounts from field reflections. The methodological process of the story creation is described.

Conceptualising a 'story' as a construction (Holloway and Jefferson, 2002) rather than as a pre-existing reality, helped in taking a reflexive rather than an analytic stance. The narrator must be clear about his input:

> The difference between a story and a report is that in telling a story, the narrator takes responsibility for making the relevance clear, the agenda is open to development and change, depending on the narrator's experience. It recognises that the story told is constructed rather than being a neutral account of a pre-existing reality. (Holloway and Jefferson, 2002, p. 32)

This helped me clarify how I wrote my field reflections. I was not simply reporting upon each session, as in my clinical notes. I was observing myself in the field, with a view to capturing material that would lead to a deeper knowledge of empathic resonance and story creation for the purpose of sharing and imparting this knowledge. These notes were essential accounts, rooting my stories in my perceptions as I experienced them. My field reflections were highly personal and reminded me of my written work as a trainee counsellor. Autoethnographic stories do not 'abstract and explain' (Ellis and Bochner, 2000, p. 744). However, '[w]hen people tell stories, they employ analytic techniques to interpret their worlds' (Ellis, 2004, pp.195-196). Without this wisdom, the stories would have been compromised:

> If you turn a story told into a story analyzed … you sacrifice the story at the altar of traditional sociological rigor. You transform the story into another language, the language of generalization and analysis, and thus you lose the very qualities that make a story a story. (Ellis and Bochner, 2006, p. 440)

It was important to resist analysing the data while gathering the field material, simply noting the reflections and impressions that washed over me after clinical sessions. This represented a shift away from traditional clinical notes with content towards impressionistic note taking. I had to trust that my reflections and later reflexive renderings as the autoethnographic stories would be sufficient.

The terms reflection, reflective practice and reflexivity are popular today in many areas of research, especially in education, social work, counselling and psychotherapy. Writing about meaning, Bager-Charleson (2010) states:

> It can be summarised as the identification of recurring problems with a view to eventually reaching a stage of 'transformative learning' in which problems are put into context. Further transformative learning can be described as the final stage of the reflective practice cycle. (p. 3)

Reflecting led to new insights and an understanding of the position of the author. Eventually, I started to create the stories and saw how they yielded the knowledge I sought from this research. I considered my practice in a new light, '[t]o make explicit some implicit knowing' (Wosket, 1999, p. xi) via the stories, conveying the material as authentically as possible given the word limit. I wanted readers to experience these relationships from my perspective, and to witness empathic resonance. I hoped readers would easily access the author's (my) witnessing by focusing on the deep inner impressions the stories convey.

Johns (2006) offers insight into reflection and the reflexive spiral, describing the focus of reflective practice on learning through practitioner experience. The basic premise of reflection upon experience enables practitioners to notice 'any contradictions between their visions of holism and their actual practice' (Ibid, p. 3). A possible contradiction in this thesis is my inability to be an empathic resonating practitioner, which contrasts with ability to resonate empathically with my clients. Johns (2006) reminds us as practitioners that, via these reflective practices, we can develop our clinical selves. The years of work upon this thesis has led to a counsellor self with an ability to resonate empathically. Autoethnography has given me a reflexive capacity, the ability to find answers to the questions that motivated me to choose this methodological framework. As part of the research process, my clinician self changed.

Reflexivity refers to presence in the research, to writing ethnography in which one or 'I' is the subject of the research. Autoethnography is a highly reflexive practice (McLeod, 2001): 'ethnography is uniquely capable of capturing the quality and characteristics of the 'lived interactions' between therapists and client' (p. 68). Reflexivity (via autoethnography) demanded my presence, my voice. It required transparency, that I observe myself and my relationships with my clients closely. Here, reflexivity was not merely a means to verbalise my bias. I could not erase the literature and the knowledge gained by being emerged in other academic writings. It was impossible to not know and to erase this knowledge from my reading and writing. I was able to remain aware of this matter when writing up my field reflections and, as far as possible, not to analyse the field material. My research aims remained flexible to some extent, as the gaps in the literature are numerous. The art of reflexive autoethnography was to allow the impressions from the field reflections to colour my autoethnographic stories.

Describing reflexive autoethnographies, Ellis and Bochner (2000) argue that 'reflexive autoethnographies primarily focus upon a culture or subculture, authors use their own experiences in the culture reflexively to bend back on self and look more deeply at self-other interactions' (p. 740). This is exactly where and how I wanted to be located while observing the phenomenon. This is writing from the perspective of 'I', while carefully directing my 'eyes'. Berry (2013) calls this 'spinning in the correlative space between the two, in so far as constituting experience entails an interaction between the understanding we bring and the phenomena presenting themselves to us through the spinning' (p. 212). I had to be open to what this kind of

self-observation would reveal. The question for myself was whether I could be open about what I experienced and simply impart the experience with 'verisimilitude' (Ellis and Bochner, 2000, p. 751), a genuineness embedded in the stories that the lived experience was real and believable. Also important was constructing a text that 'revealed the fractures, sutures and seams of the self interacting with others in the context of researching lived experience' (Spry, 2001, p. 712).

Reconstructing memories and embedding them in completely fictional accounts carries the risk of obscuring the point. Description for its own sake is seductive, but can lead research right off course. I observed it at various workshops, at which participants competed in my-rendering-is-more-creative-than-yours games. I recall one student reading out some autoethnographic work at a workshop and the facilitator asking whether it had really happened. I wanted to leave my reader and myself in no doubt as to the veracity of my stories. I witnessed it, and conveyed my meaning making as accurately and as openly as possible.

My reflections had to be accurately written, my reflexive renderings utterly believable and representative of the empathic resonance phenomenon. My task was not to evoke anything extra. I did not want to indulge anyone or anything, but rather to relate the stories as directly as possible while protecting the people and the experiences (mine). I needed the 'real' person to come forward. Freeman (2015) writes that, 'when we read a memoir, we are justified in thinking that we are discovering the real person behind the story' (p. 59). In writing my stories myself, I am constructing an 'I' that is a realistic version of the experiencing me, via me, without the narcissistic traps that autoethnography can indulge.

Further reflexivity was engaged when I had the opportunity to create a visual practice model. After careful consideration and much heartfelt searching, I realised I sought further knowing from the stories to raise my conscious awareness and lead to new and deeper insights about resonance and empathy, specifically empathic resonance. Thematic analysis transformed the knowledge in the stories into a model of practice. Ellis (2004) also promotes thematic analysis:

> The author might or might not decide to add another layer of analysis by stepping back from the text and theorizing about the story from a sociological, communicational, or other disciplinary perspective …'Thematic analysis' refers to treating stories as data and using analysis to arrive at themes that illuminate the content and hold within or across stories. (p. 196)

The aim was to illuminate the content of the stories. This is covered in more depth in the method and ethics chapter yet formed part of the methodological considerations.

A further valid criticism of the autoethnographic research methodology is to imply that, by focusing the study on myself, the process whereby the 'researcher-is-researched' (Doloriert and Sambrook, 2009, p. 4), there is always the risk of shaping the data into stories that match anticipated findings. I believe this risk was minimised by using reflexivity in my research, prior discussion and thinking. As well as being futile, it would have been difficult for me manipulate my data and construct my stories with a hidden agenda. A reflexive approach and the ensuing transparency of the self ensures rigour via openness and encourages others to do the same (Etherington, 2004). I concur that all life is a fiction and that we are the stories we tell ourselves.

My supervisor challenged me to write my stories from myself, as completely fictional accounts. His argument was that practitioner knowledge was embedded and that my quest for authentic accounts based on clinical observations were not necessarily required. I agreed with him, but not entirely. Perhaps I doubted the power of reflection and the ensuing reflexivity. For me, however, it seemed more about precision and witnessing. I did create one completely fictional story, and it did enable insider knowledge about empathic resonance to leak into the story. Although all were based upon real events rendered via reflexive work, the fictionalised account was likely strengthened as a result of the fieldwork conducted.

4.4. My early ambivalence towards autoethnography

The thesis is based on the three strands of the DProf: literature review, research, practice development and a research narrative which connects the other three components. It was important to describe the process as fully as possible. However, my urge when writing this chapter was to move swiftly to the methodological discussion and omit the difficulty I encountered when choosing and experimenting with autoethnography. To omit these genuine methodological struggles would be a missed opportunity for illustrating my thinking, reflection and insights, which centred on the vulnerability of being seen. This deeper issue with exposure had to be separated from this project, yet resonated with my research process. This activated feelings of powerlessness and insecurity, causing periods of crippling procrastination.

Self-exposure was overwhelming. It was clear why autoethnography was such a difficult personal choice: I had hidden wounds. Woundedness and fear of self-examination could be an avoidance factor for other researchers when considering autoethnography. I had chosen the methodology. When faced with it, though, I found it exceedingly difficult. Looking back on my research memories, my struggles and an unknown, buried personal trauma that emerged, I am humbled by the vulnerability, fragility and courage many clients endure in claiming their self. Chen (2004) and Rosenbaum (2013) describe the self as essence. My stance is that, whatever we call the soul, the core or essence of ourselves is in fact the intact part of all of us, concealed by trauma and psychological wounds. The wounds become problematic, creating chaos and disturbance, and must be resolved in order to find contentment, access undeveloped potential and reduce psychic pain.

While studying resonance processes, the excruciating trauma had to be addressed and integrated as part of my personal and professional development, while maintaining mindful focus of the boundaries of the thesis. Autoethnography can be confusing and messy, and this unstructured methodology required structure. The messiness in encountering the self or essence of the researcher was multi-layered. The wound required acknowledgement and compartmentalisation (in personal therapy). It would otherwise have flooded this work, and almost did. I simply want to acknowledge my experience as the researcher researched, given this surprising effect.

Could my personal wounds have formed a larger part of this thesis? I could have argued that, as the facilitator of therapeutic processes, it is essential for therapists to work on personal enrichment (Dearing et al., 2005; Norcross et al., 2005). This thesis was not a therapeutic tool, but could it have been? Ellis and Boucher (2016) describe how research and therapy are related, both being healing practices. Critics differentiate it from therapy. Clough (2000b), for example, calls such practices 'over-excited subjectivity' (p. 287). As a counsellor listening to client experiences, the material is alive: expressiveness is central to healing the self. Psychotherapy is a form of research of the self (Ellis and Boucher, 2016); in this sense, it overlaps with autoethnography. A confusing personal layer emerged in this work, which threatened to obscure my focus. Many autoethnographies are filled with therapeutic disclosures. I did not want to do the same here; rather, the subject of the research was the counsellor self empathically resonating. My wounded self required a safe, sacred space, free from intrusion and public criticism.

I learnt much during the research process, including what belonged to the work and what was personal and private. This is a common pitfall for autoethnographers, especially in counselling/psychotherapy research. How much self-exposure is too much? Who makes this judgement? To minimise the effect of such confounding factors, the aim of the research was kept in mind. I wondered whether counselling and psychotherapy research is especially conducive to intimate material emerging.

The researched self encompasses both the practitioner self and our own woundedness (Romanyshan, 2007). The thought of including personal material in this research triggered deep angst in me. I am an open person, but I wanted to understand empathic resonance and its potentials. Would sharing my intra psychic pain and the story of my wound achieve that result? No, it would have detracted from my aim. It did detract from my aim, because I was bound up in a world of pain that sometimes tainted my ability to separate what belonged here and what needed to be resolved elsewhere. Perhaps all I could draw upon and share with readers of this work was that resonance processes, particularly when the depths are opened because of pain, can facilitate awareness of content, formerly relegated to hidden dissociative fields.

The experience of resonance as the wounded soul is also beneficial to the client. Although not the focus of this work, this aspect could be explored in future studies. Given time, I feel I could be braver and share my own story as a client. Ultimately, I received empathic resonance as a client. This could have unconsciously motivated the current research, founded on an intuitive sense of knowing what I required to heal, yielding from an inner place of desolation, where empathic resonance was the antithesis of what I originally encountered. I was 'seen' by another, yet revealing my pain and the fear of not being seen or compassionately held terrified me. I am grateful and compassionate towards all my clients who dared share themselves with me, for their courage and belief in the therapeutic relationship.

I am grateful that my deep wound emerged. This research doubtless aided its emergence. I am, however, mindful of the chaos it caused. The emotional perils I experienced were reminiscent of the intra-psychic pain clients traverse with their counsellors. It is only fitting, then, that I was reminded of such deep and profound pain, processing it in tandem with this work. It would not be silent; it was re-experienced, felt in all its facets, until the crescendo and crashing waves of its spirit

were released from my soul. Perhaps this, too, is part of the autoethnographic approach, when we dare to study the self.

4.5. Resolution of my inner dilemma with representation: Autoethnography or phenomenology?

I intended to write a thesis with evidence of practitioner subjectivity at its heart, as accounts of first-person subjectivity are lacking in the literature (Watkins, 1978; Larson, 1986; Hart, 2000). I wanted to use a research methodology that would allow me to share with my readers my interpersonal experiences with empathic resonance and create a model of practice.

After meeting an older cohort (2007), methodology was discussed in supervision. Writing this now, I re-experience paralysis, a struggle for words, a silencing of my narrative and sheer frustration at my inability to choose a methodology. I could not grasp why I had this problem. I did find my courage and my voice, bound up with my own healing process. This was an aspect of myself, fearful of vulnerability. I had my own journey to make alongside this work, which was unconscious at the time.

Layers inside me were sliding about, slippery and elusive, resistant to self-exploration, screaming caution. Autoethnography is not slippery and elusive, the journey to the self is. It feels right to share my poem from my previous thesis because, I believe, it was at the heart of my dilemma about the autoethnographical method. Good autoethnography is not 'navel gazing' (Sparkes, 2000, p. 21). It is essential to introspect in order to heal and to foster genuine empathic receptivity and understanding, especially as autoethnography and therapy intersect. What must be held in mind is the research aim and the intention of the writer.

Some readers may find self-examination personally excruciating, feeling like voyeurs in what they regard an indulgent text, rejecting autoethnography out of hand. Many autoethnographies may be self-indulgent or even experimental; others can be useful. I wondered about what makes great books and stories and how we judge stories. On what makes an excellent book, Miller (2014) writes, 'as you turn the pages, the machine begins to hum; on whether it comes alive and speaks to you' (p. 30). I believe this is the case with autoethnographies. I wanted my text to speak to other practitioners and to connect with the culture of writers present in my

literature review. Each individual mentioned in this thesis was part of my research culture; they contributed to my thinking and thesis creation.

Working through this and realising that the emotional pain I was experiencing could not have been part of the story of this thesis, as my pain and my sharing of that experience was not my research aim (which is ironic, as healing wounds is at the heart of empathic resonance). Autoethnography is soulful, heartfelt, evocative, real, mesmerising, authentic, gutsy, gritty, messy, unstructured, creative, unique, artful and engaging; an expression of a person's lived experience. It also contextualises oneself in a social setting, falling under a constructivist paradigm, consistent with my worldview. If it makes readers uncomfortable, as do many artistic renditions, readers should ask themselves why. However, I had to clarify where I placed my focus and what stories or parts of stories needed to be revealed in this work. The thought of laying my practice bare was frightening, but this eased as I addressed my own issues with being seen. Autoethnography was not, however, the easy option. I wrote the following poem in 2000, while conducting research on disclosure. It is relevant to this thesis, as disclosure has challenged me for many years. It speaks to the fear of being seen, which was part of my personal dilemma with this methodology and had to be overcome.

<u>Inside the Russian Doll</u>

A dilemma I say…To remain aloof, distant, safe and unknown
Never letting others close but longing...keep me on
The dusty shelf not

Fetch me down; admire me, a chance, a risk but
Hear what is in my heart
Will they like, love, come close or run?
Am I coveted or do I repulse?
Others might plot and turn against me
Using my known vulnerabilities as weapons to slay me
I am trying to live, I do have fears, there is no wooden heart
I care what others think in spite of my painted smile.

I need trust, warmth, acceptance and understanding...not judgement, frowns
and closed perceptions

Then maybe I can be truly known

Many layers all hiding the real me
All looking the same but…
Larger, hollow covers, weak and fragile, easily cracked, crushed and broken.

A small yet whole core my strongest most solid part
lies inside...but can you ever get to it? Do I really
want you to know me, see me, share that part of
Me?
(Tina Graham, 2000, MSc thesis, Bristol University)

4.6. Rejecting phenomenology

Years ago, a supervisor said to me, 'It's as if you want to construct a
phenomenological autoethnography' (Supervision, 2010). This was astute; however,
I had a strong sense of not wanting to deconstruct but rather to reconstruct. The
'whatness' (van Manen, 2016, p.33) of empathic resonance was not my main focus.
My aim was to discover how empathic resonance developed and emerged. I wanted
to leave resonance intact, rather than deconstruct it to find essence, as other
studies had used phenomenology. I wanted to know about empathic resonance
more broadly, including its relationship with other concepts. The aim was to discover
how resonance relates to other concepts, to me as a practitioner and to the client.
Autoethnography appeared to be the methodology best suited to this work.

I reframed the thesis in consultation with Jonathan and Ann (2015), fine-tuning and
narrowing its conceptual focus (previous attempts with another team, a long run of
personal problems and poor health had hindered the development of the thesis).
The research questions that emerged from the literature and conceptual framework,
and evidence from earlier research further convinced me that a phenomenological
approach would not be adequate in order to meet the current research objectives. I
was still collecting field material at this time. My supervisors questioned my
resistance to phenomenology and asked me write up my thoughts, which are
included here.

My resistance to phenomenology was threefold. First, by conducting a
phenomenological study of empathic resonance, I would miss the opportunity to

capture my subjective experience while in a relationship with the client. The focus would become the phenomenon in its entirety. I recall gesticulating to Jonathan and Ann about how the phenomenon was nested, attached or extended from the therapeutic relationship. This is a distinct memory of trying to embed empathic resonance in the palm of my hand, my hand representing the therapeutic relationship - the sense that they were connected. I was not motivated to produce a descriptive account of empathic resonance, because this had been done. I wanted to produce focused, yet far-reaching stories that would form the foundation for a model of practice.

Second, the procedural requirements of the study bothered me. According to the methodology proposed, the resonant phenomenon would be reduced to its component parts, to describe its essence. I believed resonance to be infrequent, contingent on many other related concepts. I did not want to limit my focus to the phenomenon alone. I believed using autoethnography would achieve some added description of the phenomenon without limiting the focus of my observation to the phenomenon and potentially missing important and vital information about how it occurred. The focus of phenomenology is to describe the essence of a phenomenon, 'not to create technical intellectual tools or prescriptive models' (van Manen, 2007, p. 13). As such, it was inconsistent with creating a model of practice.

Third, I wanted to describe what happened between myself and the other person in subjective terms. I wanted to create my own subjective account of empathic resonance, whereby I could look inside myself, out towards the client, the therapeutic relationship and the phenomenon. It was like hearing the voices of other practitioners, although it was my practitioner voice, saying, How did that happen to you, what happened between you, what was going on, how did you know? These were the kinds of questions I wanted to be able to answer using autoethnography and I did not believe phenomenology would fulfil that aim. As Douglass and Carless (2013) state, 'subjective dimensions are best expressed through personal voice' (p. 88).

I believed empathic resonance might represent an extension of the relationship or belonging to the relationship. In making this separation - describing the relationship, my use of empathy, how I attune and thus align - there was an assumption that the phenomenon arose from other relational activities. I could have used both methodologies, but wanted to commit to one, which would encapsulate both the

relational and foundational aspects of empathic resonance, as well as the clinical doing - the how - of empathic resonance. I wanted to construct whole stories with the concepts embedded and subject them to further analysis. Autoethnography, with its advantages and disadvantages, thus remained my research methodology of choice.

4.7. Conclusions

Writing an autoethnography has been extremely challenging, owing to its broad potential and unstructured nature. However, the methodological approach allowed me to meet the objectives of this thesis and recreate my experience in a reflexive manner. This insider perspective was important for understanding the phenomenon of empathic resonance. It also enabled me to connect to and share with readers, encouraging them to reflect on their own resonance experiences. Some of us learn best by being shown, a particular strength of autoethnographic texts (Etherington, 2004).

Given its advantages and disadvantages, this methodology was the framework best suited to address the questions and aims of the research. Critics of the approach can be answered if the author addresses his motives for undertaking such research. It can be therapeutic, but whether it should constitute therapy is a personal matter. Some readers of these kinds of texts might experience them empathically and feel connected to the author. Others might experience discomfort, but would do well to ask themselves whether there is an element of personal shame and self-investment in rejecting disclosure, driven by oppressive unconscious forces. Our wounded selves can be activated by numerous mediums, of which autoethnography is one.

In the following chapter, the way the autoethnographic framework was used and the ethical implications of the autoethnographical research are explored.

Chapter 5
Method and Ethical Considerations

5.0. Introduction

This chapter outlines the way in which I used the autoethnographic framework. The development of my style and production of the autoethnographic stories is documented. This includes a discussion of influences on my writing and the process of collecting field reflections, then transforming the material into stories and deciding to analyse them thematically. The thematic analysis helped me to transform the conceptual framework, presented in Chapter Three, into a model of practice. The discussion also covers the ethical concerns I encountered in the course of this work.

5.1. The form of my autoethnography: towards clinical stories

I grew up with stories. Whether read aloud to me by my mother, told by my father, shared as a little one sitting down with her classmates at the end of a school day, found at the bookstalls of jumble sales, handed down from relatives or as exciting Christmas and birthday presents bought from our local stop, they were and are a constant in my life. I gravitate towards literature, which ignites my mind and my own imagination, triggers thinking, learning and questioning and has never failed to draw me into other worlds. It was no surprise, therefore, that when discussing the forms of representation my autoethnography could take, I chose stories, as stories had always chosen me.

There was, however, some considered thought about story as the form of representation I wanted to use. When I first started to speak about the phenomenon, it was in the context of stories. It was while telling these early stories that I began to realise the value of story as a medium, as an attempt to convey my experience. Stories work because learning from experience does not happen automatically; it offers a way of working through past events, which aids the creation of new working models and future action, containing both explicit and tacit knowledge (Doty, 2003). Reflexive stories, therefore, offer a vehicle through which to convey empathic resonant experiences to readers, as well as back to myself for further analysis.

In order to construct autoethnographic stories, focused specifically upon understanding and viewing empathic resonance, I had to make some decisions about how to show and tell these empathic resonant stories. It was important for me to consider the means by which I could transform my lived experience into coherent stories. The use of field reflections, although based on real inner events, had to be combined with my imagination. This was because of recall gaps (which I tried to minimise) and ethical concerns, which were minimised by creating fictional clients. I had to develop my inner storyteller, in order to integrate the material.

I allowed myself the freedom to create two kinds of clinical stories, and this made me more confident in the autoethnographic method. One story was a wholly imagined practice story, suggested by a former supervisor. The data derived from my spontaneous responses in the imaginal account contained elements of practice that allowed me to see my work. The completely fictionalised story allowed me to freely project my counsellor-self into the story. The other three stories were similar in that the clients were fictional, but they included field reflections (reflections of the counsellor-self written up soon after experiencing empathic resonance).

My way of being in my total imaginal account is rich with information emanating from me, as opposed to embedded field reflections. Both kinds of data (completely fictional vs. rendered from reflections) were included, because the fictional account was created after a significant period of reflecting upon my counsellor self. I concur with Muncey (2010), who states, '[i]t is our capacity for reflexivity, the awareness of being aware, that allows us to represent and re-present to the products of our imaginations in a variety of ways' (p. 55). Initially, I believed a completely fictionalised story would not be suitable; however, I came to trust that my author self had experiential knowledge that would be conveyed through the story. When the stories were written, I was able to reflect further upon whether they felt authentic and honoured the ethical principle of fidelity, enhancing 'verisimilitude' (Ellis, 2000, p. 751).

5.2. Setting out

The first stories constructed were based on previous experiences of empathic resonance, both in clinical and family relationships. I practised writing stories, from memory, in various forms, redrafted them, reflected upon them, revised and rewrote them. Writing these early stories, even from a retrospective position, provided me

with valuable insights. The stories gave me the opportunity to access the literature and begin the literature review. They also afforded me the chance to experiment with story writing and consider the methodology and ethical considerations.

While writing the stories, I was mindful that, because they were old memories, they might not be as accurate or reliable as future lived experiences. These old stories gave me a general sense of my lived experience, but felt too distant for me to be satisfied that I had accurately captured my experience of empathic resonance. Freeman (2015) describes the problem of misremembering:

> To say that someone's memory is bad and inaccurate is an easier thing than to suggest that someone is deliberately reinventing or remaking events to fit their own agendas; but we know people well that all people lie, and not least to themselves…Despite their contract of truth based on accuracy, recall and ethical intent, autoethnographers, memoirists and the writers of books…are no less susceptible to misremembering than anybody else. (p. 4)

I could have used those old stories as my core data (fully addressing ethical concerns), but they were too distant to constitute accurate representations of my lived experience. I had to address this dilemma and find a way to observe myself in clinical relationships in which empathic resonance occurred.

5.3. Collecting field reflections

My initial attempts to reflect on the phenomenon were clumsy. The material was similar in structure and content to my clinical notes; it lacked introspection and reliability. This insight allowed me to capture the flow of my inner experience. Nevertheless, problems remained. I found myself continually drifting off course, because the material would trigger other mental associations, as described by Smith (2004): 'My mind wandered to autobiographical events that happened long ago…my thoughts spiralled away into daydream' (p. 492). These impressions gave rise to associated material. This was not necessarily undesirable, but it required management. According to Smith (2004), 'my notes were not dissimilar from what I might have produced had I been collecting background material for a novel in progress' (p. 492). My notes became a collection of material that recorded my lived experience of empathic resonance.

I ensured that, while I occasionally captured some empathic resonance experiences (only noting my own behaviour, thoughts, feelings, sensations, etc.), I was working effectively. I considered whether my clinical work might be compromised and

whether it had a dual nature. I worked as a counsellor and occasionally as an observer of myself, when empathic resonance occurred, which was easier to identify because earlier experiences and writing attuned me to the phenomenon. I addressed these concerns by becoming aware and thus minimising inner division and retaining my primary function as a therapist. I also retained the sense of knowing that, had the researcher aspect of myself overridden the counsellor aspect, I would likely not have experienced empathic resonance. My primary focus and intention was to remain present with my client. If moments or experiences of empathic resonance occurred, an internal aspect simply observed and noted my inner process, similar to the internal supervisor (Casement, 1985).

I wrote from a first person perspective as soon as possible after experiencing empathic resonance, which gave the impression of immediacy – the position from which I wanted to write when integrating the phenomenon into the stories. The notes contained impressions, inner dialogue, description of my beingness, documented thoughts, sensations, feelings, internal impressions and images that remained with me. There was no guarantee that I would experience empathic resonance with any of my clients. However, writing occasional field reflections became a routine over five years, yielding sufficient material for my stories.

5.4. Creating autoethnographic stories

Many years of writing as well as of attending workshops endowed me with creative freedom. The people I met uniquely influenced my writing. The following are short summaries of those influences, along with how I transformed my field reflections into three stories presented in Chapter Six, and the creation of a completely fictional fourth story.

5.4.1. Max van Manen

Max van Manen coached us in phenomenological writing. I found this interesting from a being still and observational perspective and writing in a very descriptive way. We constructed texts about the hands and shared them between us in small groups and in the larger group. Writing material from this perspective developed descriptive richness of the phenomenon being studied.

The concept of punctum was introduced during this workshop. Van Manen explained it as a sense of the story jumping out, grabbing the reader and then

ending: a powerful tool for visualising dynamics with fewer words. The concept originally emerged from the work of Roland Barthes (1981), the French literary theorist and philosopher, who also speaks of studium, images that do not impact the viewer, and objectify their subject.

This was an important text, which reminded me to clarify my representation of others (even though my clients were fictitious). As the author, it was vital not to objectify the subjects. I retained a sense of a self relating to a self, while recording the intersubjective aspects of the interaction as well as my own insider subjectivity. Punctum disturbs us, focusing our attention. The punctum aspects of my work were very much the insider knowledge I had to share, gleaned from the field reflections. The renderings, therefore, from the field reflections, became the reflexive compositions as the final draft stories. Each final draft story was subjected to multiple reflective rewrites, during which I continually referred back to my original material, in order to accurately convey my observations of empathic resonance.

5.4.2. Tessa Muncey

A masterclass with Tessa Muncey introduced me to other, more dramatic ways of storytelling. She encouraged life stories and creativity. Her storytelling involves edgy, personal revealing. I found this exciting. It tapped into my experience with resonance, flow and life. Her tutoring and style of writing helped me to find my author voice; her style was liberating and free, as an explicit storyteller. This differed entirely from the heavy description I had learned from phenomenological writing. Both forms, however, are valuable. Combining the two can facilitate the show and tell balance of a good story.

Muncey's work touched my core, reminding me of my poem, included in this thesis. I knew that to touch others I had to write my self into the stories in a way that connected the readers to me as well as to the experience of empathic resonance. Empathic resonance is an extraordinary experience, one that captivated me from the time I first experienced it as a child. It was exciting for me to research a topic of profound personal interest. As Braud and Anderson (1998) believe, 'many of the most significant and exciting life events and extraordinary experiences – moments of clarity, illumination, and healing – have been systematically excluded from conventional research' (p. 3). I wanted to produce a thesis that, regardless of its

little-known territory, made a personal and professional contribution that deepened our understanding of empathic resonance.

5.4.3. Carolyn Ellis

Carolyn Ellis taught me to be brave with my writing. She encouraged us to bring ourselves into our writing more. She coached vulnerability. Workshop participants shared deeply personal material among themselves as Carolyn instructed us in show and tell compositions, which blended the raw authenticity of Muncey's work with the descriptive phenomenological writing taught by van Manen.

I wrote about a personal, vulnerable occurrence because I felt safe enough to do so in the group I had been assigned. This was also a chance for experimentation. Writing the material was therapeutic as it evoked unprocessed emotion. Sharing that account with the group, I re-experienced the emotions of that time, albeit less intensely. This was a valuable ethical lesson. I was able to write and share that material and I learned that my classmates had had similar experiences. The lesson from that class was the powerful nature of such accounts. I would not want that material to be made public because I believe it could harm my career and image. However, if it were to weed out those who would judge me and therefore not employ me, work with me, communicate with me, this might be helpful in striving for authentic, non-judgmental relationships. Harm, then, becomes a matter of perspective. The decision to reveal must be carefully considered. This has constituted a huge insight into the importance of respect, confidentiality and the duty of the researcher to minimise harm to self and others.

5.4.4. Robert Romanyshyn

Romanyshyn instructed us in a method to access the hidden personal themes of our research projects, as outlined in his book, *The Wounded Researcher* (2007). I sat quietly and constructed my questions. I was particularly interested in who had an impact or bearing upon this work. We each withdrew to separate rooms and quiet spaces in the university. I sat still and open with my questions and waited. From a place of inner silence, I heard a voice and was acutely aware of inner images. I documented them. Those inner images were relevant to this work. They represented unconscious material that floated to the surface and directly linked to the buried personal trauma that had yet to surface and the sudden death of my mother, the very next day.

Romanyshyn's class felt serendipitous. I was taught how to access unconscious material. This impacted my writing by helping me to be present while holding still, and loosening my ego boundary. As a writer, I believe this has had implications for the critical evaluation of my work. When writing, if there is a lack of flow, Romanyshan's class reminded me to hold still and wait for my inner self to deliver the words. Critically evaluating my stories links into the 'felt sense' (Gendlin, 2000, p. 58) of the written material. The work over these two days became an essential tool for my autoethnographic writing, which helped me when stuck.

5.4.5. Creating stories from field reflections

Re-crafting the field reflections into stories was part of a loose analytic construction, but not the final process. The four stories represent a sharpened focus: whole storied renderings of lived experience. My core requisite was to focus on the minutiae of experience (the empathic resonance phenomenon from my subjective position), rather than to analyse the extent to which an ethnographer normally would when organising the material into themes. I did not want to disrupt the natural flow of the experience; it needed realistically to represent the event.

The rationale for this was that my field reflections were sharply focused. I had recorded my experience of a phenomenon as opposed to a culture that displayed a multitude of behaviours. Although there were nuances of experience, when making the decision to study empathic resonance, I had a narrow aim in terms of what I wanted to examine in myself. I was researching myself only, experiencing this phenomenon while doing the same kind of work in the same place and working as a counsellor. In this respect, the field reflections were extremely narrow and each experience was part of a larger whole. The reflections simply needed to be embedded into fictionalised counselling scenarios in order to convey this element of practice.

The focus of this thesis was empathic resonance; I therefore did not write extensively about what happened after these moments. The scene had to be set and the presenting problem described, which included my inner process in the lead up to empathic resonance and during my lived experience of the phenomenon. The word count restriction further sharpened my focus. I relied upon the field reflections, which had captured inner thoughts, processes, sensations, images and use of clinical concepts and wrote them into the stories as they had naturally arisen while

working and experiencing the phenomenon. I took the stance of retelling the happenings and embedding them in the stories as accurately as possible. This was important, because I wanted to be able to discover, confirm and disregard data, but also felt this could only be authentic if I was able to remain true to the material. Consequently, I was guided by a loose structure for my stories, which included scene setting, event, reaction, internal and external response, dialogue, thoughts, feelings, sensations and internal imagery.

One of the stories written was an entirely fictionalised account; the other three relied upon the reflections. The freedom to use my imagination was liberating. I had been writing reflections for five years and thought it likely that this work was a factor in my being able to write such a story. The knowledge of empathic resonance was embedded in me and so was latent meaning-making:

> Fiction is a rich, textured, descriptive story; the author's way of knowing, that serves as a powerful tool for analysis and application of major sociological concepts. As a social constructivist, I believe that fiction allows us to create meaning of our own world. (Leavy, 2013, p. 268)

In allowing myself this opportunity, I had an interesting insight. I found that it was difficult for me to distinguish this the story it from the other three. It is, therefore, included as part of the data for further analysis.

5.5. Thematic analysis

To aid the discussion and findings of this thesis and build a model of practice, I decided to analyse the four autoethnographic stories thematically (Ellis, 2004). According to Boyatzis (1998), thematic analysis is a tool that can be used in different methods. Braun and Clarke (2006) provide a step-by-step guide to thematic analysis, in which they describe the six phases of the process. In their later book (2013), they describe seven stages. I argue for this kind of analysis on the grounds that the tightly packed data required a simple analytic tool, in order to reveal the relationships among concepts. 'Thematic analysis allows the researcher to determine precisely the relationships between concepts and compare them' (Alhojailan, 2012, p. 40). This was my aim, as a means of developing a model of practice and integrating the findings from the data with the conceptual framework, developed from the literature review. In the next section, the analytic process is outlined, according to the seven stages.

1. Transcription. The text to be analysed. The four autoethnographic stories that had been written.

2. Reading and familiarisation with the text or stories. I read and reread the stories. Rereading the stories allowed their impressions to filter into my consciousness. I fully immersed myself in the stores, familiarised myself with the content and linked this to my research questions. Familiarisation is a meaning making process. I noted these impressions.

3. Coding. In my coding, I focused on the interrelationships of the concepts. I was concerned with how they were used, related worked together and the "flow" of clinical concepts with the aim of constructing my model of practice as a conceptual reflection of the stories. My coding was, therefore, based upon the concepts already researched, as they were at the heart of the empathic resonance experiences.

In this study, I was coding for specific concepts as well as for some concepts about which I was uncertain, which required accurate naming, such as introspection (mindfulness), mode of relationship (person-to-person relationship) and description of the knowing aspect of empathic resonance (participatory knowing). I needed to examine these three loosely-named concepts in the context of the stories, in order to consolidate how to identify and label them. I then referred back to the literature for further clarification (the further literature review work became important for practice development). The second section of the literature review facilitated the construction of a fuller findings and discussion chapter, as well as the development of the model of practice.

I was aware of concepts as central organising structures. I believe that I had adequately researched many of the concepts I discussed in my literature review; nevertheless, I remained open to any latent concepts in the stories. These are discussed in the conclusions chapter as part of the limitations of the study. In order to identify and code the concepts in the stories, I wrote a long summary of the key conceptual descriptors, based upon the definitions of each concept from multiple sources in the literature (see appendix). This located my thematic analysis in the constructionist paradigm (Braun and Clarke, 2006), as each concept as a code was a social construction; a collaborative.

Two colour-coded legends were used for coding. The first represented the full list of concepts. The second represented the themes of the empathic resonance concept. The colours linked to each concept are represented by a small square in the findings and discussion, as each concept is discussed. The text was coded line by line, using the colours. Some portions of the text were not coded, as these were used to set the scene.

4. Searching for themes. Themes were based upon the research questions. For the broader concepts, I focused on the relationships among the concepts. In the case of empathic resonance, I was interested in describing the concept further. Themes capture important information about the data as it links to the research questions (Braun and Clarke, 2006). Therefore, my themes were founded upon, conceptual relationships and further description of a concept as the overriding patterns this thesis was interested in.

5. Reviewing themes. This was an iterative process, which entailed looking at the themes in relation to the whole. This was a crucial analytical task, which I did not view as a deconstruction, as I was not breaking up the stories. I realised that, to create a model of practice, I had to do something more with the stories. Through this process, I discovered conceptual relationships as themes. As I reviewed the themes, I identified overlaps among concepts and the emergence of concepts from the combined use of concepts. I examined the data, asking myself whether the themes repeated throughout the stories.

6. Defining and naming themes. As I worked with the data, I could hear my own inner conceptualisations and meaning making of conceptual relationships taking shape. I was actively explaining my use of and understanding of a concept to myself in a theme of conceptual relationship. These views of a concept frequently mirrored the summary list of concept descriptors, widening my understanding of the vast differences whereby we all interpret and make meaning. Themes converged upon how I used, for example, x or y, the impact of x upon y, the link between x, y or z, which mirrored my research questions.

It was important to name the themes. This was difficult as they constitute conceptual relationships and further conceptual description. However, they are highlighted in my findings section as italicised text e.g. *Mindfulness aiding resonance and empathy entwining with resonance*. Identifying the conceptual relationships was important as these conceptual relationships enabled me to create the empathic resonance model of practice.

7. Writing the report. In the findings and discussion chapter, explicit parts of the process are included, allowing readers to follow my work. This is the final step in the analysis, which details learning about the concepts and their interrelatedness discovered in the analysis. It is the story and interpretation of the data from an inter-connected conceptual perspective.

My main focus in the findings and discussion chapter was to answer my research questions, debate and discuss each concept and its links with others as the analytic ground from which the practice model could be developed. The concepts are each

touched upon to different degrees, depending upon the findings. As my supervisor, Jonathan Parker, said, 'I need the data to tell the story and you to frame that story through your analysis to show what you want to say in terms of empathic resonance'. I agree with Jonathan, and while I urge readers to keep in mind the stories as whole constructions created to show and tell, the thematic analysis reveals the explicit story of the conceptual relationships (themes). This story charts the construction of the model of practice, answering the questions arising from the conceptual framework. Based on the work of Braun and Clarke (2006), I chose data extracts as 'vivid examples' (p. 23), embedding them in a narrative to compellingly illustrate the discussion and findings story, supporting the argument in relation to the research questions.

5.6. Ethical concerns

This section is divided into two sections. In the first, I address ethical considerations relating to myself as both researcher and counsellor. In the second, I address concerns about others mentioned in my research. Ethics are 'concepts and principles that guide us in determining what behaviour helps or harms sentient creatures' (Paul and Elder, 2006, p. 2). This part of the chapter details the considerations applied in order to do no harm to myself, which became the dominant focus for this work, or to the others mentioned in my stories.

5.6.1. Self ethics and the autoethnographic approach

The starting place for this section of the thesis was the self. As self was the focus of the study, it was imperative to consider what might potentially cause me harm. I considered what Ellis (2007) describes as 'relational ethics' (p. 4) and the vulnerability of revealing my self in the thesis stories. It was difficult to know in any one moment which personal revelations might cause self-harm. It is often not until the cat is out the bag that one has liberating or shattering personal realisations. I had the opportunity and time to think about these matters, an important factor in not doing harm or in doing less harm. Reflection affords the chance to consider these matters and protects us as writers from rushing a story without due consideration.

During my research and self-examination, I had a duty to myself. While looking inside, I traversed many of my own inner secrets. The thought of personal revealing caused me deep angst, paralysis and silencing, consistent with the theme of not telling. This was an unexpected discovery, but one I felt not so much as I

introspected upon practice, but rather as I tried to write about it with the intention of sharing it with others. This related to a deeply personal matter I had to attend to outside this work. Despite the fact that my professional-self had a contribution to make, I had to protect the wounded-self part of me and accept that it was not appropriate at this time, nor for the focus of this work. It was ok to let myself off the hook, so to speak, and grant my vulnerable wounded-self privacy. Allowing myself to critically reflect upon this matter and work it through, protected me from harm. This would have differed had I included a more personal reveal in this thesis.

There were times during this work when I faltered. Such self-scrutiny revealed a vulnerable self from two perspectives: the first was the wounded-self, who needed privacy; the second was the professional-self revealed by the stories (that is not to say that the wounded-self was not part of the counsellor-self; it was simply not the focus of the written material). I was capturing inner dialogue, thoughts, perceptions, images, my practice, my emotions and feelings, which, if shared, would expose me to the judgement of readers. I realised that, to increase my ability to resonate with another, I needed to address my own inner conflicts, in order to be aware of my counter-transference (Freud, 1910) reactions while counselling. My own wounds granted me the experience of seeing from the other side (as the client), but I needed to set these aside, lest they muddle the focus of the thesis. I accessed personal therapy during numerous stages of the work. This was essential in recognising the responsibilities of the researcher to the self (Bond, 2004). Ethical guidelines for researching counselling and psychotherapy were important in reminding me of what ethical considerations I had to consider (both self and other) while conducting this research.

5.6.2. Clinical stories and their potential for harm to self: The risks

The clinical stories shared in this thesis are deeply personal; however, they were essential for revealing my professional subjectivity. In order to develop, grow and share my inner self, I had to consider how these stories might harm me. My main consideration hinged upon the judgment of my clinical practice by my peers and how any negative perception of this work might affect me. I realised that the negative perceptions might flow from a lack of understanding on the part of other counsellors, both in terms of the phenomenon and the use of autoethnography. It became important to ground the material in the literature and philosophy of the chosen research methodology. This supported my work, facilitating inner confidence

and fostering the development of original thought emerging from the research of significant others and my own insights and findings. This rendered my study robust, but also supported a vulnerable self. Muncey (2010) reminds autoethnographers that 'the unenlightened responses hurt' (p. 89). My stance became that I have a choice as to how I respond to the unenlightened, whether their lack of knowledge affected my self-esteem and whether there might be a nugget of gold in any given response.

I experienced how others marginalise this phenomenon, and this caused me ambivalence during the early stages of the thesis. It did occur to me that the scepticism of others could hurt me (Wall, 2008); indeed, I was dealing with the scepticism even of my former supervision team. It is important to acknowledge the importance of scepticism, which is to strengthen the argument. However, it did not feel like this at the time; it felt as though my perception of the phenomenon was being challenged and I felt undermined. This was a familiar theme, harking back to the core of the wounded researcher (Romanyshyn, 2007): not only did I experience the impulse to hold back what I had to tell, but also the possibility that no one would believe me. It was all projection of course, yielding from my wounded self, who had to untangle these themes outside of the research. The emergence of this unconscious material in conjunction with huge anxiety and fear was an incredible personal learning experience. The holding space of therapy was required to allow me to continue the research and deal with my early trauma. It was, therefore, essential to bear in mind that research, especially when there is close scrutiny of the self, can activate hidden wounds and hurts and that, to minimise harm, it is essential to recognise the need for support. It is also important to remind ourselves of the themes that emerge in our research and whether these have a here-and-now quality or a there-and-then felt sense. My dyslexia and learning issues possibly compounded my anxiety and fear ('she's lazy, she doesn't work hard enough, why hasn't she reached her potential, sharp girl just a slacker'). However, I had the benefit of being a counsellor and the support of additional learning support, which helped me to identify the root causes of my personal problems and address them.

Recognising my personal dynamics and inner distress was essential in not colluding in the silence that engulfed this little-known phenomenon. My silence and ambivalence began to dissolve as I found evidence of the phenomenon in the literature. My confidence and resilience grew, supporting me and helping my vulnerable self find the courage to share my inner experiences and thoughts. If my

practice was itself questionable, it could only be useful for me to self-scrutinise and allow others to see. The work of Yalom (1991, 1999) was extremely brave and thought provoking. He inspired an openness and revealing of self as a psychotherapy storyteller that I found raw, honest and encouraging. I realised that each individual must decide how to respond to criticism and to remember that I must take personal responsibility for how I responded to any negative feedback I receive. Resilience and confidence helped me find the courage to construct the stories as realistically as I could. Untangling the complexities of this kind of research was liberating and essential, in order for my professional self not to be swamped by my wounded self.

Personally revealing something of oneself in order to be more effective and ethical must be authentic. If I filtered out material because it was too sensitive, I would be failing in my task of writing stories with 'verisimilitude' (Ellis, 2000, p. 751). I aspired to the level of trustworthiness demanded in research, when revealing my vulnerable self. Clinical supervision provided a further point of reference, a space in which I could confidentially share my inner process as a counsellor. This became an invaluable further source of support as I conducted my research.

While writing about my counsellor-self and recreating the empathically-resonating self, there was a small risk that I would be seen as a one-dimensional counsellor. In reality, though, with a limited amount of words and a focused narrative, I could not take responsibility for how I was seen. I aimed to be as transparent as possible in the hope that readers would appreciate that the stories represented a small yet significant area of practice. The concepts explored in this thesis flowed naturally from my counsellor-self. They were not used in isolation and applied to the client prescriptively. It is important to stipulate this, both as a means to communicate that the self represented is only a partial rendering of a fuller counsellor-self, and to reassure readers that my clients were attended to in the way most appropriate to the moment and the presenting problem.

My last point on the matter of self is that, by revealing myself and my lived experience, along with the considered personal responsibility of that decision, a positive outcome and intention that embodies beneficence is rooted in this research. Beneficence required that I did my best to avoid harm and that, if harm were to occur in any way, it was minimised against a balance of good (Levin and Greenwood, 2011). I considered this in light of the work by Etherington, *Ethics of*

Consequences (2007, p. 608). It was my choice to reveal my counsellor-self in this way. If I were constricted and unable to write and express my lived experience in its entirety, this could arguably cause me harm. Stories written in this way facilitate insight and understanding that is difficult to capture when we shun the opportunity for autoethnographic self-expression. Silencing my subjectivity would have been a form of censorship, merely serving to silence the counsellor's story of empathic resonance. There is, therefore, a usefulness as a force for good when using the autoethnographic method in varying ways, contributing the insider dimension to qualitative research.

5.6.3. Ethical considerations for others mentioned in this research

> The ultimate basis for ethics is clear: Human behaviour has consequences for the welfare of others. We are capable of acting toward others in such a way as to increase or decrease the quality of their lives. We are capable of helping or harming. What is more, we are theoretically capable of understanding when we are doing the one and when the other. This is so because we have the capacity to put ourselves imaginatively in the place of others and recognize how we would be affected if someone were to act toward us as we are acting toward others. (Paul and Elder, 2006, p. 2)

Empathy is an important tool when contemplating ethics, particularly using our imagination to step into the shoes of another. However, people are different. What one considers harmful another might not. Therefore, it is vital to imagine the most sensitive responses and careful considerations of the most extreme scenarios when conducting research. I found my imagination very helpful when contemplating ethical considerations and writing about my deceased parents.

While conducting this research, I wrote a number of stories about the phenomenon, which included family members. My first encounter with resonance occurred with my father, who died many years ago. I also wrote about my mother, who died in 2009. I wrote about my sons, both of whom are alive - this required ethical consideration about using my family interactions as the basis for those stories. I want to share this thinking, despite the fact that none of those stories were used as data in this thesis. I decided to omit any family material, because these do not constitute professional relationships. However, I would simply add that empathic resonance is not exclusive to therapeutic relationships.

My former team and I discussed ethics and this thesis at length. One supervisor was particularly interested in how I would consider the ethical concerns of writing about my deceased parents. I clearly remember expressing what I thought my mother and father might say:

> Is it going to help people? (Dad, inner imagining, 2009)

> As long as you represent your truth in those moments and you are fair in your representation of me, balanced. Our words matter little; it's all yours, love. (Mum, inner imagining, 2009)

Inside, I heard my father's voice, mentally constructing his face as kindly and thoughtful. I shared these inner parental representations with my former team and observed the silence and then the sincere and purposeful nod and reply, indicating that I had touched upon the ethical principles satisfactorily for my supervisors. I wondered how it would be if I were to write about the less positive aspects of our relationships. Would I include a disclaimer, stating that these were my perceptions and experiences and that the material has not been written to tarnish the memories of other individuals? If they choose to alter their view, that is their choice, but they would be making that decision as autonomous individuals. Some autoethnographers, for example, Jago (2002), have written about others with apparently little consideration of ethical matters. This example provides evidence of a clear conflict of interest and a sense of exploiting the vulnerable, which provokes in me discomfort.

According to another of my former supervisors:

> AE, now let's be clear is situated with you as the subject; it is your experiences and your encounters, which are to be at the heart of the research and, ultimately, when we are considering ethical aspects of any thesis, we are striving to do no harm. With this approach, it's not possible to get permission to use the material in the same way and that's one of the issues with this methodology. However, the reflection that bends back towards you is at the heart of this work. (Supervision, 2009)

This was helpful in clarifying who was the subject. It also resonated with my core desire to show my subjective experience of the phenomenon. I was the subject of this research.

Here is a snapshot of one of my musings via email:

> I intend without doubt to make myself the primary source of data, however, I do want to write practice reflections, which again puts me in the frame as primary source of data. It could transpire that numerous occurrences within practice, as a chance glimpse, do warrant the disclosure of something that has been said or

expressed by a client - lending me to further reflect. I cannot capture that internal occurrence in the moment but I can capture it retrospectively. I have no intention of working with specific patients and hoping to sense and describe the resonance experiences because it might not happen - I specifically want to reflect upon resonance experiences if they happen with certain individuals - there is no guarantee with anyone. So my question is, would that make them the primary source of data? Counselling ethics need further exploration - my clinical supervisor has said that if disclose anything said by a client I need permission even if I anonymise the client. Where I need to work out LREC or not is firstly would the patients be primary data and secondly if I use any NHS data in comes LREC. With a wobbly job this is difficult. " I do however have my private practice work. (Tina Graham, personal email to former team, 2009)

My thinking about what part of the process I wanted to examine began to take shape. I wanted to observe myself when experiencing the phenomenon, locating myself as the primary source of data. I had to determine what aspects of my observations I could use as direct material while undertaking counselling work. My focus was the phenomenon. Nevertheless, I still had to determine what I use and share as part of my stories. Several sources, readings and advisors helped me determine what I ethically could and could not do. I discussed this with my clinical supervisor, who was clear that anonymity would not allow dialogue to be repeated verbatim, because of the contract of confidentiality. I had to protect my clients beyond anonymity, because personally-identifying information could allow someone else logically to deduce someone's identity (Bond, 2004).

An email communication from Tessa Muncey (2009) was helpful:

> The jury is out on ethics and a/e some implying that it is one's own story and therefore one's own moral stance whilst others suggest that everyone's story involves others that should be considered. A good way round it is to involve others as co-researcher or to disguise others as composite characters as Aimee does in one of the chapters of as yet unpublished book. Wall has addressed some of the issues in one of these fairly accessible papers. Wall, S. (2006). An autoethnography on learning about autoethnography, International Journal of Qualitative Methods (Vol. 5, Article 9). Wall, S. (2008). Easier said than done: Writing an Autoethnography, International journal of Qualitative Methods (Vol. 7). Having said all that I have never supported an a/e study that needed ethical approval. Maybe different if clients figure in the study.

I followed this up by reading these journal articles. The first, by Wall (2006), in the sense of how this impacted me, was a reminder of "self as the research". The clear message of this article was that it is autoethnography; thus, the self is researched.

In the later article, Wall (2008) discusses the ethics of other and representation in greater depth, as well as the challenges of writing anonymously; for example, she used her maiden name at a research conference which caused complications. The paper did not answer my own research dilemmas regarding the other. Further communication with the university, however, assisted me in considering these matters.

The response to my ethical situation from the ethics advisor of Bournemouth University (BU) was as follows:

> I think the answer is complicated. The primary function of ethical scrutiny is to protect human subjects from the researcher (from Nuremberg 47 to NHS Research Governance)...but who is the subject in this case? That in essence is the question and that could go both ways i.e.
>
> 1) The patients are the primary sources of data or
> 2) The researcher is the primary source of data
>
> If it's 1) then my view is ethical review and if they are NHS patients both types (RG2 and NRES).
>
> If it's 2) i.e. that the researcher is the primary source then no ethical committee in the world can function to protect one person from themselves.
>
> If it's 2) there are issues of confidentiality, accidental disclosure of practice that breaks professional, civil or criminal law, plus personal risk i.e. Over self-disclosure or re-emerging evocative memories that may be emotionally painful to them...but is that something the supervisor needs to manage? - I think so though I am not really of that research paradigm but I would say that's good supervision common sense.
>
> I hope you're not speed reading this as these are considered points that span a lot more thinking - as I said before, I was listening this morning but not thinking...in other words my deductions above are not totally watertight...but I do think it all rests on who are the subjects.
>
> On that thought I think that a study that relied only on retrospective recall would be less risky than a study that involved going into practice then recall then going back to practice then recall and so on. As that latter design would mean the researcher went into practice 'intending' to use the patients as sources of data in a manner determined by their method of inquiry...and thus making the patients become the subject of research...thus action 1) (above) applies (RG2 NRES).
>
> So if you only used themselves as recall on practice experiences i.e. from their own memory or personal diaries (as people keep them naturally) then they haven't explicitly used their patients as

primary sources. But if they go to practice and keep diaries with the intention of using them for their study then that's using patients as primary sources of data (so that's not normal personal diaries)

There might be a way out in my thoughts - but even now I see some flaws in my thinking ...but it rests on who are the primary sources of data!!

I think that it would sensible to run the study through a RG2 review first...it will get an appropriate review and if the submission is in its proposal form i.e. clearly spelled out, with intentions for data collection clear and the temporal element to that data collection (re my point above) then see what the review does makes sense to run it formally through that useful peer review process...but I'm bound to say that I guess as the co-ordinator that's one of the most interesting Rg2 queries to turn up for a while." (BU Ethics, 2009).

From this, I initiated a lengthy contemplation of my work, aims, participants and focus, summarised in a fuller document shared with my team in November 2009. Based upon the content of that document and our discussion, it was agreed that ethical approval was not required. Clients were not going to be participants in my study in any sense.

In the case of the stories about my parents, I had to contemplate whether anyone's memory of them would be impacted by anyone reading these stories. Although I had my inner imagining of their responses, therefore, I still wanted to cherish the memory of them. I have let family members read the stories and they have not raised objections. Knowing my family as I do, they would speak up if they objected. With regard to my two sons, both of them have read the accounts I have written and both of them have had no issue with what has been written. Indeed, as my research progressed and the focus became upon the professional context, all the family stories, while helpful, have not been used in this work and, therefore, have been completely omitted from this work. It was interesting to consider these ethical matters, regardless of the omission of these stories. I am reminded of the inner conflicts my sons might have experienced when saying yes or no to their mother, as well as the problems with retrospective consent (Tolich, 2010).

In answering the considered points from the ethics advisor at BU, these were my conclusions:

1. The primary source of data is myself. The thesis has been reframed but the primary source of data remains unchanged.
2. No disclosure of practice has occurred. Nothing of the original content has been used. I created one entirely fictitious story and three stories that

contained embedded recall of my thoughts, experience, etc. (my self as I recalled). The clients that feature in these three stories have been fictionalised, as per the ethical guidelines of the British Association for Counselling Research (Bond, 2004): 'conflation of several experiences into a representative account or case study; explicitly producing fictional accounts that convey salient aspects of the research findings' (p. 10). The stories do not resemble anything of the original encounter (aside from my own process) from a descriptive perspective. I have created fictitious client characters and problems.

3. The kernel of the stories (my lived experience) is intact. The focus was my inner process and my reflections of practice and the process with which I engaged.

4. Consideration of the depth of my personal disclosure has been monitored.

5. There was no "going into practice with the intention of using the material". Indeed, I had no awareness of when empathic resonance may or may not occur. These were sporadic experiences and I had no sense of when or with whom it might occur. There was no intention to use patients as the primary source of data; the focus when writing up field reflections was solely my experience.

6. The temporal element was discussed earlier in the chapter. I would write up my experiences of empathic resonance as close to the happening as possible; again, the focus of the notes was my inner process. Absolutely no verbatim dialogue was ever used.

7. The focus of the work is entirely on my subjective experience.

It is clear that the focus of the research was my subjective story, and that the client was constructed as a fictional character. This retained the essence of the counsellor story. The detail, description, events and client were all fictionalised. All dialogue was created. I never recorded any verbatim dialogue in my field reflections. I believe that these actions mitigated any potential harm: it would have been virtually impossible to set up this kind of research with clients as subjects. I would not have been able to anticipate with whom the phenomenon may or may not occur. The client's subjective experience was not the focus of this work. That is not to say that clients might not have valuable data, but rather that such data was not the focus. I did not reflect upon my work with NHS patients, thereby avoiding the complication of applying for Local Research Ethics Committee (LREC) approval or completing an

Integrated Research Application (IRAS). My field reflections emerged from my private practice work.

Although I acknowledge the focus here, I was acutely aware of 'relational concerns' (Ellis, 2007, p. 25). I crafted the stories very carefully, focusing on my experience. No harm could have been done to any clients, as my actual clients did not feature in the stories. In addition, where I relied upon my subjective experience as data, altering the factual, descriptive and circumstantial details, seeking permission for this kind of research might radically have altered the outcome. Indeed, even trying to obtain consent for this research could arguably significantly have affected the counselling relationship (Palmer and McMahon, 2014). I was very clear that I was a counsellor first and that self-observation that occurred was no more than I would normally undertake as a practitioner.

My team encouraged me to write short snippets as conceptual practice examples, to aid analysis. These are small windows into my practice and are entirely fictitious. They have been created to enhance understanding; specifically, my understanding of complex concepts. It is reasonable to say that the examples as fictitious renderings do not even constitute vignettes. However, according to Palmer and McMahon (2014), '[b]rief vignettes which are illustrative and contain no identifying material may be written without consent' (p. 571).

Lastly, imagining myself in the position of the client has been a very interesting exercise. I have tried to imagine a dialogue pertinent to this thesis, with the inclusion of my inner material embedded in the stories. The following is the result of that thought experiment. I am talking as a client to myself as the researcher:

> T: Tina as Client; R: Tina as researcher
>
> T: So you couldn't ask me if I wanted to be part of this work?
>
> R: No, it detracted from my own process in the sense of where the focus was and in bringing this project to your attention it may have adversely affected the very essence of what I had hoped to glimpse.
>
> T: Which was?
>
> R: Me…as I experienced myself in a therapeutic relationship…my experiences…my subjective experience of resonance specifically empathic resonance and my perceptions, feelings, thoughts, etc.

T: Oh, so not mine?

R: Well no, that wouldn't have been possible without consulting you and then I felt like I might have pressured you for something that wasn't entirely clear to me. Indeed, I didn't want you to be distracted from your needs and feel obligated to perform, show, reveal, etc. This kind of resonance doesn't happen with everyone and, truthfully, it has rarely occurred within practice, but, if it proves helpful, it might be a way to understand it better and how it happens.

T: Does that mean you will be able to fulfil your role as counsellor though? Am I going to have less of you; will you be distracted?

R: That's a fair and reasonable question. I have given this considerable thought and came to the conclusion it would be wrong if my focus was primarily upon my research. I concluded I would get on with my work as normal and if I experienced empathic resonation I would make some notes. So, I don't make notes after each session, other than the normal clinical ones. Empathic resonance is not an especially frequent phenomenon. I do not know when or if it will occur but I simply want to be open to more recent experiences as opposed to old remembrances.

T: I understand; if it occurs what will you share that is specific to me? Details etc.? I need to be assured that what I bring remains confidential else our trust could be compromised.

R: My intention is to share only the kernel of empathic resonance as I experience it, so that absolutely nothing is revealed that is personally identifying in any sense. If you read my work you shouldn't get a sense that it is you but you might get a sense of that only because of the process not because of the content. The people who feature as clients in my stories will be fictional characters; the actual focus is me and my inner process. I do have to include a client as a character else it would all drop away and not show the relationship as I experienced it but no client material is being recorded at all, no dialogue, no personal detail, nothing.

T: That sounds reasonable and your intention is to contribute towards practice?

R: That is correct, my intention is to understand this aspect of my practice because it appears important and helpful in my ability to assist people, and I hope in turn it will make a contribution about empathic resonance that will be part of further clinical dialogue.

T: So I might, if I were to read this, have a sense it was me but no one else will or should because you have shrouded the detail and retained my confidentiality?

R: Yes, that is correct I have removed the actual happenings and fictionalised clients, but, retained my inner process authentically. The dialogue is imagined and I have purposefully refrained from annotating anything said.

153

T: Thank you I am reassured by all you have said and considered. I hope your research progresses well and does indeed help others. I suppose it all becomes a balancing act of how helping others via research could be argued to supersede any minimal potential for harm to clients.

R: I think that is an excellent point, it is the potential for aiding practice development which is at the heart of this work, even if it is only my practice which develops from this work, that could be argued to be the greater good. The likelihood of anyone being harmed by this has been carefully considered and I believe the ethical protections that have been implemented have reduced any possible risks that could have arisen.

5.7. Conclusions

The construction of this thesis involved many strands, some convergent, some divergent. Shaping the document was an ongoing process, navigated over many years. The use of the methodology was a deciding factor in the ethical considerations that had to be navigated throughout this research.

Fortunately, my research topic was less problematic than those of many autoethnographers, who focus more on personal stories and the implications of exposing others in their work I wanted to harness my counsellor-self, who experienced the phenomenon. This also made the practitioner ethics less fraught with harm to clients, because client material was not drawn upon. Although this was simpler, it was crucial to my learning when trying to balance the ethics of minimising harm versus striving for knowledge and how we judge the balance. Regardless of the unique ethical position each study has to consider, Medford's (2006) advice not to publish anything I would not show to other people will be remembered despite not directly applying to this work, as will that of Tolich (2010), who emphasises the need to 'treat all persons mentioned in the text as vulnerable, including the researcher' (p. 1605). A further layer of ethics must be considered when undertaking counselling research. Factors including vulnerability, confidentiality, the potential for dual relationships and exploitation, as well as the risk to the therapeutic relationship, must also be considered.

In the following chapter, the four autoethnographic stories are presented, showing and telling the counsellor story of empathic resonance.

Chapter 6
Autoethnographic Empathic Resonance Stories

6.0 Introduction

In this introduction, the construction of the stories, their development and the textual considerations that influenced their form, are explained. The stories, while consisting in a series of events or a plot (Leavy, 2009a; Saldana, 2003) are not analysed. The task was to embed in the stories the sporadic, spontaneous empathic resonance experiences documented in the field reflections. The ethical difficulty of relating client stories so minutely was resolved by using fictional constructs. The stories were created as authentic renderings, representative of the way in which empathic resonance emerged in my counselling practice. They contain scene setting and scenes, characters (my counsellor-self and fictionalised clients), action (practice), dialogue, a progressive plot (as a series of events) and end in a way that stimulates thought - sometimes resolving and others ending with a punctum (Barthes, 1980). Clinical material that emerged in real practice was indeed worked with beyond empathic resonance experiences. However, owing to limitations, the stories do not illustrate how empathic resonance experiences and material were integrated.

The stories include observations related to the phenomenon, which were also embedded. I wanted to produce evocative stories that would draw readers into the material vicariously, demonstrating my counsellor-self in practice. I aimed to show the counsellor in dialogue with the client, the reflective counsellor, the analytical counsellor and the counsellor who drifts into other material as part of the reflective practitioner process. This includes poems, lyrics, staccato-like thoughts and images, which all link to the meaning making embedded in the story and the form of the story. Ellis and Bochner (2016) describes this form of representation as 'montage and bricolage' (p. 209), an assembly of forms creating a whole. This form was useful given word limits. The book by Speedy (2016) about her stroke used montage form to bring the reader into an aesthetic sense of her experience. I have attempted to bring readers into my aesthetic experience of empathic resonance. Further, I attempted to illustrate facets of my experience that are part of the whole. The reflective counsellor derives understanding of the other from thinking, writing, reading books, writing and reading poetry, supervision, metaphors, images, pauses, silent contemplation, sensory searching and dynamic pondering. I wanted my

stories to reflect this. In counselling, the search for meaning and understanding is attained experientially with the client. I hoped to show and tell my counsellor process, my way of understanding the other and moving towards the other. Along with the counsellor-self, who uses theoretical terminology, the theoretical concepts are embedded as they naturally occurred, which was important as these stories are not clinical notes. The montage aims to bring my readers into the empathic resonance experience. To do so, I had to be present and vulnerable in the stories, willing to reveal aspects of my counsellor-self. My fictional clients were treated with the respect and sensitivity with which I would treat any real client, in order to show my beingness as a counsellor. These clients came to seem real to me.

The stories are data that may be termed 'narratives under analysis' (Bochner and Riggs, 2014, p. 210). However, field reflections were not analysed for themes before constructing the stories; the stories had to come first. I gave precedence neither to the perspective of the storyteller (who shares the lived experience) nor to that of the analyst (who will analyse the text); both were as important for this thesis. The storyteller engaged in both explicit and implicit meaning making, carefully selecting pieces of the montage to weave together, to create stories with the attributes of authentic lived experience. Human beings are 'wired for story' (Cron, 2012) and are described as 'the story telling animal' (Gottschall, 2013). Empirical findings on storytelling are intriguing: stories are embedded and connected in our brains, formed by neural connections founded in neural entrainment which drives meaning making. This stimulates the frontal and parietal cortex of the brain when there is comprehension and mutual understanding (Hasson and Frith, 2016). This supports the philosophy of autoethnographic research, whereby the drive to recreate reality, as we live it, can bring us into neural coherence as storytellers and people - as can empathic resonance.

6.1. Greg

Greg is depressed and distraught. He needs help, cannot function, is tired, listless and considering the end of his profession, yet is torn because of his passion for his work and the financial consequences of stopping. His stress and depression have escalated along with marked anxiety. He wants cognitive coping strategies from me, so he can be patched up and return to work. I indulge him, patch him up and listen to his self-reassurances that he feels fine now.

My senses say differently, and I feel certain he will return in the future. There are glimpses and twinges of underlying pain; an untold story hiding…he's hiding. He was aloof, the therapeutic relationship lacked deeper authentic contact, with a reluctance to work on anything more than surface interventions. However, he was satisfied with this level of relationship; this teacher-student psychoeducational work. It was all he was ready for. Relating, searching and seeking, understanding his angst and its roots did not feature. The work feels limited, constrained, temporary, inadequate…we never reached the door – we didn't see the door…but more…what might be behind the door? Not always necessary for some, but in many cases there is often a sense of incompleteness. We navigated a fix not a transformation, which can be felt…..

'Mirror, *mirror* on the wall did I see myself at all?
Did I escape to live another day, same pain that's simply shut away…?
Waiting, safely harboured inside
The loop of distraction…my shadow side
Playing games of hide not seek, until I allow myself to peek…
Mirror, mirror I am frightened of your call
…unless confronted, I will fall.'

Over a year later
The presentation is similar; the motive different. The need to go deeper, to understand the origin of the anxiety. He's ready. Now, I am going to be paid for my true worth, for I am a good excavator. How I love to journey with the client to the depths and heart of their distress, knowing that, with some, the past is still a major factor in their present suffering, shaping them in a multitude of ways. For I too have delved and searched, reached inside, confronted, realised, released and transformed.
The exploration starts. It is slow, but steady. We peel away resistant layers and plough through the aspects of his life, past and present, that are stressful. This exploration is coupled with the improvement of previously unexplained neck pain. When I reflect that he has learned to offload emotionally, he acknowledges the value in the process in terms of his functioning and well-being. This would not have been appreciated in the earlier work.

T: You seem more able to speak with me these days, about matters much closer to your distress…you know, sharing rather than wanting me to alleviate with interventions?

G: I know. I was afraid before, letting my guard down's not easy. I've built a life and career upon being capable and in control. Now, being honest…especially with feelings…

T: It's new territory (pausing, as he nods), but, at a time in your life when the symptoms are out of your control…the anxiety, disabling, paralysing, a source of pain and discomfort. It feels like a struggle for you?

G: To go to this place...it err...

His voice cracked, a stutter, coughing, throat clearing...

I saw images of vulnerability and fragility, words and images. Feeling a tender spot, a chink...a feeling space…his.

T: So tough for you then, feeling vulnerable and taking a risk; it's still not easy?

G: It feels risky, I'm on shaky ground here…we just don't know why, do we? I feel this pressure to understand now because the anxiety is back…I hate this feeling; I'm not in control. I can't control it, it's leaking out and I'm not myself…such weakness.

His voice petered away...as I held in mind, weakness…his perception of vulnerability…Such a challenge for him to be and feel this…so brave, to not avoid it any longer.

T: Some would say it takes courage to feel, to be here and experience this real struggle. I think you're doing so well…uncertainty, it's a tough terrain for so many, we want the answers, but sometimes…we have to wait…pause, and give ourselves time…a process, something to trust or not trust, but, feeling our way forward…gently.

G: One brick at a time like building?

T: Like building, I think so…stages…as we move towards what's between and what it all might mean…within this…(Then…)

Direct eye contact, *recognition*, as he nods *with* me…with me…grasping…shifting…accepting…*both here*, both right here in this moment of meaning making together…the words like bricks building a together…building a dialogue of deeper clarity…trusting and working towards a…Shift…what shift?…an unknown shift but knowing we are ploughing…feeling the foundations, the ground from which…

Many sessions further on…as if the field has been sown.

He reveals a persistent ear pain that has been examined by the GP. There is no physiological reason for it; they've checked and double checked.

T: Do you remember the neck pain that spontaneously resolved; we made the link with you sharing, here? I wonder, what needs hearing?

Both holding still…thinking…deeper…*together*…me feeling *into the stillness,* in this moment, breath, calm, no thoughts now…*empty…spacious…tranquil*
It happened in this moment
Extraordinary inner image of him as a boy…
Strong, clear, vibrant, tree, river bank, sweet grass, gurgling river, a joyous boy.

I decided to share my impression. It felt important, yet I didn't know why, but perhaps he needed something from this image…
T: This may or may not be related, but I have an image of you being spontaneous, coupled with the simple act of being in nature…maybe even laying on a river bank, gazing at the clouds it…
(He looked up, the way he looked at me, silenced me, making sense, remembrance).
Inside me, thinking, do not interrupt him, significant movement, wait. Hold the space.
(He shared)
Many years ago when my client was about 12 or 13 he lived near a river with large trees growing upon the banks. It was a forbidden spot, the currents were fast moving…boys had accidentally fallen from the trees…two had lost their lives. Dire consequences. The trees were easy to climb and inviting, branches seemingly sturdy and able to hold a boy, but they weren't. Greg had climbed a tree, lifted his leg over a strong branch. He had rested in the boughs and was in a dreamy state, staring at the clouds, when the main branch he was resting upon cracked and sheared off. As he fell he severed an artery in his groin. Multiple agonies....

I was trying to make sense of the moment. Had to stay still, keep listening, and stay with him.

Fortunately, he had gone with a friend. Fortunately, he hadn't landed in the river, although the fall was harsh and bloody…thankfully, emergency aid was near, a

nurse. He spent some time in hospital, had surgery. The deepest scar was the angry response of his father who called him a 'stupid fool'.

G: He called me that, you know, he called me that…why…why…I just wanted his love, his reassurance but he couldn't, he wouldn't…

T: No comfort, no compassion for you …unable to

G: I thought I was going to die, the blood, it was…

(He was lost for words…lost in the reliving…)

G: I was panicking…I couldn't breathe and all he could do was call me names.

His face twisted, lips peeled back, voice raised…tears…he wept; this large, powerful man wept…

We stayed like this for 20 minutes or so…just in his re-experiencing…in his piecing together of his reality…as he remembered the origin of his anxiety, the pain came flooding back…the pain that he had buried as a boy, and the years of self-torment thinking he was a 'stupid fool':

> 'What cannot be said will get wept' (Sappho).

Me, where was I in this…intrigue…the image. It wasn't mine but it came to me in that moment of pure contact. His transformation came via the connection, the relationship; it came from a place/space between us and was witnessed by me…I never saw the trauma though…I saw what might be described as the door, the window in, the landscape.

6.2. Diana

Diana came to see me on a grey winter morning, it was raining heavily with thundery clouds. This kind of rain always managed to find a way in through the seals on the window. It leaked through, invading the room, creating a damp, stifling atmosphere. Hopeless. A long way from transformation, no blue sky to speak of.

She was plump and grey, ordinary, no colour or life, a judgement shot through me: 'This is going to be a bunch of fun'. I felt negative and lethargic, confused. Her voice was a monotone with words listlessly spoken. I felt shattered and compressed; when she left, in spite of the atmosphere (inside my room and outside), which was heavy, thick and dour, I threw the windows open for release. Something I had to do for many more sessions to wash the heaviness away.

The dynamic persisted, but I stayed waiting and hoping for the energy to shift, feeling it affect my body, and then yawning it out, dusting it off, after she left.

Heaviness dragged behind her, I wished that she would be released from whatever was weighing her down. It recurred, filling my inner space. When I looked into her eyes, all I saw was barren deadness, no spark. My awareness sensed something hidden. I tried to imagine her world, I tried to think myself into her world, but all that would arise was the heavy feeling.

Six sessions passed and although she responded to some of the CBT interventions agreed upon for her presenting problems and struggles, I felt our connection had faltered. So many questions: who was she, why was she so low, what was really going on with her, why was she hiding?
I was also concerned at my apparent lack of empathy, all my attempts at reflecting any kinds of feelings were futile, everything bounced back. I felt like I was failing her and that, for whatever reason, my clinical skills/abilities were lacking. I felt mute; there was no way in. As time passed, I became more infected by her during contact. Opening the windows didn't work, jumping up and down and spinning around failed, as did strong coffee and brisk walks. This was definitely a case for supervision. I catch myself…'a case for supervision'…really, a sense of distance there, but, oh so subtle…so infected by the dynamic. Objectification…caught in my reflections. I had caught myself, an edge of inner protection now; I was protecting myself. Aware of the dynamic, I entered the work anew.

Session eight came and went, I felt unwell during and afterwards. My attempts at tuning into her, feeling into her were dynamically flat; I was still blocked, as she resisted. My attempts to close the distance between us were futile. I tried to reflect this reality but as I tried to align with her and mirror her, she deflected me. She did not want to see herself in me and know herself.

Rigid boundary, thick steel wall, oozing toxic vapours.

The harder I tried to reach in, to connect, the more I was thrown off with idle chatter and moans, and left feeling…Feeling…What was I left feeling? As I reflected upon my feeling state and turned my attention inwards, the unwell feeling became chest pain. It lingered - agonising, sharp - as I turned towards my silent place. A tangible pain in my chest.

    My silent place, still and spacious, being awareness. Arising's bubble up…
Returning from my quiet homeland, while entering with Diana on my mind, the pain…lingered…it felt like it became mine and was here to stay. I was confused. I

161

finished work and visited my GP. The GP examined me: 'It's costochondritis. Inflammation of the chest wall, a bit of ibuprofen or tramadol at worst and you'll be fine.'

Perplexed.

Something was out of synch. I was out of synch. Something, something some...thing. I needed to take this to clinical supervision.

Supervision

T: Honestly, Paul, I'm missing something with this client. I feel shattered after working with her and, as for relational connection, I'm doing a miserable job and feel totally deskilled with this woman. I feel mute and inadequate. I can't get close to feelings, I can barely get more than a few sentences; I feel blocked, a huge barrier.

This happens rarely in supervision, but I broke down. I felt like no matter what I tried, I was not hearing and any connection was being avoided. I can't explain where the tears came from. They fell and rolled, like those huge raindrops from the morning of the first session, they flooded my cheeks and soaked through my man-sized handkerchief.

T: It's not about ego, Paul, I know I can't always help everyone, but there's a haunted look in her eyes. It's scary, a lot of fear; I wonder what might be inside and, for that matter, her truth.

P: Which might explain why she might block you.

I stilled myself for reflection. It was there again…stab…the pain in my chest… (Anxiety?) Something needed to be released, but I felt it wasn't mine.

P: It feels like you need to go back to the beginning. I don't get a sense of a real relationship, re-set the frame, the focus, be open about what you feel.

I nodded in agreement with my supervisor and after further discussion I felt like I had to take a risk and try to reclaim and establish a connection, which I felt she didn't want me to instigate. The work had no depth, no realness, it lacked authenticity; a falseness I was determined to resolve. Supervision had shifted my perspective, I wasn't prepared to fall into this dynamic anymore and I wanted more for my client. It felt like my core intentions were back; I was in a different position

with a renewed vigour. In trying to describe my sense of our relationship, I was compelled to write a poem.

Stuttering blank, monotonous sensibilities, heavy dreary outward breaths, darkened sighs.
Tripping sinking words failing words drowning…Sucked down, pulled down, mouth turned down, blank eyes.
I can't see you, I can't feel you, I don't know you….Tries.
Blackened smog, soot so dense, hiding from me….10 foot fence.
This I know of you, this sent from you, this toxic, fear-filled sense.
I'm not reaching across to you, you are devouring me in my attempts to reach you and get through.
Intermittently, I see a chink, a wobble, as your eyes betray you.
A quiver, a glimpse - but covered, concealed, when you realise what you do.
And that I might break through…I need simply to watch what I do, for it is you who needs to break through.
Reflecting…
Who was she?

Diana was lonely and isolated, hemmed in by a world of men and boys. She had no female companions. Her mother had died some years ago, when she was 25. At 45, she felt stranded and worthless. Her only identity was as mum, wife, cook and cleaner. She felt cheated by life and by death. There was no space for Diana; no room for Diana. Diana was without substance. She barely existed, but she did to me; she mattered to me.

Supervision had deepened my compassion. When I thought about Diana, the heaviness dynamic was no longer my first reaction to her. I felt empathy for her. I did previously, but this time it had a greater depth with a whole picture perspective. The desolation that was hanging around felt like a barrier. What was so desolate…? Her…the desolation stopped being a barrier but became a realisation about her… this oozing atmospheric desolation. It screamed at me, 'I feel so alone'. I felt such sadness.

Here and now, here and now…Flow…after I gently asked her about her life and was honest about our work…I stopped attending to the label she had presented to me…OCD…I stopped with the CBT…I stopped prescribing, dividing, labelling,

163

doing…I stopped, listened with total focus, interested, naturally arriving in real relationship. The pressure to perform, to resolve, to transform was released. The expectation I put upon myself hindered my true counsellor, my relational way, but more, more than the real relationship, more than qualities, and so much more.

T: We haven't progressed, have we? You know I don't get a sense of having really assisted you?
Di: I know you care; I feel that. Feeling cared about scares me.
T: How so?
Hesitation, then a pause, weighing up…I could see it in her eyes…fear.
Di: Just that…
(She stuttered, head down…)
T: Just that?
Gently pressing now, my voice low, soft, yet persistent, wanting to hear her deep truths…wanting to know her…
(A cry, tears in her eye, a soft gentle murmur, barely audible as she courageously looked towards me for…)
T: It's ok, it's ok…(Hearing my voice soothing, feeling her angst and suffering, pain, moving towards her, raising my gaze, not afraid of her pain, not afraid, strong enough, able enough for her, *WITH HER*)
   Looking towards me for ME, for her in ME for courage to feel…and I felt it all…
T: I've been here all along, you know (warmth now, feeling compassion)

Images of bridges…gently floating towards her, becoming more human, more vulnerable, more open and then being honest about how I felt…I told her I felt disconnected from her and felt that I was failing her. We agreed to start again with a fresh approach and she shared herself with me. We shared, me in my felt sense of our dynamic and her in her life.

What was this like? To be this authentic? It felt fresh, vibrant and had a quality of movement and flow. In acknowledging what I felt and sensed in our relational dynamic, there was a breaking through and a sense of being together.

She touches me…I can feel for her, with her…beside her…and in that place and space of our beingness, there is more space. I can hear her more clearly, her words no longer hollow messengers carved out of some kind of complicit performance, based on reducing symptoms. We haven't even spoken of symptoms…what have I

been doing? Holding space, listening, responding, feeling, allowing, pausing, trusting…

What was the same was this sense of listening to her. I had been listening all along. This kind of listening comes from inside and is awareness of the dynamic…what was I trying to be in touch with? Her, her story, her pain and its origin…that is what I couldn't reach in the earlier stages of our work. Although my intention was there, something was missing. It felt contrived, and that I had missed the vital relational essence necessary, to see her as…more than her problems and symptoms, further suffocated by the fear-based signals I was receiving.

I needed to be in the moment and in the reality of our interaction and engage in a way that ultimately connected me to her on a parallel level rather than on a therapist-to-problem level. Elimination of perceived differences, I feel it now…guilty of objectifying, yes, I was…this happens in a world obsessed with labels and results, coaching myself…don't fall into that trap. This was needing the deeper relating as opposed to the surface interventions. This was simply because of Diana's signals, which I needed to feel and acknowledge empathically. However, it took me to more…it took me beyond and into what felt like another dimension of relationship. This mystery, this territory, yielding when we traverse the earlier stages …breaking through…I hear an inner whisper…a rising knowing…a confession from deep inside:

No secrets…yet a secret garden, with a secret door…available, visible, accessible for all who can reach.

Holding still and feeling into myself, looking into myself whilst simultaneously looking out at Diana. The interpretation of facial subtleties and the recreation of meaning inside me, which needed to occur. This language of her true feeling state communicated to me, allowing a knowing of her to become an awareness in me. Knowing her via these signals created a feeling state in me from a palette of my own life experiences and the meanings embedded in me. I recognised…pushing myself deeper now...What did I recognise?…moments, only moments, glimpses, like sun breaking through cloud…glorious moments of…words failing me, not serving me or this, words not enough for the encounter of each other. Revealing,

A space more than both…a space that can be discovered between us…

When working with Diana, and in these moments, no specific memories emerged for me, no entanglements from my own past, because,

I was aware of my own consciousness being totally other-focused.

My history was not a distraction from her, but rather an embedded knowledge base from which to recognise her as she really was. She appeared to me and, as she showed herself in this small, two-person world, she didn't tell me with words.

She showed me…and, in interpreting her showing of herself to me, we were no longer lost.
The heaviness dissipated and the atmosphere lifted. I looked forward to seeing her and sharing an hour with her. Her progress and self-esteem were growing. It was observable; I felt like I was engaged with her. There was an 'usness' about the dynamic now; a sense of cohesion that, if I had been blindfolded before, I was now aware, my blindness to or for her, was gone.

I had a sense of being a participant, part of…timeless being

A dynamical sense of our relationship, founded upon a contract of understanding. There was a feeling quality that had entered the frame now, which was blocked before. This work was not about OCD and depression, it was about being known.

In the sessions that followed, our togetherness was light, with openness and flow. That is not to say that the material was light, but that a dynamic sense of the sharing and connection between us now existed. I felt attuned to her. In that attunement, deep inner listening and focused observation of her and her subtle signals, she became known and shared herself with me.

T: Hi Diana, how are you?
Something was different, I noticed immediately. I felt her.
Di: I'm fine.
She's fibbing, my instincts were screaming. It was tangible, the heaviness was back, her defences so strong.
T: Come on (spoken quietly, gently), I know you too well.
Di: (Gasping, small voice) There's a lump, my chest, it's bigger, it's grown.

166

This time she spilled over, this time she let me help her, she was confronting her fears.

Three weeks later

A tentative Diana came to see me. She was sore and weepy (big improvement in sharing her emotions) as she expressed her relief, in spite of coming to terms with her diagnosis of breast cancer. She'd had a lump for five months, but was so afraid and full of fear that she told no one and held it all inside. She was always a tidy lady, but she had tried to cope with excessive cleaning. So much makes sense with hindsight…when we think back, look back and notice, clues about the very essence of what she needed to reveal…

Sometimes it's hidden in places, which include ourselves

6.3. Stephen

Ithaka

 'As you set out for Ithaka
 hope the voyage is a long one,
 full of adventure, full of discovery.
 Laistrygonians and Cyclops,
 angry Poseidon—don't be afraid of them:
 you'll never find things like that on your way
 as long as you keep your thoughts raised high,
 as long as a rare excitement
 stirs your spirit and your body.
 Laistrygonians and Cyclops,
 wild Poseidon—you won't encounter them
 unless you bring them along inside your soul,
 unless your soul sets them up in front of you.'
 (C.P. Cavafy, Translated by Keeley and Sherrard, 2015)

He was self-destructive, difficult to reach, dismissive, arrogant and I spied every essence of it. The self-destructive behaviour was leaking into many areas of his life, jeopardising his job. His relationship was faltering and he was trying to sabotage our work. I tried to imagine what was driving him to such destruction.

He came to me because he had no control over some aspects of his behaviour. The behaviour was frighteningly risky and he taunted himself. He had an inclination to push boundaries, with an inability to control his impulses culminating in him standing closer and closer to the edges of some local cliffs. Each night he would go for a walk on his own and find that it was impossible not to stand with his toes hanging over the edge of the cliff. He felt that it was only a matter of time before his imminent demise, the thought of this and the effect upon his children and partner terrified him. Other professionals were involved in the case, and as medication and other interventions had not aided him, he sought counselling.

First things first, a risk assessment: high. Clinical history…nothing remarkable, no traumas of note. Indeed, no clues regarding what might be the reason for this, nor whether his work was causing him angst, etc.

Stephen was difficult for me to reach, he was aloof and distant. Of note was how he would leave and always pay me in a strange way. Unlike other clients, who pay me directly, he would leave payment on a side table across the room. It was telling. I reflected upon this and how it felt to receive my payment in this way: cold, distant, aloof; a reflection of what I felt in the room. I had no sense of him as a feeling person. His face and his expressions were rigid, his presence numbed me. I felt paralysed, which reminded me of trauma symptomology.

A supervision discussion about him included the lack of progress, and the relational disconnection, which led to an insight. It seemed as though he was duping me in some way. I had no sense of his nature or character. It was bleak and, unless there was a breakthrough, I would have to refer him on. I tried to reach him, but simply felt overbearing isolation. Such distance. When I reflected it, he denied it…looked at me perplexed, but I saw it. Ripples of emotion appeared, momentarily, when we talked about intimacy. An invitation rebuked. It was tough to feel into these shadows and witness the denial….if only he would allow me to reach him, to reach into himself.

Next session after supervision

T: There's something I want to discuss with you, you know, regarding our work, it might seem strange but can we just go with it and see what happens?…I'm concerned that we are not progressing and yet am curious about the dynamic here.

I watched as he became animated. This was unusual; he normally looked bored and disinterested, which was always strange to me, especially as he was the one who instigated help. I noticed a smirk, it felt like a taunt…it was fleeting, but I saw it.

S: Sure, ask away.

T: Well, it's just that you leave your payment across the room and I'm left wondering what that's about. It feels like a resentment in some way, one that I'm struggling to understand and feel I cannot leave unacknowledged.

(He looked uncomfortable then, squirmed...caught...seen. Known...)

S: Well, I worked out you must be earning a fortune, if we do the math, you are earning more than me and what for…really, what for…it's not even working is it…? There we had it: a block, a disconnect…I wasn't seen by him in a respectful way and that is exactly what we talked about…we talked money, meaning, women, equality and freedom and, after several sessions, arrived at a new understanding of each other. I admired his honesty…it took courage to say these things to a woman in this age, in this time, a working professional woman who was trying to help him understand himself. A new regard flourished in our relationship, he responded with respect, he shared how he felt that my 'upfront' approach took courage.

Sessions further on.

I listened, I remained open and receptive…I could see a new understanding in his face, which was mirrored in his expressions. He appeared more animated; his resistance to the process was slipping away. As we explored together, his life dramas started to emerge…thoughts and feelings, confusion over love and fear of commitment, yet the risk taking persisted. Nothing we spoke about appeared to link to it and it felt rather contrived to keep referring back to it when he was so openly divulging many aspects of his life. It felt connected and yet I was having to hold back my own anxieties about his risk. If I indulged those anxieties, I felt like I wouldn't be open to him and his sharing and the connection would be shattered. I monitored the risk weekly and reminded him of his choices and strategies…still it persisted…

Listening, focusing and attending to…became being…being a presence in a way that I was noticing more in my practice. What might I mean, what was occurring in my monitoring of myself? Stillness, a recognition of pure attending without a sense of firm concentration. Yes, concentrating on the client, but in a way that went beneath the words. I heard the words, saw the facial cues, felt my inner responses,

responded while sensing but more than this…more than the empathic reflections, not contrived, not parroted, really meaningful, meaning with…a sense of what?

Peaceful, so calm, timeless moments of hearing in the fullest sense but more than hearing, knowing…gazing into myself and self-monitoring, I noticed no thinking as I listened to him…gazing at him and into me…no theoretical constructs coming to mind, no thinking…just space inside me as I gazed in both directions…witnessing, the words forming without conscious thought…oriented from a place, not a thinking place but a…deeper space. Words reliant upon my ability to reach into a spacious place in me while being in contact with him, creative, spontaneous, finite in their attending accuracy and reflection…pure reflection…flowing out real life words of momentary being…

T: You're quiet today, pensive. I'm concerned.
S: I was at the edge last night. The wind, it was strong, I almost…
T: It's catching up with you, isn't it, feels harder to resist these urges, compelling...
S: I feel alive, more alive when I'm that close to death.
T: Just a moment between both.
(He looked down, shaking his head, dropping his head into his hands)
S: I'm exhausted with this, so bloody exhausted.
I felt his despair, the frustration with not knowing why he did this to himself. I stayed with the despair as…

A buzzer sounding, a drift…a counter transference. No a memory…angst, pain, rage…seeing a doctor hearing a tale…my grandmother dying…and words echoing in me…why…why…
'There is an old saying in medicine: don't look for other reasons, join the symptoms up.'
Startled at where I had gone…gulping secretly…this memory where and why and deeper still a knowing: 'join the symptoms up'.

I returned to his telling of his risk situation, he noticed and…

paused…he looked at me, he looked into me…stillness, timeless…I don't know how long or who broke the silence…timeless communion…looking into each other. Searching, both searching…and then knowing that something had arisen in me and between us…

I reached for a pen…'I'm sorry'…he knew…I didn't need to say any more then, I was sorry for the voyage I had just experienced, but he knew…I wasn't sorry in the sense of having taken the journey…just the distress…my sorry meant…I had to leave, look inside myself for a while…He knew. His eyes told me everything…we were moving…the seal had been broken….we were in deep now…..looking up I felt him curiously urging me to continue…holding each other's gaze…outer edges of the unsaid as my hands grasped for paper still searching…Drawing all the dilemmas he had presented in sections on the paper…like finding the straight edges of a jigsaw puzzle. He watched…we shared…we both stayed in it, this communion.

Lines appeared upon the paper and then a cross…the four corners…and at the centre of the cross I watched as my bewitched hand drew a circle…round and round the pen flowed…until our eyes met each other and the gaze again…

Holding each other, fully present…me searching…him open…absolutely open to what was coming…rising inside I could feel emergent…emerging insight, no more than, it wasn't that no no…it was recovered, became conscious. Feeling my eyes widen because I saw, felt in my body, this piece of the puzzle, not a straight edge...a core piece

T: Have you had a traumatic bereavement?
The drill hit the sweet spot as if oil had been struck. Only it wasn't oil, it was his pain. I watched as he released such sorrow. His face hidden from me as the remembrance occurred. A broken heart, young and tender, not prepared for this tragedy.
Oil spewing now, with such force…

No words, just present.
Containing, soothing, holding.
A revelation.

Death. Sudden parting. No goodbyes. Men crying. Collapsing all around. Strength seemingly obliterated, because of one old woman, one old woman gone in an instant.

Need for control, order…stop the chaos, don't cry, don't feel…stop it, stop it, block it, block it. Contract with the unconscious, never get close to a woman again and tell death, I can cheat you, I can taunt you.

But it was a lie because he couldn't; because he loved his grandmother.
Let's get real; let's feel.

Everything sorted itself out after that, no more taunting death, nor keeping distance because he learned that those pretences didn't work, meeting each other in relationship was what mattered and honouring those bonds. What was distorted became clear and what was clear was a future, with adversity, joy, a whole spectrum of experiences he no longer needed to risk.

6.4. Danny

Her expression, blank, staring, fixed; as though this was going to be yet another boring waste of time with yet another boring, mundane, waste of space therapist who didn't really care. I couldn't help but think this as she surveyed me with a look of suspicion and malignancy. It could be considered contempt, really; nonetheless, she made an impression upon me and I was curious to understand this demeanour.

Opening with the contract and setting of clinical boundaries, confidentiality, danger to self/others, notes, records, supervision, etc. It felt important to establish the frame clearly; something about clear boundaries was pulsing through my mind. Self/other differentiation felt really important and I wasn't sure why. Perhaps a throwback to supervision and an earlier dialogue with my supervisor. Whenever something appears to be going wrong, go back to the frame, the agreements and importantly the focus and contractual goals. I understand this in principle, of course I do, but experience has told me that, so often, what is initially contracted is not necessarily that which most deeply and importantly needs expression. I understand this in a healing and felt sense, as my requirement as a counsellor, to be open to change and shifting goals/dynamics, but with a clear understanding of whose agenda? Mine or the client's, and how did we end up here? Rigidity prevents growth and transformation.

Most importantly, getting back to Danny, how did Danny end up here like this? Rigidly guarding herself as if her life depended upon not sharing herself with me. I felt sad and isolated by her, yet going deeper into myself was a reminder of days long ago and difficult lonely times in my own life. Struggles to contain my own inner experience as a youngster, and fear of telling and of further consequences echoed

for me. It was important to remember this and more important to understand why my thoughts were cast back to those times and places.

Clients can and do trigger memories and personal experiences. I find my own experiences help me to empathise deeply with my clients, like a reference to colour upon an artist's palette, but that is about as far as it goes. Those kinds of inner ripples help as a point of reference, but I am always mindful of that: a reminder of what that specific shade of experience and feeling might represent.
Sessions came and went, a blending of story and empathic responses…which bounced off…
The problem – fear of intimacy and isolation. Defined by social withdrawal and a lack of trust in others.

T: How was your journey?
Da: Oh alright, not bad… (Sigh)
T: That's a big sigh. Was it a bit tricky?
Da: No, not really. I just hate the buses, you know, especially in the morning, they can be really crowded. I hate crowds right now; I just want to be away from people and all their noise.
T: People and noise?
Da: Yes, I find it irritating at the moment.
T: How?
Da: Well, sounds silly really but I can't feel myself and I feel very lost and confused. It feels like an intrusion that I can't escape from.

I noticed an internal image along with feeling the need to escape; a strong image and impression of prison and bars and an internal silent scream. Frozen.
T: You can't escape? You mean like a prison cell; you know, trapped?
Da: Kind of, yes, but, it makes no sense to me; it's a bus. I don't know why I have all these feelings, but they've been getting worse lately.
T: Like a build-up of feelings?
Da: Yes, like more of the same. I get it when I can't be bothered to walk the dog, I pray that I won't bump into anyone and that I get a chance to dodge out of sight before anyone can see me – like I hope there's a tree or something I can hide behind.
T: You mean for shelter or protection?

173

Da: Not so much shelter, more…so I can't be seen, I don't want to be seen, because I don't want to be interrogated or pestered – I know it sounds kind of crazy, but I just feel like I don't want human contact.

T: How are you finding this? I mean it's like this is a really big step and a courageous one, if your natural way of operating at the moment is to take cover and not have contact.

Da: I don't really want to be here; I really want to run away, but there's another a part of me that knows I feel really unhappy and I need to work it out. I don't know how to do it on my own anymore and so coming here feels like it's my only option for trying to get better.

T: You know it's interesting when you mention 'only option'. I just feel like I want to very gently challenge that and say that if I feel like the wrong person for you, we do have other options. I'm not your only option, but what's important to me is that I seek to help you in any way I can

Da: Uh, ok thanks.

T: I'm sorry, I haven't worded that well, because…I can see it looks like I have silenced you by saying that and you were so open with me. I'm not rejecting you or saying I can't help you; that's something we will need to work out together. I just don't want you to think that you're stuck with me, with no other options.

Da: That seems fair enough. I mean, in counselling before I feel like I wasn't listened to.

T: Unheard.

Da: Yes, you know, I don't mean to be ungrateful, but I have tried and it hasn't worked?

T: Any ideas why that's happened?

Da: Well, I've only ever seen two other counsellors and one was a woman, the other a man, they were very different. I tried different counsellors because I thought it might be me, you know…that I was difficult.

T: Well, to be honest, when you first sat down at our first session, I thought you looked quite angry and unwilling to talk with me, but, from where I was sat all I could think about was why?

Da: Really; it didn't put you off?

T: (Smiling) It might have done a few years ago because clients come with all kinds of problems and issues and when I was a younger therapist, I was so busy trying to get it right that sometimes I forgot the person sat opposite me. Sticking too rigidly with theory, but although all that can help to guide, there's no escaping the fact that

sat opposite me is a living, breathing, feeling, thinking person who needs acknowledgement.

Da: I felt like that with the woman counsellor; you know, she was really scary.

T: Scary how?

Da: Well, she kept going on about feelings all the time and making me express myself; it was too tough. (Tina: observing body language, shift, closed posture teeth gritting.) I couldn't do it, I got sick of it, it was like it was abnormal, you know…How do you feel about this…? How do you feel about that? She drove me almost crazy. The thing is, I didn't know, and I don't know how I feel a lot of the time.

T: So it was like it felt almost unnatural, like a forced expression of your feelings that you weren't ready to share?

She didn't answer in words then, she paused and became extremely still, like a frozen animal caught in a dangerous situation, she locked eyes with me and in that moment I felt an instant pang of fear, I caught it as it rapidly glanced across my frame, with a tearing sheering off and a sense of utter aloneness. A ripple that ran through and passed me, a sense of her otherness that became mine as I gently held her gaze. In that moment, although there was an expression of aloneness, there was a bonding and sense of togetherness. I couldn't hear the noise that had previously flooded the background. The outside world had disappeared, it was as if the world had just momentarily dropped away and the space between us lessened. The atmosphere felt thick and tangible as she continued to nod, yet her steady stare told me much. It told me of inner and hidden pain, of dimensions of expression that she had not managed to venture into and it also told me to be careful, to be cautious and back off, yet to be strong and unafraid of this aspect of her feeling experience.

A glimpse was all that I was going to see, all that I was going to sense in that moment because she broke the gaze then and looked away. She shifted in her seat and the dynamic and essence of that moment evaporated, but the impression and knowing for me was logged. In those few seconds of pure contact was an exchange of information. My perception of my experience of it, because surely it was just a few or even split seconds, was that it was longer and that something was captured. Years ago, I might have missed this and might have even dismissed it as unimportant, but now, for me, they are moments of clarity and bright colour, of flow and connection that bridge people.

I had to tread very carefully now and felt that this was a pivotal point in our work. I felt honoured (this might sound corny, I know) that on a deeper level she had

opened herself up to me and that I was able to receive that unsaid glimpse of her inner self.

She didn't need to know at that time, that I had sensed something from her depths. I held the glimpse for myself and decided not to reflect my experience, because it felt too threatening. What I did learn from her was that she felt so totally isolated and that sharing that depth of herself was too tough at this moment in time. That experience hooked into my natural empathy, but it sits side by side with my understanding and desire to help her move forward in whatever sense that might be or mean. Yet, in having that contact, it struck me as so much further.

Deeper…beyond empathy…we had already built bridges, made inroads…the empathic path had been trodden and she allowed that connection…this was deep, still…with movement and wordless knowing of each other, but more, wordless knowing being known by herself. Mutual gazing…minuscule moments lasting forever. Dreamy.

T: We go at your pace Danny…ok? These sessions are yours, this is your space and in your own time, if you want to share that part of yourself with me then you can, but I'm not here to pressure you for that, ok?

Da: Thanks, I've never found it easy to share how I feel, because it's hard for me to even know what the feelings are.

T: You mean that locating them in your body or being aware of your felt sense is pretty tough?

Da: Yes, it's like being blind almost.

T: How confusing; I have an image of you stumbling around in the dark.

Da: Well that's what it's like, you know, when I have been asked how I feel; forget it, I haven't a clue really.

T: Sounds like you might want some help with that? You know, like an artist who skilfully mixes and blends colour, starting with the primary colours is absolutely essential.

Da: I don't understand.

T: Well, if we relate that to feelings, perhaps we need to start with identification of core feelings and then you might be able to narrow it down?

Da: How do we do that?

T: Well, we could start with a feelings wheel and take it from there. I often find if I'm not sure, I trust myself to try something on for size and just ask myself if this is my sense of my experience and, usually, I instinctively know.

Da: So did you have to learn all this stuff?

T: (Smiling) Danny, I'm still learning (eyes rolling).

I watched then as she grinned at me and started to laugh. In that moment, I started to laugh as well. We looked across at each other and there was a mutual exchange, a warmth and bonding like sisters might share. I felt an inner glow and the deepening of connection. The mirroring of both of us being students and learning; a matching, a sameness, a unity. There was no separateness, no me and her, her and me, no power play, no superiority and pretence. We were two women sharing a moment, bonded in recognition of each other's struggles and sameness. She held my gaze for a longer time, more than a moment as we released some tension that I wasn't even aware of until then. Her frame appeared to expand slightly and she let out a big sigh.

Time moved on, more sessions more exchanges more bridges…on and further we journeyed. I admitted to more imperfections as our sessions naturally touched upon learning, growth and life.

T: Does it feel easier to be here with someone who admits that she makes mistakes and doesn't know it all?

Da: Yes, I feel I can relax a little bit that you are sharing a bit of yourself with me – it helps to know that you are human too and that I don't have to get it right here.

I smiled then and nodded.

T: Getting it right all the time isn't really something I've been very good at, Danny, but mistakes seem to help development if we use them to reflect. If you were to reflect, I wonder where you are now?

Da: I still feel lost, I've been really lost for ages. It seems like I have barely felt like I am alive, you know; just functioning, but not really happy at all.

T: Almost as if you have lost your connection with yourself and what matters to you in life?

Da: Kind of, but not much does seem to matter to me now. I still want to be alone all the time.

T: Alone as in can't be bothered to interact or alone because of something else?

Da: Well, my head feels all messed up and busy inside, too many thoughts and I feel tense all the time, like I am on guard for something bad to happen. I really don't feel I want to mix with anyone, because it's like I can't deal with their problems.

T: So is everyone a problem?

Da: Not everyone. I have one or two friends who want to hear about what's going on, but I don't like to burden them. I feel like I need to sort this out for myself.

T: Is that hard for you, Danny, to burden people, or is that just your perception?

Da: Well, it is isn't it? You must get sick of people coming in here and sharing all their woes with you, you know, you must find you get depressed listening to all this horrible stuff?

T: I just accept that life can be a struggle for many at times and that often problems can create opportunities for growth, so what can be seen as a barrier is in fact a learning opportunity, a chance to develop.

Da: I never really thought of it like that; I always feel like I'm battling the world and firefighting.

T: That's sounds really tiring to me; exhausting, in fact. No wonder you feel like isolating yourself and hiding from the world.

Da: Yes, work is way too busy and when I get home I just want to vegetate.

T: So is work tough, then?

Da: I work in a call centre for an insurance company and although I did enjoy it, I can't stand it now – I feel like I want to go off sick and sleep.

T: So the question would be, what are you trying to avoid?

Da: The environment I suppose. It's just manic and pressured, there's no grace for even small admin tasks.

T: A sense of a lot of pressure, feeling hurried and harassed…

Da: I think so, but it feels more widespread than that.

T: You mean like the way you function affects more of your life, you know, beyond the workplace then?

Da: Yes, I need to take a look at me and how I respond to things because I feel so miserable inside. I feel hollow and low.

T: Low and unhappy, empty, like life is very monotone at the moment?

Da: Yes very grey; dull.

T: Almost like the vibrancy in you has been shut down?

She didn't answer me then, like the words had triggered a memory for her and the atmosphere was also yielding to a deeper expression of her inner pain…she locked onto me and…I watched as she whispered…

Da: Shut down.

She nodded and, in that moment, I was taken to a place inside me…

I couldn't hear birds singing, there was no colour/ the earth was barren and desolate. Reminded me of a concentration camp, but the most striking feature of my internal image was a wall. It was thick and impenetrable, like something constructed to isolate and keep someone trapped. The stones were grey and aged, the mortar cracked, yet the walls themselves were high and would be difficult to climb. I could hear the muffled sound of a young child crying, yet I couldn't see over the wall. No one else was there to hear the child cry; I was the only one present. The child was all alone, abandoned.

T: So, are you asking for us to explore the possibility of reaching inside and uncovering what's behind your behaviour and your struggles?

Da: I think so, but probably more than that.

I watched as she hesitated, then – a small quiver passed her lips, the tiniest of trembles – with a look of indecision – inside, I felt an inner scream, a cry of uncertainty – a not knowing and a paralysis.

T: Danny, whatever it is you're hesitating about, you can just pause and either tell me later in our future sessions; you are allowed to pace yourself and take time.

I watched then as she softened – her frame relaxed and she sat back in the chair – she took a long, slow inward breath and momentarily closed her eyes.

T: We have time and, more importantly, time for you to reveal what you need to at your own pace because it feels right. The last thing I want is for you to rush into sharing and feel so vulnerable that you don't come back – because sometimes I'm sure throughout this process there will be times when you feel like you won't want to come back. But our relationship and your own trust in your unfolding process, I hope will be enough to sustain you. Counselling can be very painful.

Da: Yes, but once it's out I can't take it back.

T: Sounds like the revealing is fraught with anxiety and tension, and often it's facing it again, anew, that's scary…but hopefully you can move forward – blocks to our progress, no matter what the underlying issues, can be extraordinarily complex, painful and debilitating, but something around sharing this kind of material can help to transform it.

She nodded then and sighed once more. Her eyes broke contact and I noticed how she hunkered down…eyes downturned, body slipping deeper into the chair…down into…Memory…

Da: I'd forgotten so much from so long ago…my old life feels like that, separate and old, I don't see my parents anymore, I've cut them out of my life, but I've been dreaming again and hadn't had the dreams for many years. I'd almost forgotten…I had forgotten…I want to forget…oh I want to forget…why am I remembering?

I felt it rising, then, as she looked at me most intensely…a break away, a cry, a panic:

Da: Trapped, I feel trapped…I was…

Her lip, it wavered as she tried to hold back a cascade of emotion…I heard a gurgle in her throat and I sensed a release from so much caught up…deep inside…rising, surfacing…she was breaking away, an inner struggle.

Inner image of the wall again, down, a collapse of…broken,
falling…collapsing…ruins.

T: I'm here, Danny, you're here…it's ok…

Soothing, holding, using the words to hold her and remind her…hearing inside 'trauma'…division, escape, pretend, release, respite, forget…

The pain returning never lost always there, the pain being felt, seen, held, soothed…

She looked into me, I felt a tear in the corner of my eye…she spoke into me as I saw the walls again…she wasn't separate, we were together now…but I saw the walls…As I looked into her and back into my own inner space/place images …impressions feelings…torment…isolation…all of it…
She knew I'd felt it…seen it

T: It takes courage to find the words and speak the story…especially the unspeakable; that's what keeps us prisoners and what darkness counts upon…

Those words came at the same time as this…

Falling into her eyes, through darkness and her light, as she held my gaze, falling in deep now…into infinity…the complete universe in there…with all the knowledge of what will be, whatever was, and what is….melded in a moment of pure contact…nothing else existing, but you.

Her eyes widened then as she realised she had already communicated what she had hidden all of these years…communicated without words yet needing words…needing other for release…needing relationship…

Danny had been the victim of disturbed parents. She was occasionally punished with periods of isolation, she had been locked in the basement of the house, no light, no sound and no others, she was terrified…she had also locked herself and her pain away for many years. She had never told anyone. Our work became a process of releasing both the pain and transforming her life…she freed herself on many levels.

'You know that the seed is inside the horse-chestnut tree,
And inside the seed there are blossoms of the tree, and the chestnuts, and the shade.
So inside the human body there is the seed, and inside the seed there is the body again.
Fire, air, earth, water, and space - if you don't want the secret one, you cannot have these either.
Thinkers listen, tell me what you know of that is not in the soul?
A pitcher full of water is set down on the water -
Now it has water inside and water outside.
We mustn't give it a name, lest silly people start talking again about the body and the soul.
If you want the truth, I'll tell you the truth;
Listen to the secret sound, the real sound, which is inside you….
Here is Kabir's idea: as the river gives itself into the ocean,
What is inside me moves inside you.'
(Kabir, Translation Bly, 2011)

Relationship makes it speakable…it makes it all possible…translated and returned, no longer a split-off horror or a castrated pain…we lance it together as one momentary knowing of each other blends into more…
'Hold back the river let me look in your eyes…stop for a minute let me see where you hide…' (Archer and Bay, 2014).

6.5. Conclusions

Writing montage stories is a difficult task. I had a small space in which to convey my clinical experience, including many facets of practice, as part of empathic resonance, which was challenging. These instances were founded on many hours of clinical practice. Had I attempted other forms of story writing, empathic resonance

may have drowned among a sea of unnecessary words. Less was more in my quest to embed the message in the medium: to create stories in a form that would speak to readers and convey meaning resulting in understanding, as succinctly as possible.

As a montage maker, fragments of experience were overlaid and overlapped, shifted and reorganised until I felt they worked as a whole. 'A good montage...treads a fine line between being too smooth, linear and easy to navigate and being too bitty' (Crang and Cook, 2007, p. 201). I hoped the text would invite pauses and reflection. Certain words were thus italicised, others capitalised and some text centred. I had to be objective while sharing the subjectivity of the material, by asking myself a continual stream of questions: Was that how? Did it feel like that? Does that represent your experience? Do you think others will grasp this? Criticality was ever present, despite this artistic representation, which I tested.

I was met with delight by one individual, who shared that the stories helped her understand an implicit, formerly hidden message that a gift represented. Others shared their own experiences after reading the stories, and asked more questions. My team made it clear it was not for me to assume that these were seamless stories, but that, on the whole, they worked after tweaking. I will always wish I could be a better artist or writer and can only hope these stories are good enough to show, tell and trigger dialogue about this phenomenon. They have, if nothing else, helped me understand things about my practice about which I was formerly puzzled.

In the following chapter, the discussion and findings section of the thesis are presented. This includes the thematic analysis of these stories for conceptual relatedness and refining the conceptual framework into a model of practice.

Chapter 7
Findings and Discussion: Building the Model of Practice

7.0. Introduction

This chapter presents and discusses the findings from the thematic analysis, showing the development of my thinking and my analysis of the stories in the context of the existing literature, and leading to the development of the model of practice. The chapter refers back to the conceptual framework (Chapter Three), illustrating how the concepts evolved into an integrated model of practice. The conceptual framework was developed from the literature and facilitated further analysis of the data: I compared the conceptual relationships observed in the stories with my interpretation from the literature. The findings are explored with the research questions in mind. All the findings are crucial for the development of the model of practice, as the conceptual relationships form the foundation of the model. The research questions are represented at the beginning of this chapter, to reiterate the focus of the analysis and findings discussion and the key aim of the thesis: that is, to develop a model of practice. This introduction sets out how and why the concepts are explored in the order that I present them, as the material in this chapter builds the model of practice.

Thus, thematic analysis was used to identify the conceptual relationships as themes within the stories. Therefore, the stories were coded for the concepts explored in the literature review. Using thematic analysis in this particular way allowed conceptual relationships to emerge from the four stories. Themes as conceptual relationships are also grounded in ourselves because of our experiences, interpretations and personal perceptions. I wanted to understand how I use these clinical concepts together, since this underpins the practice model. In reporting the findings, I aimed to 'translate observations' (Boyatzis, 1998, vii).

Under each conceptual heading (showing the legend colour), I evidence the presence of the concept and conceptual relationships (theme) and how they work with one another. Under each concept heading are relevant excerpts from the stories, illustrating a particular thematic finding. The themes are discussed in light of the conceptual relationship identified and my interpretation of a theme as part of my clinical practice. Themes are also discussed with reference to the literature and how

the data supported or shifted the concept from its original to its final position in the model of practice. Finally, each concept is discussed in terms of its relationship with empathic resonance. Themes represent relationships between concepts and constitute further descriptions of concepts from my practice.

The core concept of the thesis, empathic resonance, once identified in the stories, was analysed using a second colour-coded legend. The empathic resonance concept included three themes: attainment of empathic resonance; descriptions of empathic resonance; and shared field of knowing the other.

7.0.1. Presentation of findings and discussion

Since there were multiple themes and concepts, I decided to work systematically through the material concept by concept, starting with neuroscience and presenting the themes under each conceptual heading.

Neuroscience is the scientific foundational concept of the thesis. Empathy and resonance have physiological correlates; people mirror each other when attuned in this way. As discussed, I first changed the software program to word shapes, which enabled me to construct a two-dimensional conceptual framework diagram with multiple layers (Version Five). The final model of practice was developed from the final conceptual framework (Version Five) in conjunction with the findings. Building a multi-layered model therefore required me to start with concepts that reflected the ground from which empathic resonance occurred.

The two-dimensional layered model was constructed based upon a visual sense of moving towards empathic resonance. As a layered model, central concepts (empathy, resonance, empathic resonance) are represented as 'nested' in foundational concepts. The stories supported this pattern. All the concepts are intricately interrelated, facilitating the emergence of empathic resonance. The final model of practice was developed with smaller diagrammatic conceptualisations. Arrows represent connections and flow between concepts. The findings/discussion integrate the answers to my thesis questions (Chapter One) and my logic in deducing my final model. The excerpts from the stories are specific to each theme and section of this work.

The concepts of participatory knowing, the dialogical relationship and mindfulness were all identified from the stories and comprised a second section of literature review work. They appeared as dissociative material, the relationship and introspection upon the conceptual framework (Version Five) in the clouds, but were appropriately identified and fully integrated in the final model of practice.

Themes are numbered and emphasised with italics.

7.1. Research questions

The research questions are reiterated here to contextualise the findings and discussion. Answers to these questions are revealed throughout the current chapter and brief summaries are included at its conclusion.

1. Which concepts are central to the concept of empathic resonance?
2. How do these concepts fit together, how are they functionally related with regard to the core concept, empathic resonance.
3. Can any new or alternative descriptors contribute to the knowledge pool on each concept?
4. Do any new empathic resonance themes emerge?
5. Is it possible to ascertain where the floating concepts (seen on conceptual framework) are located in the empathic resonance practice model? Has the data enabled the naming of these concepts?
6. How and why is empathic resonance and the emerging model important as part of practice development?
7. What would my final model of empathic resonance look like in visual form, as my data analysis transformed the conceptual framework diagram (founded upon existing literature)?

7.2. Findings and Discussion

7.2.1. Neuroscience (Context)

7.2.1.1. Theme 1. 'We-self'

This theme was difficult to examine in the stories, as I was not using neuroscientific equipment. Therefore, I had to return to the literature review (Chapter Two), which included considerable evidence of the existence of the mirror neuron system in the brain and its applications and functions, and think about what I could discover in the stories. Research indicates a correlation between empathy and resonance in mirror neuron system activity, indicating that we can feel what others feel (Palagi et al., 2009). Reis (2009) suggests that minds are connected via the mirror neuron system, forming a 'we-self'. Considering the 'we-self' from the neuroscientific perspective involves examining the physiological structures in operation when we relate to one another, specifically when engaging in mirroring (empathy, resonance). From a psychotherapeutic perspective, our ability to form a 'we-self' has important implications for intimacy, emotional processing and emotional regulation, which ultimately change the brain (Siegel 2010).

In the case of the findings, I therefore looked at the stories for evidence of the 'we-self' (Reis, 2009). I had to think about how this would be possible and decided that it would correlate with specific words. As empathy and resonance are part of the 'we-self' (Reis, 2009), they were dealt with under their own conceptual headings. However, the presence of the concepts of empathy and resonance further supports the inclusion of neuroscience in the final model. These examples from the stories indicate the presence of the 'we-self':

> *Both* holding still…thinking…*together*…me feeling *into the stillness,*
> in this moment (Greg)

The 'we-self' (Reis, 2009) is apparent with the use of the word 'both' in close proximity to the word 'together'. Our collaborative connection was apparent as I felt, '*into the stillness'*. The next example also supports a 'we-self' (Reis, 2009):

> T: It's ok, it's ok…(Hearing my voice soothing, feeling her angst
> and suffering, pain, moving towards her, raising my gaze, not
> afraid of her pain, not afraid, strong enough, able enough for her,
> WITH HER)

> Looking towards me for ME, for her in ME for courage to feel… and
> I felt it all… (Diana)

Shared experiencing is visible in this excerpt where I am 'co-feeling' (Watkins, 1978) Diana's suffering and pain, both in my body and throughout this intense encounter with each other. The capital letters used in the example above, emphasise the deep empathy and closeness in the relationship. This is further supported later in the same story, with the next excerpt:

> There was an "usness" about the dynamic now; a sense of
> cohesion that, if I had been blindfolded before, I was now aware,
> my blindness to and for her, was gone. I had a sense of being a
> participant, part of… (Diana)

The language is specific, particularly the description of 'usness'. This similarity of description is evident in the other two stories. The example from Stephen's story also confirms the 'we-self' (Reis, 2009):

> He looked at me, he looked into me… Stillness, timeless… I don't
> know how long or who broke the silence… It felt like a stretched
> out timeless communion…looking into each other. (Stephen)

The use of the word communion, in this context, indicates the territory of an exchange of thoughts or feelings (Catalano, 2012, p. 115), supporting the 'we-self' (Reis, 2009), which also appears in the last story: 'she wasn't separate we were together now' (Danny). Exchanges like these, rooted in the 'we-self' (Reis, 2009), are interesting, because two of these excerpts are located in the descriptions of empathic resonance. This could indicate mirror neuron activity during empathic resonance, which is closely linked to empathy and resonance and that empathic resonance could also be described as the 'we-self' (Reis, 2009).

These examples illustrate some of the most intense moments of the 'we-self' (Reis, 2009) evident in the language used, the felt sense of my experience, and the implication and meaning of the words in the stories, validating neuroscience as the empirical foundation of the practice model. All the concepts involve mirroring: resonance, empathy or empathic resonance, from within the dialogical relationship itself. The inclusion of mirroring in the model is, however, tentative, based as it is upon language and meaning in the stories and not on neuroscientific findings.

The we-self is important in the context of empathic resonance. The mutuality and cohesiveness experienced in the relationship affects a client's ability to progress to deeper explorations that can lead to empathic resonance. Seen in the context of

trauma work and work with intense emotions, particularly fear and terror, the we-self suggests that the client requires companionship and guidance in order to work through these emotions. All the stories contain the return of dissociated material. In every case, these clients experienced a threat to their existence and/or physiological well-being. The we-self ameliorates the isolation that clients experience when traumatised, helping them tolerate extremely distressing emotions and memories and recover from debilitating, deep-seated symptoms.

However, further reflection as to whether neuroscience could constitute a derived theme as part of a thematic analysis leads this thesis to conclude that it cannot. Neuroscience therefore provides an important empirical context for the findings and the model and within the model it is further represented as contextual using the earthy colour of brown.

7.2.2. Mindfulness

Mindfulness involves numerous concepts. When the stories were coded for introspection, I was interested in how I used introspection in conjunction with these concepts. Examining the stories, I observed the relational dynamic: feelings in my body, sensations, thoughts, images; a full range of internal witnessing (Kabat-Zinn, 1994, p. 4; Segal et al., 2012) in the present moment. This supported my labelling of introspection, which partly facilitates the empathic resonance process, as mindfulness. In early group supervision sessions, we completed artwork related to our research. I drew images of a part myself, which I titled The Witness. This was an early reference to the presence of mindfulness in my clinical practice, further supporting how I conceptualised inner witnessing, as mindfulness.

The following four sections all contain excerpts from the stories, which specifically evidence the use of mindfulness in conjunction with each concept.

7.2.2.1. Theme 2: *Mindfulness Aiding the Dialogical Relationship*

Mindfulness can be a useful gauge of many aspects of the relationship. In the example here, it is used to ascertain whether I am relating in a superficial or meaningful way. According to Tudor and Summers (2014, p.168), mindfulness aids the therapeutic relationship by deepening it. Diana and I had not forged more than a superficial relationship. Although the relationship was clearly powerful, it could not

be categorised as a dialogical one (Clarkson, 2003) nor as reflective of empathic resonance:

> I can't explain why, fits with my sense and feeling of confusion, but that was my impression.… I felt shattered and compressed… I stayed waiting and hoping for the energy to shift, not fixing it but hearing it in my body. (Diana)

I was 'hearing it in my body', 'it' being the energetic sense of the relationship I had with Diana, who was extremely defensive. Beck (2017, p.57-58) argues that mindfulness facilitates a felt-sense of the relational dynamic. Through mindfulness, I realised that Diana was very defensive and saw the transference relationship more clearly:

> I felt mute, there was no way in… I became more infected by her after contact… A sense of distance… there so subtle… So infected by the dynamic, but unconsciously a slight objectification… Caught in my reflections. I had caught myself, an edge of inner protection. (Diana)

Mindfulness allowed me to feel the essence of the relational dynamic, which was distant. It made me aware that I was objectifying my client as part of this dynamic, which I discussed in clinical supervision; I worked through my negative reaction to the client, which was unconscious until I used mindfulness to observe the nature of the relationship and address my unconscious reaction to the client. This is consistent with the definition of mindfulness offered by Kabat-Zinn (1994), that it allows us to become aware of subjective experience:

> In acknowledging what I felt and sensed in our relational dynamic, there was a breaking through and a sense of being together. I felt that here I was… Relating… She touches me anew… I can feel for her, with her… Beside her (Diana)

This excerpt shows that the use of mindfulness assisted the movement of the dynamic into the dialogical relationship (Clarkson, 2003) because of the space between my perception and response (Jones-Smith, 2014) that mindfulness afforded. This fundamental concept facilitates inner witnessing, with the aim of working through defences. Speaking about this dynamic with Diana brought it to into the therapeutic setting, allowing us to dissolve it.

Towards the end of this story, mindfulness again facilitated my perception of the same negative dynamic, helping resolve it (Hayes and Strosahl, 2004) and move us back into the dialogical relationship. All the stories demonstrate a relationship between mindfulness and the awareness of one's inner self in the moment (Hick

and Bien, 2010). This is essential to relating, to awareness in the therapeutic setting; essential for movement towards re-establishing deeper modes of relating, specifically the dialogical relationship. Introspection as an active thinking process differs from mindfulness. Mindful focus is not predicated purely upon thinking, but also on observing and gathering information in a compassionate, accepting way.

Hick and Bien (2010) describe mindfulness as a deep inner listening that cultivates therapeutic relationships. When working therapeutically, it is essential to move past our misconceptions of one another (transference relationship) and reach the dialogical/real relationship – a deep, authentic relationship. According to Abblett (2013), mindfulness establishes authentic relationships, and this was seen in the stories here. The skill of mindfulness brought me into closer relational proximity. We no longer felt as distant from each other and, in all these cases, my clients were able to confide in me, consciously or unconsciously. I accessed my inner subjectivity using this skill and therefore gauged the mode and dynamic in the therapeutic relationship. This would have been overlooked had I failed to observe myself in this way. We became more available to each other. The dialogical relationship is thus grounded in mindfulness, as it is essential for the facilitation of presence and authentic relating. The cloud in the conceptual framework, originally labelled introspection, was renamed mindfulness. Its position in the final model of practice was reconsidered at the end of the mindfulness section.

7.2.2.2. Theme 3: *Mindfulness Aiding Empathy*

These examples from the stories show how mindfulness aided empathic responding:

> Feeling a tender spot, a chink… Feeling space…
>
> T: So tough for you.
>
> Then, feeling vulnerable and taking a risk (Greg)

According to Cayoun (2015), mindful scanning of oneself aids identification of material; in the excerpt above, this is evident with the identification of a sensitive, tender place in my client, who was not used to feeling emotion, which left him feeling vulnerable. It was imperative for me to acknowledge this in such a way that he was aware that I could feel his rawness, yet also support him in feeling it for himself as a normal part of human experience. The 'tender spot' was felt in me, but was not mine. However, using mindfulness to perceive in this way informed my

empathy response (Rogers, 1959) to my client. In doing so, I felt his 'tender spot' 'as if' (Rogers, 1957) it was mine. I continued to use mindfulness with empathy during this moment of our relating as I located in myself my perception of his vulnerability. Mindfulness continued to facilitate my ability to access his vulnerability in myself and to respond empathically:

> T: Some would say it takes courage to feel, to be here and experience this real struggle. It's a tough terrain for so many… Something to trust or not trust, but feeling our way forward so gently.

The next excerpt, from Diana's story, is a more detailed example of how mindfulness identified 'desolation' and demonstrates, as I stay focused upon my inner noticings, that words emerge as an important message, 'I feel so alone':

> I felt empathy and compassion for her, this time it had greater depth and a whole picture perspective to it. The desolation that was hanging around felt like a barrier. What was so desolate? Her… The desolation stopped being a barrier that became a truth about her… Which hooked me into my empathic self. It screamed at me "I feel so alone".

As the mindful realisation occurred, my empathy was automatically activated. I felt compassion and used reflection as I thought my way towards my client, using mindfulness to sense her feelings as part of empathy. Hick and Bien (2010) describe how mindfulness and empathy are used in a cyclical process that facilitates access to client experience. In this way, I arrived at a deep realisation of my client's isolation, used explicitly in the relationship. Continuing to empathise in this way was powerful:

> Holding still and feeling into myself, looking into myself, whilst simultaneously looking out at Diana. The interpretation of facial subtleties and the recreation of meaning inside me, which needed to occur. This language of her true feeling state communicated to me, which allowed a knowing of her to become an awareness in me.

The function of mindfulness aiding empathy is demonstrated, along with the close conceptual relationship with resonance, as there is the sense of feeling into her world and attaining understanding via replication (Watkins, 1978). Other studies support this relationship between mindfulness and empathy (Sahdra et al., 2011; Atkins, 2014; Glomb et al., 2016). Kohut (1984) described empathy as "vicarious introspection'" (p. 82), a process of experiencing the other via our own imagination, which can only occur if we bear internal witness to our inner subjective experience of the other. This thesis supports the stance that mindfulness aids empathy and

views mindfulness as indispensable to empathic relating. The finding was not unexpected. However, what I grasped from this analysis was that my use of mindfulness was essential to perceiving the feeling world of the client recreated in me. The finding grounds my conceptualisation of empathy in mindfulness.

7.2.2.3. Theme 4: *Mindfulness Aiding Resonance*

> Tina: Internal image triggered by powerful statement and a feeling, need to escape, strong image an impression of prison bars and an internal silent scream. Frozen.

> T: You can't escape? You mean like a prison? You know, trapped? (Danny's story)

Looking through the stories, where I coded for resonance, there were many instances in which mindfulness was evident as part of resonance. In this example, mindfulness allowed me to witness a vibrant inner image and sense the need to escape. This is consistent with Sprinkle (1985), who described resonance as sharing one's inner impressions with clients, but did not stipulate that mindfulness or any other form of inner witnessing was essential to facilitate the concept. The use of mindfulness, however, allowed me to respond in a resonant way. Without it, I would not have accessed these inner images and impressions: I would neither have seen nor been aware of them.

Inner witnessing allowed access to unconscious information emanating from the client. This echo was represented to her, via language, demonstrating that I understood and was '*with her'*. This example also supports the work of McCown et al. (2010), in that mindfulness can bring participants back to their own moment to moment experience, potentially creating resonance. When used in this way, mindfulness accesses inner impressions that facilitate moment-to-moment relating and the counsellor becomes a resonating being. In this example, mindfulness informed resonant communication, allowing the client to re-experience and share her reality with me in the moment. The following examples show the sequence that emerged in the story after the material above and the effect of mindful resonance:

> I watched as she hesitated then – a small quiver, passed her lips, the tiniest of trembles – with a look of indecision – inside I felt an inner scream, a cry of uncertainty – not knowing and the paralysis.

> T: Danny, whatever it is you're hesitating about, you can just pause and tell me later in our future sessions, you are allowed to pace yourself and take time in getting to know me.

As I watched my client's hesitation and the quiver of her lips, it was an acknowledgement of the accuracy of the previous resonant communication. 'Inside I felt an inner scream' constitutes an additional mindful examination of myself. Mindfulness created the internal space to do this (Nauriyal et al., 2006). This inner witnessing, while capturing my inner subjectivity, also created an inner objectivity with which to log the 'inner scream and paralysis'. I was not enmeshed with the observation that mindfulness afforded, consistent with the idea that mindfulness is a non-judgmental, purposeful focusing of attention on the present moment (Hick and Bien, 2010; Verni, 2015).

Mindfulness provided access to these images, facilitated sensory knowledge of a fast-moving, emergent process for the client and allowed me to witness the symbolism of potentially dissociated trauma coupled with the fear and distress associated with re-experiencing the deeply buried experience. This enabled me to minimise the fear in the here and now and remind the client of her autonomy as part of a soothing, resonant response:

> As I looked into her and back into my own inner space/place
> images, impressions, feelings, torment…
>
> T: It takes courage to find the words and speak the
> story…Especially the unspeakable, that's what keeps us prisoners,
> and what darkness counts upon…

Mindful introspection made me aware of her torment, informing my resonant response to her fear. Further resonant responding communicated understanding: why and how we remain trapped and what is required for release. This example shows how mindfulness allowed me to access my interior (Verni, 2015) in order to respond in a resonant way. Larson (1986), Watkins (1978) and Brown (2006) mention the importance of some form of introspection as part of resonance. This thesis supports those assertions. In my practice, I cite mindfulness in close proximity with resonance, aiding resonance by its ability to access interior impressions and accurately respond to the client in a resonant way.

7.2.2.4. Theme 5: *Mindfulness Aiding Empathic Resonance*

Below is one example of many, in which empathic resonance was coded in the stories and in which mindfulness intersects the concept. It demonstrates that, while empathically resonating, mindfulness is used to attain information:

> He pauses and we both hold still… Thinking… Deeper…
> Together… Feeling the stillness in this moment, noticing my
> breath, calm, noticing no thoughts now… Empty… Spacious… It
> happened then. At this moment, I can't say where or why it
> occurred at that time, but I have an extraordinary image of him as
> a boy. The image is so strong, clear and vibrant. (Greg's story)

Mindfulness is essential to deep alignment with the client. Siegel (2010) calls this 'interoception'. Whether the term interoception or mindfulness is used, the stories illustrate intense focus upon one's inner world in these moments. An unexpected finding was that the stories evidenced longer, mindful inner gazing during empathic resonance. Time appeared to slow down, facilitating more inward attention and inner and outer listening for images, sensations and feelings. Therefore, mindfulness is at the heart of empathic resonance as an inner form of listening (Vanaerschot, 2007), affording further opportunity for inner excavation, helping clients to process their hidden emotions.

Mindfulness is a key concept, helping the therapist see, feel, witness and respond to a client, in moment-to-moment relating. Witnessing this information and sharing it in the therapeutic relationship assists the client in the self-confrontation of hidden material crucial to transformation. These three excerpts were all coded as empathic resonance; the language used evidences mindfulness:

> Noticing my breath, calm, noticing no thoughts now… (Greg's
> story)

> What might it mean, what was occurring in my monitoring of
> myself? (Stephen's story)

> Gazing into myself and self-monitoring, I notice no thinking…
> Gazing at him and into me… Witnessing (Stephen's story)

Mindfulness facilitates the dialogical relationship, empathy, resonance and empathic resonance. The literature also references inner introspection (which this thesis prefers to term mindfulness) to varying degrees with regard to all these concepts. When the stories were coded for the four concepts above, mindfulness was also present. In each case, mindfulness facilitated these four concepts.

Mindfulness enhances and facilitates all the above concepts. It allows us to gauge our moment-to-moment relating and attain an awareness of the nature and quality of the mode of relating, promoting an authentic relationship. Therefore, when considering mindfulness in relation to these concepts and the model developed from these findings, it is reasonable to locate them all within mindfulness. Introspection, a

floating cloud in the conceptual framework, was identified as mindfulness, a foundational concept for attaining empathic resonance and other closely linked concepts.

7.2.3. The dialogical or person-to-person relationship

7.2.3.1. Theme 6: *Mode of Relationship Involving Empathic Resonance*

While experiencing empathic resonance, it was essential for me to identify the mode of relationship in which I was working, as the relational context for empathic resonance. It emerged from one of the five relationships identified by Clarkson (2003). In the stories, it was evident that the transference relationship had been worked through, leading us into authentic or real relating, characterised as the person-to-person (dialogical) relationship, as opposed to the object relationship (Clarkson, 2003). The shift in the relational mode is clearly demarcated by a change in relational atmosphere, genuineness, authentic self-to-self relating; "a mutual you" (Brown, 2005, p. 59), all characteristics of the dialogical relationship, which is how I justified this theme.

Empathic resonance was nested in the dialogical relationship, evident in the data. The excerpts of text describing empathic resonance were cited in the dialogical relationship, supporting a direct relationship between the two concepts. There were also more frequent instances of empathy and resonance in the dialogical relationship, relating the three core concepts of empathic resonance, empathy and resonance to the dialogical relationship. This was unsurprising, as the dialogical relationship brings about appropriate perceptions and interpretations of one another from a place of congruence, genuine engagement and realness founded in our fullest sense of one another. Clarkson (2003) also states that characteristics of the dialogical relationship include an abundance of empathy, congruence and resonance where these concepts "play their part" (p. 154).

The following excerpts from the stories are included to illustrate the dialogical relationship:

> T: you seem more able to speak with me these days about matters much closer to your distress… You know, sharing rather than wanting me to alleviate with interventions?

> G: I know, I was afraid before, letting my guard down, not easy, I built a career upon being capable and in control, letting the guard down and being honest… Especially with feelings.

Greg expressed his genuine difficulty in sharing his feelings. He was real and vulnerable in his response. The next excerpt is from the same story, after we had experienced empathic resonance, which surprised me. I openly shared this and my difficulty without knowing how to explain the experience:

> T: I'm not sure where that came from Greg… I don't know how to…

These are honest, open, real, authentic, genuine and unguarded responses to each other, described by Jourard as "a collapse of roles and self-concepts" (1968, p. 124). The dialogical is also characterised by mutual disclosure: the "therapist's willingness to disclose himself to the client and drop his mask is a factor in client's trusting him and daring to disclose himself" (Freidman, 1985, p. 212). These descriptions represent the mode of relating portrayed in the stories. One further excerpt is from Diana's story:

> T: we haven't progressed, have we, you know I don't get a sense of having really assisted you.

> Di: I know you care, I feel that, feeling cared about scares me…

This authentic disclosure was vital for our progression and ultimately led to us to empathic resonance.

In Stephen's story, I did not like how I was being treated. Rather than taking it personally, I viewed his behaviour as a form of communication and tolerated my irritation while dealing with it as a real yet gentle confrontation. Jacobs (1989) speaks of this inclusion as part of the dialogical: "I may even be angry. But I try to keep these feelings against the background of the overall dialogic attitude that I am maintaining" (p. 15). This fosters deeper understanding of each other: facades and distortions recede, moving us towards empathic resonance.

Jacobs (1989) distinguishes between the dialogical relationship and empathic resonance, identifying an 'I-Thou' moment in the former. Her description of the 'I-Thou' moment is similar to empathic resonance, but most important here is her recognition of an 'I-Thou' moment as an intensification of the dialogical process. Hycner (1985) distinguished the dialogical process from the peaks in this mode of relationship. This thesis supports those views, locating the three core concepts in the dialogical relationship, while recognising that, although empathy sometimes occurs at other times, it is most frequent in the dialogical relationship (Clarkson, 2003).

The dialogical relationship is the foundational relationship, from whence empathic resonance is fostered. This theme evidences that the conditions of dialogical relating are essential to empathic resonance. The dialogical relationship invites the client to step into a space in which there is authentic contact, knowing and awareness. Being unguarded and open with each other allows the whole-self to be revealed in the relationship. The client is able to feel without being judged and is actively supported, experiencing a relationship of trust, acceptance and genuineness (Gelso, 2014). It is the foundational attunement relationship, 'the real relationship' (Clarkson, 2003), identified in the stories and subsequently observed in the layered model of practice as one step further than mindfulness.

7.2.4. Empathy

7.2.4.1. Theme 7: *To Know You via Empathic Attunement*

This first theme is an added descriptor of the concept. It focuses on how I use the concept as part of attunement.

My use of empathy in my stories is a way of gaining insight into the subjective experience of my clients. I communicate my sense of a client's inner feeling state using empathy, from a mindful self-exploration. This example from Diana's story reveals my empathic self:

> A cry, tears in her eye, a soft, gentle murmur, barely audible. She courageously looked towards me for…
>
> T: It's okay, it's okay… (Hearing my voice soft and soothing, feeling her angst and suffering, pain, moving towards her, raising my gaze and not being afraid of her pain, not afraid, strong enough, able enough for her, With Her).
>
> Looking towards me for ME for her in ME for courage to feel… And I felt it all…
>
> T: I've been here all along. You know (warmth now, feeling compassion).

I attempt to feel into her world, I am reading her emotions (McLaren, 2013), her feeling state, in order to be with her suffering, to aid her own ability to feel into her emotions. Reading emotion and attempting to think into and feel into the inner life of my client (Cuff et al., 2014). My finding about my use of empathy is *to know my*

client and, more specifically, *to know the client in the context of their painful feelings as an attunement process.* I am not aligned (which I categorise as empathic resonance, a step beyond empathy) with the client while empathising but I am striving (attuning) *to know their feeling world* 'as if' (Rogers, 1957) it is my own subjective experience, while retaining the sense that it is not. This example incorporates resonance (my conceptualisation vibrating and communicating with understanding and *with* the client). Saying, 'I've been here all along', demonstrates how closely empathy and resonance are related and how I use them together to attune to my clients. Resonance as *with understanding* is also evident in the expression, 'able enough for her, with her', used to mirror the ability to facilitate emotional regulation and contain her distress. When I am able to resonate with understanding, it enhances my ability to empathise. Both are attunement concepts and both are founded in understanding, which the stories demonstrate.

It was important to examine how I used empathy and to compare this with other theorists, in order to understand my use of the concept and how that had a bearing upon empathic resonance itself. My own conceptualisations of the core concepts are similar to those in the literature, but differ slightly because of the new insights gained by using them together. The literature separates the concepts and it is important to see how they can and do work together and effect practice.

Buber (trans. Friedman, 1990, 22f) referred to empathy as 'Inclusion', meaning leaving your ground and going over to that of the other. It is described as 'bipolar: it has to be both sides simultaneously. The therapist has to be there (with the client) and here (with self) at the same time'. This reminded me of Rogers' (1957) 'as if', whereby vigilance is necessary so that the emotions of both are not entangled. This seemed more guarded than my own use of the concept, yet I was clear that I was not merging with the client.

The stories showed me that I use empathy to move towards other in a way that is most accurately described by Staemmler (2011, p. 23), as 'an activity by means of which the therapist attempts to open up the mystery of the other and to make present to herself – on the basis of the verbal and non-verbal communication she receives from the client – the client's subjective experience'. I am clear that, although this is a way of attuning in order to reveal to myself the client's inner subjective experience, I am aware of that position. In my practice, I lean towards the simulation account of empathy, which happens almost automatically and is related

to the underlying mechanism of resonance, replication (Watkins, 1978). It is likely that this is the reason my resonance and empathy practice are closely entwined. The next example emphasises my use of empathy as attunement: I try to reach my client. When I open my empathic self, I feel the distance between us and his self-isolation, which shows how I use empathy accurately to attain a subjective sense of my client (Rogers, 1957; Kohut, 1959):

> I tried to reach him, I felt this overbearing isolation when I was with him. A haunted look in his eyes, usually when I was trying to empathise with him… And think and feel my way towards him… Always a haunted, distant look. (Stephen's story)

This example reflected the accurate sense of distance and resistance to the process. Importantly, though, it has a bearing upon how vital it is to reach clients and close the gaps between us (attune). This is attained empathically. The subjective knowing of the client was vital for the relationship dynamic to be addressed. The knowing mystery of the client's feeling state was accessed, facilitating my ability to respond and to transcend the transference relationship, into the dialogical relationship (Clarkson, 2003; see Stephen's story).

7.2.4.2. Theme 8. *Empathy Embedded in the Dialogical Relationship*

In Diana's story, early attempts at empathic responding were not acknowledged by the client. She was highly defensive and any attempts at empathic responding failed. It was apparent that the receipt of empathy and the willingness of the client to allow the empathic attunement process was more readily achieved once we had forged a dialogical relationship. Bohart et al. (2002) describe empathy as a dialogical process itself. This observation was, therefore, unsurprising. Empathy is considered dialogical and is founded upon the ability and capacity for empathy in both counsellor and client (Dekeyser et al., as cited in Decety et al., 2011). This reflects my own conceptualisation of empathy. It relates not to losing my sense of self, but rather gaining an inner awareness of the other via mindfulness, in order to convey my sense of their feeling world. Empathy, therefore, is an attunement process whereby I move towards the other and lessen the gap between us. I open myself in order to know the other.

In the literature, many conflate empathy and resonance. It is also clear from the stories that there is an abundance of empathy, to which the client is more receptive when in the dialogical relationship. The next two excerpts illustrate this:

What was this like? To be this authentic? It felt fresh, vibrant and
had a quality of movement and flow. In acknowledging what I felt
and sensed in our relational dynamic, there was a breaking
through and a sense of being together. I felt that here I was…
Relating… (Dialogical)

She touches me anew… I can feel for her, with her… Beside her…
And in that place and space of our being state is more space. I can
hear her more clearly. (Diana's story)

This confirmed that empathic responding was beginning to emerge as my client and
I entered the dialogical relationship, characterised by authentic relating. I was
focused on coming to know the feeling state of my client, particularly as she was so
well defended and emotionally guarded. It also indicates a developmental aspect of
my use of empathy (Kohut, 1959): past empathic failures by caregivers can be
rectified, enabling clients to know themselves. This coming to know themselves is
important and is supported in Greg's story with the mirror poem. Greg's feeling
world had been shut off as a consequence of his father's cruelty and coldness when
responding to his son. He replicated this in the way he responded to himself. Our
work allowed him to access his feeling state via empathic responding when we were
working in the dialogical relationship.

The following example from Danny's story conveys an empathic exchange situated
in the dialogical relationship. The client openly expresses her fears, which are
understood, acknowledged and supported, as is her autonomy:

T: We have time and more importantly time for you to reveal what
you need to at your own pace because it feels right.

Da: Yes, but once it's out. I can't take it back.

T: Sounds like the revealing is fraught with anxiety and tension,
and often it's facing it again that's scary.

When looking at the example more closely, both empathy and resonance are
entwined, the client's feelings are clearly acknowledged along with understanding
and *withness* (part of resonance conceptualisation). There is a sense of wanting to
know the world of my client coupled with understanding her ambivalence about
exploring her situation more deeply. I attune using both concepts. Movement into
empathic resonance immediately followed this exchange, coupled with the
emergence of her dissociated trauma. Therefore, attuning to the client in order to
know the mystery of her feeling (empathy), gaining understanding, the expression of

understanding and *withness* (resonance) preceded empathic resonance, all located in the dialogical relationship.

The above example also demonstrates that this process did not cause me to lose my self-boundary, where I could be confused about what was mine and what was my client's. My use of empathy is all inclusive, aligning my conceptualisation with Goubert et al. (2005), who argue for top-down and bottom-up processes, providing a clear model of empathy as 'affective, cognitive and behavioural' (p. 286) and consider the mirror neuron system as part of the empathy process.

Linking these themes to the model of practice

My deepest empathic motive is knowing the other in order for them to self-validate and to feel my support and understanding, which enables them to feel and come to know themselves. My role in this empathic mystery seeking of the other is to reaffirm and acknowledge the feelings and perceptions that belong to my client, which are mindfully witnessed in myself. This empathic mirroring intensifies as the attunement progresses and moves towards empathic resonance (alignment). Empathy forms part of the dialogical relationship and mindfulness in the model of practice. In its former position in the conceptual framework, empathy overlapped with empathic resonance. That same feature applies to the model of practice, yet with an emphasis on empathy as an attunement concept. It is located outside empathic resonance, as empathy precedes empathic resonance. The red arrow on the final practice model shows that empathy continues during empathic resonance.

7.2.5. Projection and projective identification

7.2.5.1. Theme 9. *Bi-directional Projection*

There are many terms for projection and projective identification. Some authors use the terms interchangeably (Grotstein, 1981). I agree with Jung (1968b, 1971) that clients split off subjective material from themselves, which can appear in the therapist via projection. The other person is a self-extension. From my perspective, this is a two-way process. Not only might my empathic responding enable the projections of my client to arise in me, but what might I project into the relationship? What are we both projecting? These excerpts from Diana's story are presented to further the discussion:

> Returning from being still in opening to my quiet homeland whilst centring with Diana on my mind, the pain… It didn't leave me… It felt like it became mine was here to stay. I was confused. I went to see my GP.
>
> Something was out of sync. I was out of sync. Something, something some…thing.
>
> I know I can't always help everyone, but there's a haunted look in her eyes, but I feel very afraid of, every time I look into her eyes it's like staring into a void. I feel scared and fearful of what might be inside and for that matter her truth. I settled then, but as his questions impacted… And I still myself for reflection, there it was again… Stab… The pain in my chest… Something needed to be released but I felt it wasn't mine.

These are a cluster of parts of one story, in which I learnt of my client's breast lump (cancer). I literally felt her pain, yet we did not discuss these matters at that time. I believe I became the recipient of her projection. She was afraid to speak the words and reveal what was truly troubling her. Via projection, however, I felt this in my body. She projected her deepest fears into me. There was a blurring of boundaries (Winborn, 2014): at that time, I was unaware that this material did not belong to me. This was later revealed when the pain resurfaced while working with my client when we entered the dialogical relationship.

Becoming aware of the projection in this instance leads me to agree with Jung (1971) that the perceptive process of empathy is underpinned to some degree by projection of content into the object. I received an alienated subjective content, dissimilated by my client and assimilated by me (Jung, 2014, p. 2517). My role became allowing the contagion (Agosta 2014), which Diana could neither contain nor tolerate. However, this experience reminded me to be careful about what can occur with these processes and to remember to reflect upon my practice carefully after working with clients. It is vital to ask myself, particularly with feeling states, whether it belongs to me or is in fact a client projection. If that is the case, the projection itself, although unconscious, can and does lead me into a natural empathy. There are times when my way of being will enable this contagion and it is important to be mindful of this effect.

Based on my data, it is conceivable that projection occurs in both directions. Contagion from the client or material from the counsellor are part of the empathy process. Certainly, in the case of Diana in the initial stages of our work, my empathic responses appeared ineffective. However, I received the projection, and it

could thus be argued that the empathic responses were effective, even if not explicitly acknowledged.

My other question for myself was, 'What do I project into the relationship?' The stories revealed to me, after careful analysis, I could argue that I am indeed a wounded healer (Jung, 1965). Just as Foulkes (1984) stated that woundedness draws people together. In all the stories, there is a sense of knowing and understanding the territory of their woundedness and using that in a positive and sensitive way:

> The doctor is effective only when he himself is affected. Only the wounded physician heals. But, when the doctor wears his personality like a coat of armour, he has no effect. (Jung, 1965, p. 134)

My stories are consistent with the work of Jung, which this short excerpt from Danny's story emphasises:

> I find my own experiences help me to deeply empathise with my clients, like a reference to colour an artist's palette, but that's about as far as it goes. Those kinds of inner ripples help as a point of reference, but always mindful of just that, a potential point of reference and a reminder of what that specific shade of experience/feeling can vaguely be about.

This evidences how my own experiences can add to my empathic responding and are projected. My knowledge of pain, if appropriately projected, can enhance the empathic response. However, I am mindful of identification. According to Hinshelwood (1991), over-empathising or identifying – putting oneself in the shoes of the other – can lead to counsellors who 'lose themselves entirely' (p. 295). Self-awareness, mindfulness and clinical supervision aid our ability to stand as containers able to receive projection (knowingly) and emit (project towards the client empathically) positive empathic knowing of specific experiential territory, to enhance empathy without the loss and blurring of self-other boundaries.

Projection is, therefore, the underlying mechanism that carries unconscious and conscious material bi-directionally. However, this thesis is concerned with whether it is part of empathy, and that has two aspects. First, clients project their feeling states into counsellors, which need to be recognised via mindfulness. Second, as counsellors, we can knowingly and often unconsciously project our personal understanding of a specific arena of experience, facilitating empathic responses. Projection therefore finds its place in the model of practice as a concept related to

empathy (indicated by the yellow arrow). Projection is not exclusive to the dialogical relationship. It is placed where it is, however, in order to create the model of practice in the context of empathic resonance. If projection can positively enhance empathy, also facilitating empathic resonance, then this is a rationale for how we position the concept. The link with partial identification is discussed under that heading.

7.2.6. Resonance

7.2.6.1. Theme 10: *Vibrating with Understanding (Withness Attunement)*

It was important to examine how I used the concept of resonance in my practice. The following examples evidence my position:

> T: Some would say it takes courage to feel, to be here and experience this real struggle. I think you're doing so well… Uncertainty. It's a tough terrain for so many, we want the answers, but sometimes… We have to wait… Pause and give ourselves time… A process, I guess, something to trust or not trust that feeling our way forward so gently.
>
> G: One brick at a time, like a building?
>
> T: Like a building, I think so… Stages… As we move towards what's been and what it all might mean… (Greg's story)

This example depicts a 'withness' with my client, a sense of vibrating together while recognising and understanding his difficulty with the therapeutic process: the deeper exploration we needed to undertake as opposed to the intervention-led work that failed. This resonance communication can be described as an understanding echo in the dialogical relationship. Watkins (1978) describes this 'withness' in connection with resonance interventions as experiencing the client as a subject - relating to each other within the dialogical relationship and not the object (transference) relationship. The language used in the example above emphasises this 'withness'. The next example, from Danny's story, is similar in quality:

> As I stayed with her and focused upon her, wanting to understand her and relieve her of her obvious torment.

I remained with the client in our feeling exploration of her torment. Such 'co-suffering' (Watkins, 1978) is part of resonance, being 'with' her and the desire to deepen my understanding of her emotional world, linking resonance to empathy. The example, preceded our movement into the dialogical relationship and is most certainly the point at which I became more attuned to her using resonance. The

word 'focused' hints at this. Attunement as part of resonance is further supported by the next excerpt, which followed soon after the above example:

> The interpretation of facial subtleties and the recreation of meaning inside me, which needed to occur. This language of her true feeling state communicated to me which allowed a knowing of her to become an awareness in me, knowing her via these signals, created a feeling state in me from a palette of my own life experiences and the meanings embedded within me, I recognised… Pushing myself deeper now… What did I recognise? Moments, only moments, glimpses like sun breaking through cloud… Revealing… From which to recognise her as she really was. (Danny's story)

Recreating meaning by 'interpret[ing] facial subtleties' resembles replication, which Watkins (1978) also argues forms part of resonance. I would add that, in this example, the recreation of meaning is not conscious, but an automatic process of reading facial cues and other unconscious subtleties. This reading and automatic interpretation via resonance (replication) are similar to the 'echoes' in ourselves for which Schmid and Mearns (2006) argue in their conceptualisation of resonance. This demonstrates that resonance as attunement allows us to recreate meaning in ourselves, fostering understanding and *withness*.

Foulkes (1977) described resonance as an unconscious process. I do not agree that resonance is entirely unconscious, merely a response to stimuli. Although that could be the case with people reacting to and objectifying each other, in the therapeutic situation, resonance coupled with mindfulness is consciously demonstrated in the stories. This is considered responding, the heart of resonance. My aim is to vibrate with the client and communicate understanding. A further example of withness and understanding is presented here:

> T: We go at your pace Danny… Okay? The sessions are yours, this is your space and your own time, and if you want to share that part of yourself with me you can. I'm not here to pressure you for that, okay?

> D: Thanks, I never found it easy to share how I feel because it's hard for me to even know what the feelings are.

This short excerpt from Danny's story illustrates the ambivalence that the client has towards counselling and to sharing her feelings. Expressing resonance sensitively recognised the inner state of the client, her fears and confusion. Her feeling state, when accurately perceived (empathy), can be translated for meaning, enabling resonant response. The client's inner state vibrates and is replicated (resonance),

perceived (empathy, to know you), and then acknowledged in reflective language, accurately portraying counsellor understanding. This theme is prevalent in all the stories and links with the next theme.

7.2.6.2. Theme 11: *Resonance Entwining with Empathy*

This theme is fundamental. It communicates that one's knowing sense of another's feelings is more effective when it is evident to the client that we feel those feelings. This excerpt, from Diana's story, demonstrates that resonance and empathy are *entwined*:

> A cry tears in her eye, a soft gentle murmur barely audible as she courageously looked towards me for…
>
> T: It's ok, it's ok…(Hearing my voice soft and soothing, feeling her angst and suffering, pain, moving towards her, raising my gaze and not being afraid of her pain, not afraid, strong enough, able enough, able enough for her, WITH HER)
>
> Looking towards me for ME for her in ME for courage to feel…and I felt it all…

At the same time that I feel her 'angst, suffering and pain' as part of empathy, I communicate my withness in understanding and attunement (resonance) by saying 'It's ok, it's ok'. She was aware in that moment that I not only felt (empathy) her suffering but also that I understood (resonance) how difficult it was for her to feel her suffering. The two concepts complement one another as evidence of counsellor attunement. In Greg's story, a similar pattern is evident:

> And then his voice cracked, a stutter, coughing, throat clearing…
>
> Images of vulnerability, fragility, words and images. Feeling a tender spot, a chink...a feeling space…
>
> T: So tough for you then, feeling vulnerable and taking a risk.

Greg was opening up within himself to some very difficult feelings relating to his anxiety and not knowing its source of origin. I feel his uncertainty in myself as part of my empathy response and my response also acknowledges how difficult it was for him to contemplate feelings of uncertainty, which is the resonance response coupled with empathy. In the next excerpt, from Diana's story, resonance and empathy are more subtly used together but constitute the same theme of *entwining*:

> Something was different, I noticed immediately. I felt her.
>
> Di: I'm fine.

> She's fibbing, my instincts were screaming. It was tangible, the
> heaviness was back, her defences so strong.
>
> T: Come on (spoken quietly, gently), I know you too well.
>
> This time she spilled over, this time she let me help her, she was
> confronting her fears.

The interaction opens with me recreating the feeling, 'I felt her'. I categorise this as resonance, like Watkins (1978), because it was automatic. As I noticed my inner state and my sense of her 'fibbing', I noticed her defences and empathically felt the 'heaviness'. It was essential that I responded sensitively and carefully to this pivotal moment in our relationship. 'Come on ….' is a resonant response, which seeks to communicate my knowing understanding of her fear but also of her old self-deceptive ways. It was also essential to communicate that I wanted her to know, that I was *with* her as part of my resonance expression. The two concepts worked closely together, allowing my client to find her voice and reveal to me the root of her distress. The next example further illustrates the effect of the two concepts together:

> I watched as she hesitated then – a small quiver passed her lips,
> the tiniest of trembles – with a look of indecision – inside I felt an
> inner scream, a cry of uncertainty – a not knowing and a paralysis.
>
> T: Danny whatever it is you're hesitating about, you can just pause
> and either tell me later in our future sessions, you are allowed to
> pace yourself and take time
>
> I watched then as she softened – her frame relaxed and she sat
> back in the chair – she took a long slow inward breath and
> momentarily closed her eyes.

I feel her hesitance and fear coupled with the reluctance to share. I acknowledge this empathically and resonate that I understand this reluctance with the permission to let her 'pace' herself. The two work well and alleviate her tension as she 'softens'. As the story progresses, this proves an important intervention, which actually enables her to feel safe enough to reveal more of herself.

It could be argued that resonance informs empathy, but I concluded, because of my own witnessing of the entwining of these two concepts, that they work in tandem. This supports Watkins (1978), who proposed that resonance relates to empathy and Larson (1986) and Sprinkle (1985), who used the terminology for resonance and empathy interchangeably. The stories reveal that the concepts enhance each other: empathy, 'to know you via empathic attunement' works with resonance, 'vibrating

with understanding'. They both entail deep understanding and experiencing of the other in the self, as attunement. Each concept flows into the other:
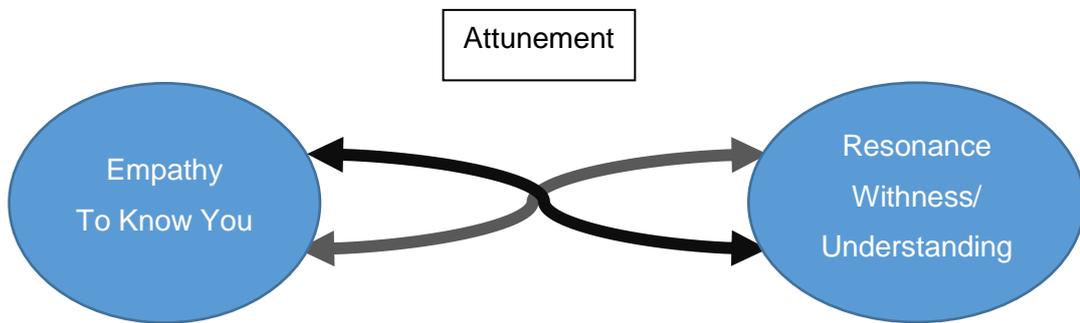
Figure 7. Flow between Empathy and Resonance

My conceptualisation of resonance is similar to that proposed by Larson (1986). She arrived at six themes from her thematic analysis, whereby resonance and empathy are linked. Although she does not explicitly mention empathy, her language includes empathy descriptors. Both concepts are rooted in understanding: to know and experience another's feeling state (empathy) is to understand, demonstrate and experience co-suffering (Watkins, 1978) as part of resonance. This indicates a profound understanding of our clients. Therefore, the concepts work in tandem and enhance one another as attunement with our clients. This finding was unsurprising. However, when I wrote up my experiences, without realising how close these two concepts were, I could feel my desire to know and understand my clients' suffering as a fundamental part of the work. I attuned in such a way that, for me in those moments, I experienced their otherness in my self as I worked.

Neuroscientific findings indicate that resonance is a component of empathy, providing empirical evidence for their relatedness (Decety and Jackson, 2004) and contextualising resonance as a process of interpersonal attunement. I see in my work how the two relate and how they enhance each other. Thinking or imagining my way towards a client via empathy, sensing or knowing their vibration, consolidates the relationship between the two.

I understand resonance and empathy as two core concepts working harmoniously, aiding ever deeper attunement. I locate resonance in the dialogical relationship, just as Clarkson (2003) described resonance as 'born of the person-to-person relationship' (p. 154). Resonance is characteristic of the dialogical relationship by

virtue of the understanding it fosters. Therefore, the concept of resonance is located alongside empathy and connected with a blue arrow in the model. It is also cited in the dialogical relationship; the stories evidence an abundance of the concept in this mode of relating.

7.2.7. Partial Identification

7.2.7.1. Theme 12: *Partial Identification as Recognition*

Watkins (1978) held the view that identification could be substituted with resonance and names both as temporary and partial identifications. Rogers (1959) linked empathy and identification (1959), proposing that identification involves the loss of the 'as if quality'. Identification is also a touchstone of the moulding of the ego (Fuss, 2013). It is clear from the literature that identification is related to empathy, resonance and empathic resonance, as well as to projection, which is linked to empathy.

This first excerpt caught my attention because of the word 'recognition'. It was a clue that the concept of identification was present and fitted with the description of the concept offered by LaPlanche and Pontalis (1988), 'to identify, to recognise' (pp. 205-208):

> T: Some would say it takes courage to feel, to be here and experience this real struggle… It's a tough terrain for so many… Feeling our way forward so gently.
>
> G: One brick at a time like a building?
>
> T: Like a building, I think so… Stages… As we move towards what's between what it might all mean…
>
> Direct eye contact, recognition as he nods with me… With me… Grasping… Shifting… Accepting… Both here, right here in this moment of meaning making together. (Greg's story)

What was it that I recognised and with which I identified? During my early years of counsellor training and entering therapy myself, one of my personal struggles was finding the courage to feel. I identified strongly with my client's difficulty and vulnerability with this facet of experiencing, particularly when he confided in me, 'I was afraid before, letting my guard down, not easy, I've built a career upon being capable, and in control…' I recognised an old self in my client's struggles. Had I not

worked through this particular struggle myself, I could have been ineffective with this client and experienced a particularly strong countertransference (Freud, 1910).

I realised that my partial identification in struggling to feel my own emotions strengthened and underpinned my empathic and resonant responding. Immediately following the verbal exchange, there was 'direct eye contact, recognition, as he nods with me'. Identifying with the client in this way, although unconscious in me at that time, was part of what I projected onto my client. Both identification and projection thus underpinned empathy and resonance. This next example and a further personal one also confirm my use of partial identification in my work:

> This happens really rarely in supervision, but I broke down. I felt like no matter what I tried I was not hearing my client and any connection was being avoided…

> T: It's not about ego, Paul, I know I can't always help everyone, but there's a haunted look in her eyes that I feel very afraid of, every time I look into her eyes it's like staring into a void. I feel scared and fearful of what might be inside and, for that matter, her truth.

In supervision, we identified a countertransference issue. My use of the word, 'haunted' is telling. I felt haunted. At that point in my work, I was not consciously aware of what that might mean, but from this perspective and through clinical supervision, it became clearer and the haunting dissolved (countertransference). The recognition/identification was only rendered conscious once my client revealed that she had a painful, malignant breast lump. I had a similar serious health situation myself, many years ago. Once this counter-transference had been acknowledged, although I was still not consciously aware of my client's true dilemma, my own feelings no longer obstructed our progress towards and in the dialogical relationship.

My fear had been released (the haunting was a reminder of the fear I felt when I, too, faced a potential terminal illness), allowing me to remain open and to use my felt sense of the recognition of her unconsciously and in a positive manner. My identification underpinned my ability to be empathic and resonant. This occurred unconsciously and would have been obstructive had I not released my feelings in clinical supervision. Identification then, once the haunting had been worked through, became a positive factor, helping me to project, recognise and, although unconsciously, empathise with my client's distress. This reflection of one of the

stories specifically mentions partial identification as recognition. I used my own frame of reference to empathise:

> It is interesting what clients can and do trigger in us as therapists and where it can take us in our own remembering and personal experiences. I find my own experiences help me to deeply empathise with my clients, like a reference to colour, an artist's palette, but that's about as far as it goes. Those kinds of inner ripples help as a point of reference, but always mindful of just that. A potential point of reference and a reminder of what that specific shade of experience/feeling can vaguely be about, deepening our ability to understand.

I share that our own personal experiences can be a 'point of reference', 'deepening our ability to understand', consistent with how Rogers (1996) uses his own frame of reference to enhance empathy. This supports my hypothesis that partial identification is a shared vibrational understanding, via familiar experiential recognition, enriching both empathy and resonance as concepts. The thesis arrived at the conceptualisation of resonance as withness/understanding, and here is a direct example of recognition or identification, enabling our understanding (resonance). The other finding is that it is essential to work through our own countertransference material, regardless of whether we are aware of it making sense or not. In this case, even though the identification was rooted in similar serious health concerns, neither the client nor I were consciously aware of this. However, on a feeling level, there was a familiarity and awareness, confirming the permeability of interpersonal boundary that occurs in these processes. This is positive if the countertransference is worked through. Had I not explored this, I could have continued to block my client's process because of my own unacknowledged painful memories, which had the potential to become confused with hers.

This thesis argues for partial identification as a concept that enhances both resonance and empathy, when the material has been worked through. Partial identification as recognition can be used positively, deepening resonance and empathic responding. In my work, my use of identification aligns with Watkins, (1978), 'an individual with the capacity for resonance' is defined as one able to identify with the client; it is a temporary state as well as a 'common feeling state'. I use identification in a similar way to Meissner (1970), as 'partial identification', a recognition of the other without losing the self. My use of the concept is not as one that moulds the ego of the client.

7.2.8. Empathy, Resonance and their Underpinning Concepts

The literature is contradictory in terms of the interchangeability of empathy and resonance. Different scholars viewed the concepts in different ways. Undoubtedly, they are closely related. My conceptualisation refers to them entwining with each other and working together in tandem. Their common ground involves understanding clients.

Based upon the findings from the stories, resonance and empathy overlap (see empathy and resonance sections). The concepts of projection and identification thus have a similarly entangled relationship. Partial identification aids empathy and resonance via an experiential recognition of the feeling state of the other, which enhances understanding. Therefore, partial identification is also projected onto the client, along with a perceptive sense of their feeling world as a communication based on knowing and understanding the client. The story sections in this chapter build towards this assertion. If building a model based solely upon these four concepts, I would view them this way:
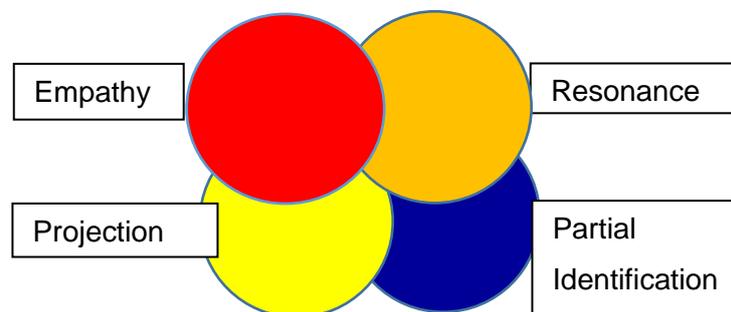
Figure 8. Four-concept Model

I have evidenced higher degrees of both empathic and resonant responding in the dialogical relationship and my stance is that these are both essential 'attunement processes'. We attune with understanding towards and with the other and, as we continue the exploration, our understanding and attunement deepens. This all occurs whilst 'nested' in the dialogical relationship with concepts essentially aided by mindfulness. The main shift in the model of practice, based on these findings, was to find a way to locate these four concepts in the dialogical relationship and mindfulness, to render their conceptual relationships clearer than in the conceptual framework. I simply situated them lower on the page in anticipation of the findings

regarding empathic resonance. The final model of practice is included at the end of this chapter.

7.2.9. Empathic Resonance (Core Concept)

Empathic resonance, once identified in the stories, was subjected to further thematic analysis. The literature on, and definitions of, this concept are broad; one task was therefore to understand empathic resonance in the context of associated concepts, to discover how it was attained and thus situated in my model of practice.

Secondly, empathic resonance is described as 'an unmistakable, but difficult to describe experience' (Greenberg and Elliott, 1997, p. 174). I wanted to reveal the descriptive elements of my experience of empathic resonance. The descriptive section is organised under the first theme (Descriptions of Empathic Resonance), as I coded my stories for patterns of descriptive material common to the four stories. The second theme focused upon what I interpreted as the function of empathic resonance or what was at the core of the concept. I call this *The Shared Field of Knowing the Other*, also conceptualised as *'I see you'*. Empathic resonance rarely occurs in clinical practice; however, when experienced, there is a tangible sense of relational synchrony or cohesion.

Mindful that this is my thesis and that the findings are my interpretation, I ask readers to consider the stories as whole accounts. The material from the thematic analysis must be understood in context of the stories. Ultimately, I arrived at these findings because of what I observed and interpreted in the data. In the following section, the attainment of empathic resonance is discussed.

7.2.9.1. Theme 13: *Attaining Empathic Resonance*

It made logical sense to develop part of my conceptualisation of empathic resonance with a specific question regarding how it materialised. I looked carefully at the stories with this in mind, with particular attention to the flow of concepts. I could see that I was working hard with my clients to attune to them, in order to aid their sense of my understanding of them and foster their own self-understanding. Working in this way fosters trust, openness, intimacy and regard for each other (among other qualities evident in the dialogical relationship), further deepening the

therapeutic relationship. To achieve this, empathy and resonance were used. I have thus categorised resonance and empathy as attunement concepts.

Empathy and resonance abound in the stories, and typically precede empathic resonance. However, it appears unnecessary for empathy and resonance to be used in equal measure to foster empathic resonance. This is evident in Diana's story:

> ...feeling into myself… (In order to discover)…her true feeling state (empathy)…from a palette of my life experiences and the meanings embedded in me (partial identification)…Revealing, a space more than both…a space that can be discovered between us (empathic resonance).

Here, the text provides implicit evidence of the conceptual flow that leads to empathic resonance. Likewise, in Stephen's story, once the transference was resolved we moved into exploring his 'life dramas' and I was able to explore his feelings with him (empathy exploration), which became 'listening, focusing (as attunement, both resonance and empathy) and attending to…became being (empathic resonance).' This conceptual flow is repeated in the same story in the dialogue: I feel his despair (empathy), stay with the despair (resonance) and then enter the experience of empathic resonance. There are multiple examples of this flow (attunement into alignment). In Danny's story, one example of empathic resonance describes it as:

> Deeper…beyond empathy…we had already built bridges, made in roads…the empathic path had been trodden.

It became clear to me that there was a conceptual flow that led to empathic resonance. This was important for the model of practice. I began to understand how empathic resonance occurred. It was born from earlier and long-standing attunement using empathy and resonance, over many sessions and in the dialogical relationship. However, it is not an experience that can and does occur because I decide to use it. Certainly, that was not my experience at this time in my clinical practice. Rather, it is born from the process of nurturing the relationship and relating in a way that does indeed require prior attunement (empathy and resonance together). The next example shows how empathy, resonance and empathic resonance are set in the dialogical relationship. It shows how the three core concepts work together:

	I felt it rising then she looked at me most intensely… A breakaway, a cry, a panic (empathy, feeling this inside myself)
The Dialogical Relationship	Da: trapped I feel trapped… I was… (Searching her feeling state harnessed her ability to feel her own emotions as part of the developmental aspect of empathy)
	And the lip, it wavered as she tried to hold back a cascade of emotion…
	Inner image - the wall again, down, a collapse of… Broken, falling… Collapsing… Ruins (Mindfulness, Empathic Resonance, Aligned with client)

T: I'm here, Danny, you're here… It's okay… (Resonance)

(Danny's Story)

The analysis reveals the conceptual overlap. Empathy, along with resonance is located in the dialogical relationship. In this example, empathic resonance (alignment) occurred while I continued to remain attuned to the client. This facilitated the emergence of dissociated trauma, as part of empathic resonance.

I placed empathic resonance above empathy and resonance in the model of practice. In order to show attunement via empathy and resonance, which facilitates empathic resonance, a new shape was included in the model of practice. The triangle represents attunement, which leads to empathic resonance, represented by a circle that the triangle intersects. Empathic resonance is also nested in the dialogical relationship, as is mindfulness.

7.2.9.2. Theme 14: *Descriptions of Empathic Resonance*

(i) Meeting (Alignment)

This theme in the empathic resonance concept caught my attention, because it was a tangible part of the experience. It indicated a felt sense of when we had entered the territory of empathic resonance; it felt like meeting. It also tuned my awareness and my sense of how it felt to meet each other in this way which became more familiar. These excerpts capture the essence of this theme:

Thinking… Deeper… Together…. (Greg's story)

There was a breaking through and a sense of being together. I felt here, I was… Relating… (Diana's story)

215

With her…Beside her (Diana's story)

A sense of cohesion if I'd been blindfolded before, I was now aware, my blindness to or for her was gone… I had a sense of being a participant, part of… (Diana's story)

And he saw me… He paused… He looked at me, he looked into me (Stephen's story)

In that moment, although there was an expression of aloneness, there was a bonding in the sense of togetherness (Danny's story)

That few seconds of pure contact (Danny's story)

Yet, in having that contact. It struck me as so much further (Danny's story)

There was no separateness, no me and her, her and me (Danny's story)

Melded in a moment of pure contact… Nothing else existing but you (Danny's story)

These examples reveal that we had made contact with each other and were aligned (Siegel, 2010) in empathic resonance. We met each other's deepest selves. Buber (1958) describes this as 'all real living is meeting'. I acknowledge this and also believe that other terms referred to in the literature review also describe such a meeting. For example, Budgell (1995) proposes the term linking and Siegel (2010), coupling. This is evident in the language used in the stories and the descriptions by Buber (1958), Budgell (1995) and Siegel (2010). The sense of meeting is powerful and exclusive to the self of the other. When we meet in this manner, it is the vibrational essence of the self of the other that we encounter. Budgell (1995) described this as "near fusion" (p. 33), with which I agree. When we meet in this way, there is a profound and conscious attention to and focus on the other. It was natural and essential as part of empathic resonance.

(ii) Eye contact

There was an abundance of eye contact during empathic resonance, illustrated here:

Direct eye contact, recognition (Greg's story)

Gazing at him and into me… Witnessing (Stephen's story)

He saw me… He paused… He looked at me, he looked into me (Stephen's story)

Looking into each other (Stephen's story)

His eyes told me everything (Stephen's story)

Holding each other's gaze… He watched (Stephen's story)

Feeling, my eyes widened as if I had seen (Stephen' story)

She locked eyes with me (Danny's story)

A sense of her otherness that became mine as I gently held her gaze.

Mutual gazing (Danny's story)

She locked onto me… I watched as she whispered (Danny's story)

She looked into me and I felt a tear in the corner of my eye… She spoke into me (Danny's story)

Blank mutual gazing… Minuscule moments, lasting forever (Danny's story)

Falling into her eyes, through darkness and light, as she held my gaze, falling in deep now… (Danny's story)

Hold back the river, let me look in your eyes
Hold back the river, so I
Can stop for a minute and see where you hide
Hold back the river, hold back (Archer and Bay, 2014).

Each instance of eye contact offers clues about the disposition of the client. For example, 'witnessing, his eyes told me everything, recognition' - this conveys a sense of unconscious communication. The other examples - 'he looked at me, he looked into me, looking into each other, holding each other's gaze he watched, feeling my eyes widen as if I had seen, falling into her eyes, through darkness and light, as she held my gaze, falling in deep now…' - also indicate unconscious communication and searching the depths of ourselves.

The longer quote from Archer and Bay (2014), 'let me look in your eyes…stop for a minute so I can see where you hide' was included because it illustrates the search for the self of the other as part of empathic resonance. This is consistent with the 'we-self' (Reis, 2009). The eye contact indicates the kind of mirroring in which babies engage, particularly with their parents (Guntrip, 1971; Winnicott, 1971). However, it is not the look of romantic love (Rubin, 1973). I understand the extended eye contact as part of empathic resonance, as an indicator of 'meeting' (Buber, 1958).

(iii) Stillness

This reveals the atmospheric perception of empathic resonance. It is my experience that, along with extended eye contact and looking into each other, the moment itself has a sense of absolute calm:

> He pauses and we both hold still (Greg's story)

> Feeling the stillness in this moment (Greg's story)

> Stillness, recognition of pure attending without a sense of firm concentration (Stephen's story)

> So peaceful, so calm, timeless moments of hearing in the fullest sense, but more than hearing… (Stephen's story)

> Deeper… Beyond empathy…. This was deep, still (Danny's story)

Calm implies a pause from mind chatter and other distractions. I refer to this in the stories when I describe how my mind has 'no words'. The mind is still, which describes the beingness of empathic resonance. I am drawn to Hopenwasser's (2008) description of empathic resonance as a healing moment and healing force, as stillness is the antithesis of a restless mind. An altered state of consciousness similar to those attained during meditative states can also be characterised as peaceful and tranquil. This is further supported by a sense of timelessness, whereby there is no perception of time, only the moment in which we find ourselves. This is similar to Greenburg and Elliott's (1997) moment-by-moment experience, an expression of the most accurate attunement; a letting go of anything other than the present moment.

(iv) Permeability of Boundary

In the thesis, I have mentioned permeability in the context of boundaries. This implies letting the other into myself. However, this is not a confusing experience. It is a natural and essential aspect of empathic resonance. If we guard ourselves rigidly, we cannot encounter the self of the other, which also seeks to be known. When we allow ourselves to be known by another person, we also come to know ourselves. When we meet in a space of empathic resonance, we must therefore allow the other into ourselves. This is not an unconscious and dangerous process when we understand empathic resonance. It must, however, be considered cautiously if and when we have little understanding of these processes. The risk is confusion about what belongs to our self and what are the feelings, material and experiences of someone else. While we might seem unguarded in these moments,

we are not unprotected. The protection that must be used is awareness, further supported by mindfulness as part of empathic resonance. In these examples, the permeability of my boundary is demonstrated:

> Looking towards me, for me, for her in me (Diana's story)
>
> A knowing of her to become an awareness in me (Diana's story)
>
> She appeared to me and as she showed herself in this small, two-person world, she didn't tell me with words, she showed me (Diana's story)
>
> Timeless moments of hearing in the fullest sense… Gazing at him and into me (Stephen's story)
>
> There was no separateness, no me and her, her and me (Danny's story)
>
> Into infinity… The complete universe in there (Danny's story)

While I empathically resonate, I am open to the client. It is a knowing openness, however, watchful of what may occur. The first time I experienced this was as a young girl with a close relative. I had the sense to move away from this person, as the empathic resonance occurred spontaneously via attunement (empathy triggered in me as a result of a painful situation) and I felt as though I had been taken over. It was overwhelming, but fortunately was temporary, and led to an incredible discovery. It was a powerful early experience. The learning from this work includes the importance of awareness and self-monitoring when engaging in these processes. This is consistent with not losing the 'as if' (Rogers, 1957). However, it is helpful to interpret this as knowing that what is experienced belongs to the other.

The permeability of boundary facilitates an opportunity for fuller awareness of the other, guiding this thesis towards transpersonal knowing. It is in this realm of literature that reference to a differing boundary is made (Wilber, 1979; Hart et al., 2000; Ferrer, 2002). This permeability is essential to the empathic resonance process, enabling 'other knowing' (Hart, 2000). In the transpersonal literature, Grof (1988) states that the ego boundary must be loosened in order to experience these phenomena. If the ego boundary between self and other is firmly closed, we cannot resonate in this way. Good ego boundaries imply that we know who we are as individuals and permeability does not diminish this during empathic resonance. It could be argued that good ego boundaries are imperative for a counsellor who undertakes this kind of work, protecting us from merging spontaneously. Otherwise,

he runs the risk of being lost in these experiences, as I was when a child. My sense of self was only just developing and I had no knowledge of these processes.

A small diagram is included, to demonstrate how I visualise this permeability, which remains attached to my individual self. I draw from the wisdom of Jung on participation mystique (1931), which I see as related to Buber's I/thou (1923) regarding 'blurred boundaries'. My interpretation is not that the boundaries are blurred, but rather that, in these moments of empathic resonance, there is no separateness between us because of a natural process; if this process is entered, we must proceed with caution. Empathic resonance is necessary for insight and knowledge of the other revealed via the therapist's self. In my deepest relating, I am aware of my own self, yet I yield to the self of the other because of what might be conveyed, I have referred to this process as a communion in one story. I agree with Greenburg and Elliott (1997) in their description of "joining" (p. 173) with the other to understand what is occurring and with Decety and Ickes (2011) that it is a meaningful communication. This could have further implications for the client's sense of feeling held, particularly in conjunction with the *'withness'* resonance affords. This is especially important if terrifying trauma memories emerge as part of empathic resonance.

Counsellor   Empathic Resonance (Alignment)   Client
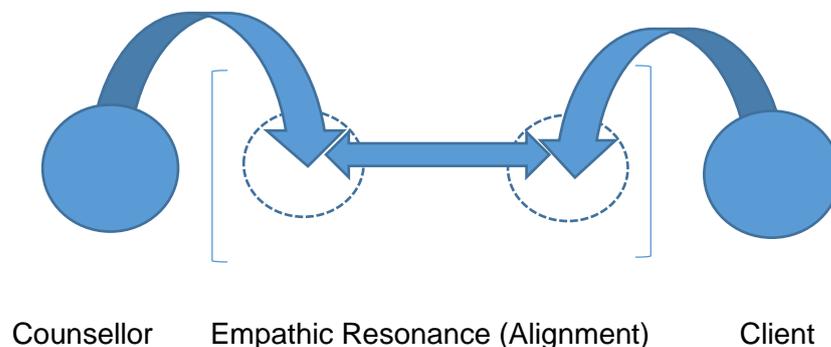
Figure 9. Empathic Resonance as 'Alignment'

The diagram emphasises meeting each other in another dimension of relationship (alignment), while opening a permeable boundary, as we empathically resonate together.

(v) Receptive space

During empathic resonance, there were continual references to a spacious place inside me and between us. There were many references to a door, indicating this space:

> Empty… Spacious… (Greg's story)
>
> And in that place and space of being. Thus, there is more space. I can hear her more clearly (Diana's story)
>
> It took me beyond it, into what felt like another dimension of relationship… This territory… Secret garden, with the secret door (Diana's story)
>
> Oriented from a place, not a thinking place, but a… deeper space (Stephen's story)
>
> The outside had world disappeared, it was as if the world had just dropped away and the space between us lessened (Danny's story)
>
> In that moment I was taken to a place inside me (Danny's story)
>
> Into infinity… The complete universe in there… With all the knowledge of what will be, whatever was and what is. (Danny's story)

This space became accessible when I became fully receptive and available to my clients. I believe it was revealed because, during empathic resonance, I loosened my ego boundary – not to be confused with losing my sense of my self. I found myself fully available and open to the client. I became aware that I consciously allowed myself to become permeable. As I did so, this gave way to the spacious dimension of relationship I experienced. The receptive space feels vast, like the container for such experiences, possibly even the domain of pure consciousness itself: 'not a thinking place but a deep space' (Stephen's story). Prendergast et al. (2003) reference 'dropping into a deeper place together' as part of empathic resonance, supporting this aspect of the phenomenon (p. 101).

(vi) Searching

There is a sense of movement as part of empathic resonance. Re-thinking my sense of movement and reflecting on the stories, I reconceptualised the movement as a kind of searching. It might also be considered a kind of shift, a felt sense of something emerging, yet it appears in all the stories. It occurs after the initial alignment, yet precedes the next theme, wherein knowing is revealed.

> Working towards… Shift… What shift (Greg's story)

An unknown shift, but knowing we are ploughing (Greg's story)

Breaking through (Diana's story)

Searching, both searching (Stephen's story)

We were moving… The seal had been broken (Stephen's story)

Me searching… Him open… Absolutely open to what was
coming… Rising inside (Stephen's story)

Me searching (Stephen's story)

The atmosphere was also yielding… (Danny's story)

In trying to describe this more succinctly and in the context of my stories and experience, my analysis indicates my sense of seeking out that which has been lost or hidden. Hidden experiences are part of Vanaerschot's (2007) empathic resonance conceptualisation. There is an awareness that searching is part of the phenomenon; we are looking for something while in a deeply aligned state of empathic resonance.

7.2.9.3. Theme 15: *Shared Field of Knowing the Other. 'I see you and you see your self'*

This final theme encapsulates the aim of empathic resonance in the counselling/psychotherapy setting. It stems from Siegel's (2010) conceptualisation of empathic resonance as 'recognition and communion' (p. 54). My question for myself was, while I accept that empathic resonance involves communion with the self of the other, what is conveyed and therefore what is the purpose of this phenomenon? There was no doubt that when we empathically resonate, something crucially important is revealed to us – an event, a wound – observed in all the stories:

It happened then. At this moment, I can't say where or why it
occurred at that time, but I have an extraordinary image of him as
a boy. The image is strong, clear and vibrant… I reflect that
sometimes we need to do something spontaneous, off-the-cuff that
is very simple, like lying on a riverbank on a beautiful day and
gazing at the clouds. (Greg's story)

Maintaining the intense empathic resonant connection, I experienced an inner image of my client, directly linked to an early childhood trauma. I saw and had a glimpse of a moment in his life which had extreme consequences, both physically and mentally. My client had not revealed this experience, either in his assessment

or in any of our other sessions over a long period of time. The revelation or communication came about via empathic resonance. A further example follows:

> I settled then, but as his question impacted… And I stilled myself for reflection, there it was again… Stab… The pain in my chest… Something needed to be released but I felt it wasn't mine. (Hearing my voice, soft soothing, feeling her angst and suffering, pain, moving towards her, raising my gaze and not being afraid of, her pain, not afraid, strong enough, able enough for her, with her… She confronted her concealed reality, a breast lump. (Diana's story; abbreviated excerpt)

Empathic resonance revealed to me my client's concealed disease. Eventually, after further time in the dialogical relationship, empathy, resonance and empathic resonance, my client found what was lost, her self, her voice and her ability to reveal her concerns. My experience was not a visual image but a somatic experiencing. Nonetheless, it was bound up as part of a deeper wound centred on not being seen or heard. This was a grand theme in her life. The following example evidences another form of this kind of knowing, as part of empathic resonance:

> He looked at me, he looked into me… Stillness, timeless… I don't know how long or who broke the silence… It felt like a stretched out timeless communion… Looking into each other. Searching, both searching… And then knowing that something had arisen in me and between us… His eyes told me everything… We were moving… Outer edges of the un-said… We both stayed in it, this communion… Absolutely open to what was coming… It was recovered, truth recovered, awareness became conscious. Feeling my eyes widen as if I had seen, felt in my body, witnessed this piece of the puzzle… "Have you had a traumatic bereavement?" (Stephen's story; abbreviated quotation).

Empathic resonance allowed me to see and feel the root cause of my client's buried traumatic experience via mindfulness in this alignment. Dissociation descriptors in the literature (Howell, 2013; Herman, 2015) helped me to categorise the experiences of my clients as dissociated traumas. The following example from the final story powerfully encapsulates empathic resonance:

> She locked eyes with me, and in that moment, I felt an instant pang of fear, I caught it as it rapidly glanced across my frame, tearing, shearing off and a sense of utter aloneness. A ripple that ran through and passed me in a sense of her otherness that became mine as I gently held her gaze. It told me of inner and hidden pain, of dimensions of expression that she had not managed to venture into. In that few seconds of pure contact was an exchange of information. I was taken to a place inside me… The most striking feature of my internal image was a wall. It was thick and impenetrable, like something constructed to isolate and keep someone trapped. I could hear the muffled sound of a young

child crying. The child was all alone, abandoned. (Danny's story; abbreviated quotation)

The internal image, seen via mindfulness, was linked to the dissociated trauma. I conclude that it is possible for dissociated trauma to be observed in empathic resonant moments of relationship, as inner images, feelings or somatic sensations. There is an association with Buber's I/thou (1923) as a form of communication and knowing, conveyed between two whole beings. In order further to understand my experience, I returned to the literature, in particular that within the transpersonal domain. Empathic resonance was referred to as 'linking' (Budgell, 1995; Rowan, 2005). I believe this experience, via loosened ego boundaries, revealed information essential to resolving the trauma. Knowing the client via empathic resonance expanded awareness and facilitated access to knowledge of the other, not explicitly disclosed during our therapy sessions.

The participatory framework developed by Ferrer (2000, 2002, 2005), which did not define the experience as simply my own inner experience, but rather as an experience that occurred as a consequence of the 'meeting' of us both, is supported by the findings presented here. This conceptualisation by Ferrer, which also references Buber's (1923) work as foundational to the experience, further links participatory knowing to empathic resonance which emerges from and within the dialogical relationship (Buber, 1923). Both the dialogical relationship and participatory knowing, therefore, have a common foundational root. Throughout these experiences, I have referred to them as 'being part of, a participant of', consistent with a 'participatory event' (Ferrer 2000). It was this conceptualisation of my experience, which best accounted for how empathy and resonance, which led to empathic resonance, revealed the fundamental wound, that required exploration for client transformation. Empathic resonance clearly included an 'experiential, expansion or extension of consciousness beyond the usual boundaries of the body-ego and beyond the limitations of time and space' (Grof, 1988, p. 88).

By reading and absorbing his framework of 'Participatory Knowing', I made sense of this knowing of the other; in the words of Ferrer (2000), 'by virtue of being' (p. 228). My beingness was founded upon my profound desire and intention to know and understand the other, which I describe as a desire to see the whole person. It was the nature of his conceptualisation of participatory knowing that allowed me to understand the knowing attained via empathic resonance as part of transpersonal

knowing. This quotation summarises particularly well my own lived experiences with my clients while empathically resonating:

> Participatory knowing refers to a multi-dimensional access to reality that includes not only the intellectual knowing of the mind, but also the emotional and empathic knowing of the heart, the sensual and somatic knowing of the body, the visionary and intuitive knowing of the soul, as well as any other way of knowing available to human beings. (Ferrer, 2002, p. 121)

It is, therefore, my conclusion that empathic resonance resides in the transpersonal dimensions of the relationship by the nature of what was experienced. The specific kind of knowing discovered was important in progressing client transformation and resolution of trauma. That which was lost was found in the space between us and was seen via mindfulness while empathically resonating. Participatory knowing helped my clients work towards reintegrating dissociated experiences and resolving their deep pain. During these moments, I came most fully to 'see' the client in the context of the missing piece of their story. This was fundamental to their healing. All clients with whom I have worked and attained empathic resonance needed to be seen in this way, unhindered by mechanisms and processes that concealed their trauma.

Owing to space limitations, the stories do not elaborate on the further therapeutic process. The work beyond empathic resonance, however, integrated the material that emerged. Participatory knowing, as part of empathic resonance, is, therefore, 'transformative, the participation in the transpersonal event brings forth the transformation of self and the world' (Ferrer, 2002, p. 229) and for the clients with whom I worked, there was 'liberation, salvation or enlightenment' (p. 234). I had a glimpse of the client's wound, which required further sensitive tending to liberate their suffering.

This thesis argues for empathic resonance as an extension of empathy and resonance processes as part of transpersonal knowing (Hart, 2000), specifically participatory knowing (Ferrer, 2000, 2002, 2012). Vibrationally attuning to and resonating with our clients, in understanding and knowing awareness, is important to discovering how this can facilitate empathic resonance (alignment) during therapy, as having transformative potential in counselling and psychotherapy. My conceptualisation of empathic resonance is 'I see you, you see your self' because of the disposition and desire to know the self of the client most fully, and in the context of their whole self and story. This is in fact a self-confrontation, whereby clients see

themselves and experience, via the relationship, self-understanding and the opportunity to release and free themselves from their concealed suffering.

The model of practice is therefore, complete, with empathic resonance represented by the purple circle, which incorporates the concept of participatory knowing and dissociated material. The dissociated material, once realised, is processed in the dialogical relationship.

7.3. Recapping the findings in the context of the thesis questions

1. This chapter has shown the relationships between the concepts in the context of empathic resonance. This is reflected in the final model of practice.
2. New conceptual descriptors are located in each section of this chapter.
3. New themes have been identified as part of empathic resonance.
4. The floating concepts, from the conceptual framework, have all been identified and have found their place in the practice model.
5. Empathic resonance evidences the importance of our deepest relating and how, by its very nature, material that would otherwise remain dissociated can emerge and be reintegrated. This reintegration work is essential for many clients who have dissociated traumas and concealed pain which affects their everyday lives. The model that developed from this thesis via the literature and the analysis of the stories, has helped me to understand a facet of my clinical practice that was previously mysterious. While the literature held a wealth of important knowledge, a subjective account of this phenomenon was missing. This thesis has helped me understand the relationships between the concepts and the flow of the concepts that facilitate empathic resonance.
6. The importance of the model has been discussed and explored throughout this chapter.
7. The final model is presented on the next page (Figure 10).

7.4. Final Model of Practice
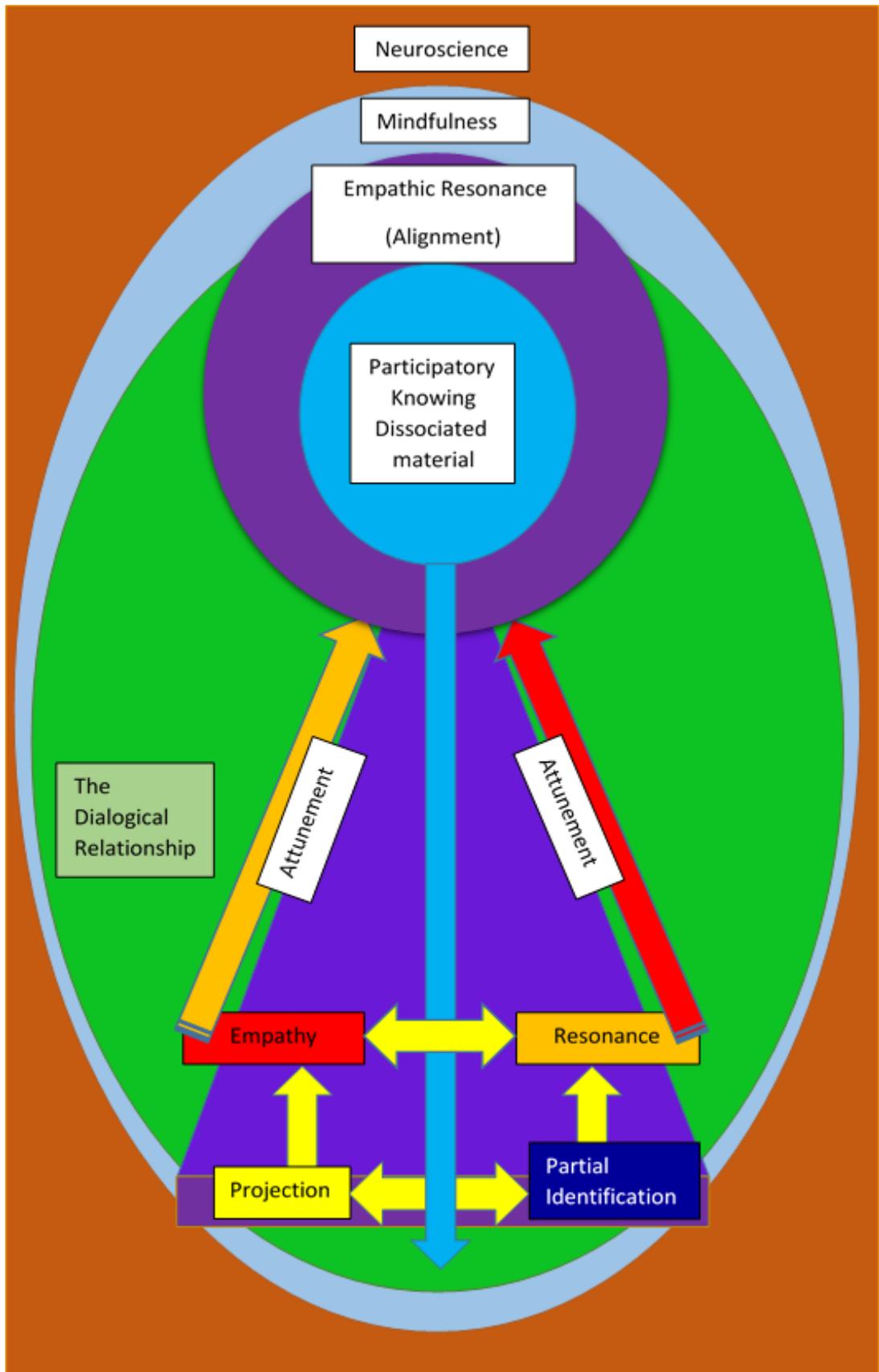
Figure 10. Empathic Resonance Model of Practice

7.5. Conclusions

The aim in this chapter was to present the findings from the analysis and use that material to build a model of practice in order to integrate the work from the literature review and conceptual framework. Thematic analysis was invaluable in facilitating this work, as the coded sections from the stories were easily identified and compared across each story. This also revealed to me how the concepts flowed into one another and clarified the phenomenon of empathic resonance. Thematic analysis was used for a second time in the sections of work coded as empathic resonance, revealing further themes in these sections.

The conceptual framework was extremely helpful, becoming an organising structure with which to view the stories. It guided me and became a lens that aided my understanding of the concepts in the context of the phenomenon. As the themes (conceptual relationships) were explored, these findings were integrated into the conceptual framework to create a final model of practice. Through the literature, I advanced my understanding to a certain point; the research itself was important, however, as it developed my thinking and addressed the gaps in the literature.

Empathic resonance is facilitated when empathy and resonance work together as attunement with the self of the client. However, empathy and resonance in this regard are not concepts that can be simply applied to a client; a dialogical relationship must be established. Attunement becomes a natural process of discovering the otherness of the client. It is a totally client-focused exploration, whereby the counsellor has to be prepared to meet their client in this dimension of relationship and one's own ego boundary is permeable to an extent. It means being vulnerable to the self of the other in order to align in empathic resonance and truly see each other. The gift of this intense experience holds the potential for deeper healing and the release of hidden pain and suffering.

The following chapter recapitulates the purpose, main findings and limitations of the research, and the implications of the findings, together with recommendations for further research and an assessment of the contribution of this thesis.

Chapter 8
Conclusions and Recommendations

8.0. Introduction

This chapter recapitulates the purpose, aims, assumptions and findings of the thesis, following the detailed account of the findings and discussion in the preceding chapter. The limitations of the research, the implications of the findings and the thesis contribution will be considered and finally there will be a short reflection upon the work.

8.1. Purpose, assumptions, aims and findings

8.1.1. Purpose

Throughout this long period of study, I have aimed to understand empathic resonance. This complex topic had first piqued my interest when I experienced it myself as a young girl. During what I now understand as empathic resonance, I had a profound transpersonal experience, which primed me for study, and whilst I was growing up it was never forgotten. I had further experiences of the phenomenon in my personal life and also, infrequently, within my clinical practice. Every time it happened during clinical practice, I was left captivated by the mystery of its potential to aid the resolution of client difficulties.

8.1.2. Addressing my assumptions

To understand the phenomenon, and limit bias, I acknowledged my assumptions (see introductory chapter). I drew from phenomenology and learned the value of naming preconceived ideas. Identifying the phenomenon as a form of resonance was a useful starting point for the research, but how it occurred was a different matter. After more than 20 years of clinical practice, it was likely that I would have ideas about the phenomenon which might derail or confound the research. Naming my assumptions allowed me to suspend them, 'removing conceptual biases that may serve to distort one's interpretive vision' (Pollio et al., 1997, p. 47). I wanted to understand empathic resonance via others and using a carefully chosen methodology. The foundation of the research was field reflections gathered over five years, important because evidence can reveal what happened and how it happened. Other researchers, who had similar experiences, taught me a lot. Some

offered slightly different interpretations and labels. I attempted to pursue all related lines of research in the literature and include these in the conceptual framework.

It was useful to assume that the phenomenon I experienced was a form of resonance. It led to the identification of empathic resonance by comparing the experiences of other clinicians with my own. I gained confidence because I found that I had located an experience similar to that of others in the field, allowing me to learn from the relatively minimal research that had been conducted.

I wrongly assumed that resonance was not part of empathy. However, that assumption was retracted when I realised that an aesthetic appreciation of an object is part of empathy (White and Constantino, 2013; King and Waddington, 2017). My experience of resonating with trees was similar to that described by Buber (1923) in his "I/Thou" conceptualisation. Empathy, as an aesthetic appreciation of an object of our perception, can therefore become a subject felt within us, linked with resonance. While I acknowledged my assumption, therefore, I did not impose it upon this research and later discovered it was inaccurate. As I observed over many years, empathy and resonance are intricately related. In fact, it is difficult to distinguish them at times.

The assumption that empathic resonance was facilitated via knowing and understanding (empathy and resonance together as attunement) was confirmed. However, this assumption was largely driven by the literature and required testing. The manifestation of empathic resonance beyond transferential relationships was a rational assumption to make. This research did not examine whether transference itself is a form of resonance, which it could be, as a reflection of the energy and feeling states emanating from the client. The thesis did not examine resonance in the transferential context; the focus was empathic resonance facilitated by resonance and empathy. I assumed that empathic resonance was located in the dialogical relationship, also referred to as "the real and person-to-person relationship" (Clarkson, 2003) beyond transference. The stories do in fact show that this is the case.

Finally, I suspected that empathic resonance was a phenomenon whose function facilitated repair and the healing of trauma. The stories included in this thesis support this as a finding. In every case, the clients had suffered a significant trauma, from which they had dissociated. However, as I have continued to practise, other

facets of the phenomenon have emerged as important. One client, a therapist herself, said that although she had not suffered a significant trauma incident, her childhood was traumatic because of a lack of attunement. For her, attunement and alignment were required in the therapeutic setting, which this thesis explored, in order for her to develop better inner attunement and alignment, facilitating emotional processing (Trowell and Tsiantis, 2010). My clinical work has shown me that this assumption was accurate. The need for deep connection itself was part of empathic resonance, because attunement facilitates emotional regulation, which fosters resilience (Blaustein and Kinniburgh, 2010). In all my own clinical work, this has been the case.

8.1.3. Aims and findings

The aims of the research were multi-layered. First, I wrote up old accounts of the phenomenon, in order to orient me to the literature and build a conceptual framework for understanding the phenomenon. This was achieved via the diligent work of others and my interpretation of their work. The literature review was vital; it helped me to locate knowledge gaps, specifically a lack of subjective accounts of empathic resonance and how it occurred. It was clear that others had experienced the phenomenon; to my knowledge, however, no one had undertaken a systematic study of empathic resonance or attempted to understand the interrelationships of multiple concepts that facilitate the phenomenon.

The aims are covered in greater depth in the introductory chapter. They included examining the subjective empathic resonance stories, development of the conceptual framework, discovering the facilitative concepts of empathic resonance and the development of a model of practice. The conceptual framework was the basis for the model of practice and required comparison via thematic analysis of the clinical stories. After the findings were integrated, the conceptual framework was adjusted, becoming the final model of practice.

The central findings of the thesis support mindfulness as an important concept that facilitates the attainment of the dialogical relationship (Clarkson, 2003; Hick and Bien, 2010; Germer et al., 2016). Mindfulness is vital when attuning to the client empathically (Gilroy, 2011). It facilitates experiential awareness, via ourselves, of the clients' feelings. Replication, the mechanism underpinning resonance (Watkins 1978), is perceived via mindfulness. The findings of the thesis therefore support the

assertion made by Watkins (1978) that introspection is essential for resonance, described as mindfulness in the current thesis. Intense inner focus and mindfulness during empathic resonance is evident during the phenomenon, which also concurs with Siegel (2007, 2010), who proposed that mindful states were essential for observing the self in resonance. The key finding regarding mindfulness is the essential need to perceive the other via inner attention and awareness of ourselves, in moment-by-moment relating. Therefore, I conclude that the dialogical relationship, empathy, resonance and empathic resonance are all enhanced by mindfulness. The potential that each concept embodies, as part of empathic resonance, are witnessed and harnessed as information to be used in the therapeutic setting.

My use of empathy is consistent with the core conceptualisations of the concept from both the cognitive (Gerace et al., 2013) and affective (Shamay-Tsoory, 2009) simulation accounts. I discovered that I empathised using both theories. I also empathised in a way similar to the later descriptions of Rogers (1996); that is, empathising while referring to his own frame of reference. My conceptualisation of empathy centres upon what I do at the heart of my empathic responding. I desire a knowing sense of the other's feeling world and therefore describe this as "to know" the other, similar to the characterisation of the concept as a perceptive process (Rogers, 1957). This is rooted in attaining understanding, closely linking empathy with resonance.

My conceptualisation of resonance is also consistent with key contributors to the concept (Watkins, 1978; Sprinkle, 1985; Larson, 1986). However, examining my work, I discovered that while resonating with my clients I communicate to them a form of "with you in understanding". This conveys to clients that I am not only trying to understand them, but am also vibrating *with* them. The findings reveal that my use of the two concepts is closely connected, suggested by the use of language similar to that in the literature. The findings also confirm that empathy and resonance are the attunement concepts (Wilson and Thomas, 2004) that facilitate empathic resonance.

The underlying mechanisms of both empathy and resonance were also explored. Projection was found to be bi-directional: the client and I projected material onto each other. Projection could possibly be the mechanism underlying replication (Watkins, 1978) from resonance and simulation (Praszkier, 2016) from the empathy

literature. We are hard wired to empathise, via the mirror neuron system (Preston et al., 2002; Iacoboni, 2008; Ferrari, 2013). Somehow, empathic knowing travels between or is re-created within us. Projection was part of my empathy conceptualisation; however, it linked closely with partial identification (Meissner, 1970), which is based on "recognition". Here, I examined whether identification was located in moulding the ego (Fuss, 2013) of the client or in something else. The findings indicated that moulding the ego of the client was not the meaning this thesis espoused. The findings support identification as the recognition of shared vibrational understanding via familiar experiential recognition. Identification, in this context, fostered empathy and resonance. This means our own experiences, when worked through and processed, can aid our ability to empathise and resonate. Additionally, the understanding gained from similar experiences may well be projected onto the client unconsciously, consistent with Schafer (1959).

Discovering that I use empathy and resonance inextricably infers the close conceptual relationship between these two concepts, which could be the basis for confusion between them. Burnard (2013) confirms that they are two distinct concepts. My conclusion is that empathy and resonance, when used together, effectively attune and mirror back to the client, understanding and knowing awareness of the client's feeling state. Furthermore, clients feel "felt" (Siegel 2010). The stories became a self-confrontation of my clinical practice, a window into my clinical practice world. As I used both of these concepts to attune to the self of the client (Prendergast et al., 2003; Hopenwasser, 2008; Decety et al. 2010), my understanding increased and I was co-suffering and co-feeling (Watkins, 1978) with them. This intense way of resonating with empathy, while situated in the dialogical relationship (Clarkson, 2003), are the facilitative concepts that lead us to empathic resonance, as the stories evidence.

Empathic resonance lies beyond both empathy and resonance. The stories evidenced empathic resonance as a concept in its own right. However, it is related to empathy and resonance, arising out of the two concepts – not necessarily in equal measure, but emerging when attunement processes reach alignment. The findings section (of empathic resonance) included further descriptions of the phenomenon as one of the aims of this work. Those descriptions are important in their ability to explain why this phenomenon is part of the transpersonal domain; specifically, transpersonal knowing (Hart, 2000). This was suspected when the work of Rowan (2005) and Budgell (1995) was discovered. Both describe "linking" in

ways similar to empathic resonance and fall under the transpersonal literature. All the stories evidenced a dissociated event (Dorahy et al., 2007; Sadler and Woody, 2010) or dissociated aspect of the self (Howell, 2013) that was rediscovered while experiencing empathic resonance. This means that empathic resonance can significantly help clients to become ready and willing to look deeper inside themselves in the therapeutic setting and to resolve their dissociated pain and suffering; particularly when they are unable to emotionally process it alone.

8.2. Contribution to research

The literature review revealed a lack of research regarding the subjective experience of empathic resonance, resonance phenomenon and transpersonal knowing accounts. This thesis contains a first-person account, from the counsellor perspective, of empathic resonance and associated concepts, not previously conducted. The stories were created directly to show and tell the phenomenon as I experience it.

The phenomenon of empathic resonance is evident throughout the literature. However, how it occurred, why it occurred, its facets and how it was useful as part of counselling and psychotherapeutic work remained unclear. This work has constituted a quest to understand the phenomenon. This thesis has helped me understand and deepen my practice. Therefore, the thesis has made a contribution to this little-known and under-researched topic, which I hope will assist other practitioners.

The autoethnographical approach to this work was carefully selected to bridge the gaps in the literature. The use of autoethnography, particularly in montage form, is less usual. It provided an innovative way to convey my clinical experience (real) with fictitious clients and scenarios. It was essential for me to work with the medium and innovate in this way, in order to locate the phenomenon in the therapeutic setting: to discover how empathic resonance occurred. Writing whole accounts, with empathic resonance embedded, allowed me to show and tell the phenomenon as it unfolded naturally. I harnessed the subjective strengths of autoethnography and conveyed many hours of clinical practice as succinctly as possible, within the word limits and boundaries of the thesis. Autoethnographic montage could provide a format for other counsellors who want to show and tell their clinical work, within word limits and considering ethical challenges. The use of thematic analysis, alongside

autoethnographic montage, was effective in developing the model of practice. Concepts were coded and led to the discovery of conceptual themes (patterns), which evidenced how these concepts worked together and further common descriptors of concepts as additional themes.

The model of practice developed from this research constitutes a visual guide that clearly and concisely reflects the findings and discussion (Chapter 7). It demonstrates how the concepts work together and how empathic resonance (alignment) is facilitated. This contribution is helpful, as the question of how empathic resonance occurred was previously unclear. The thesis also highlights further descriptions of the empathic resonance phenomenon.

8.3. Limitations of the research

This work was primarily concerned with understanding a facet of my practice. The findings are therefore restricted to my own lived experience (van Manen, 2016). My analysis focused on a selection of concepts. Some were found in former experiences of the phenomenon, others in the literature and three were identified from the stories included in this work (which were then subjected to literature review, section 2 of the literature review, as part of my practice development). Other concepts remained unexplored, and these might constitute part of empathic resonance. However, the thesis focused on those concepts central to the phenomenon. The findings, particularly in terms of how empathic resonance is described, which reference the permeability of the self boundary, are important. They indicate another process, which requires further exploration.

The findings of my study do not imply that a counsellor should set out to empathically resonate purposefully. Empathic resonance occurred naturally in my work. The stories I created do not imply that this phenomenon will occur with all traumatised clients. In my practice, it does not occur with all clients. Additional factors probably contribute to the phenomenon and it is therefore understood as occurring with other, unknown, aspects. These might include client and counsellor intentions with a willingness and readiness to explore a situation, event, trauma, problem and emotional distress, open to what may transpire. The limitation in this regard centres upon the individual circumstances of each client.

The limitations of the stories include that they did not allow me to describe the positive impact of integrating dissociated material on client resilience. Owing to ethical matters, actual client material could not be included.

A further limitation was the fact that there was no room for the contribution of fellow counsellors, who confirmed to me at the beginning of my work that they, too, had experienced the phenomenon. This was helpful in supporting me to conduct the study and their contribution in future research would be valuable in discovering more about empathic resonance.

The choice of methodology means that the findings are not readily generalisable. Autoethnography was used to convey my lived clinical experience, but the findings cannot be duplicated and repeated. Understanding the phenomenon, and how I empathically resonate, might not describe the process that other clinicians experience. However, other people do experience empathic resonance. With further research, the understanding of empathic resonance will grow.

8.4. Implications of the findings

This study justifies further research on how we work with trauma. Empathic resonance is related to transpersonal knowing (Hart 2000), specifically to participatory knowing (Ferrer, 2000). The stories show readers that, as a counsellor, I saw, within myself, glimpses of real traumatic events. In all the stories, dissociated material was restored to the conscious memory of the client. This was emotionally processed, integrated into a coherent narrative and alleviated symptoms (Gomez-Perales, 2015). Resonance processes imply that mirroring another is fundamental to seeing the whole self of the client, including the wounded-self (Wolfe, 2005). This emphasises the importance of our ability to attune to and align with our clients (Schore, 2009) in the person-to-person/dialogical relationship (Clarkson, 2003) and thus to undergo further learning and development in our ability to work in this way.

Ultimately, assisting the client to the best of our ability is a central focus of clinical work. Working in this way, the client has to be ready for the self-confrontation that is part of empathic resonance. Dissociation protects the client from coping with overwhelming emotions and memories (Ford and Courtios, 2014). Empathic resonance should therefore not be seen as a phenomenon for breaking defences. While not explored in this thesis, I believe these clients were able to confront the

material via empathic resonance, because they were ready (Veilleux, 2015) and intended to alleviate their distress, aided by inner and outer coping resources. This implies that the relationship also became a safe container for the re-emergence of these traumatic experiences (Parnell, 2013). It is vital that, as counsellors, we are emotionally robust and counter-resilient (Gartner, 2016), in order to hold and support each client in their fragility. Remembering and re-experiencing traumatic events is an extremely painful and vulnerable experience. However, once the self-confrontation has occurred and the material is available for re-integration and emotional processing, this has positive implications for many facets of counselling and psychotherapy. These include the therapeutic relationship, attunement, emotional processing, resilience, emotional regulation and the awareness of transpersonal knowing.

The phenomenon of empathic resonance may be of interest to all main schools of counselling and psychotherapy. The use of empathy draws upon the Person-Centred School, under which empathy is one of the core conditions (Rogers, 1957). Empathic resonance, which transcends empathy yet includes empathic responding, would have significance for the Person-Centred School. Re-integrating trauma from past events (Harms, 2015), addressing the lack of attunement of former caregivers (Wilson, 2004) and facilitating unconscious material to conscious awareness (Laissiter and Culbreth, 2017) are among the potentials of empathic resonance, which would therefore be of interest to the Psychodynamic School. Clinical work that includes empathic resonance where there has been behavioural and cognitive transformation, such as liberation from anxiety states (Palmer and McMahon, 2014) and resolution of avoidant thought processes and behaviours (Wells, 2002), is relevant to the Behaviourist School. Finally, as empathic resonance includes transpersonal knowing (Hart, 2000), specifically participatory knowing (Ferrer, 2000), as part of the phenomenon, it intersects with the transpersonal school. As transpersonal experiences can overwhelm people, particularly those with insufficient ego strength (Wellings and McCormick, 2000), care must be taken with clients when this occurs. Attunement (via empathy and resonance) and alignment (empathic resonance), therefore, are of potential interest to all schools.

Empathic resonance illustrates the importance of alignment processes in counselling and psychotherapy. This is important, as there are few studies demonstrating that our way of being as counsellors is essential to clinical work. The

value of qualitative research, which captures clinical processes, is important in demonstrating how we work and why this is transformative for clients.

The findings demonstrate that even when a phenomenon is difficult to describe with language, it is possible to bring it to the attention of others via stories and creative methodologies. This can stimulate dialogue with other practitioners, who also struggle to verbalise these kinds of phenomena, and lead us to deeper insights about clinical practice: specifically, practice that helps our clients to overcome their difficulties and suffering.

Empathic resonance (alignment) and attunement could be part of the reparative/developmentally needed relationship (Clarkson, 2003; Claringbull, 2010; Gelso, 2014). A lack of attunement during a client's early years can lead to a lack of self-integration and/or compromised resilience. This is also the case regarding dissociated traumas, following which clients are unable to emotionally process an event that has been physically or psychologically threatening. Therefore, empathic resonance would be helpful in the cases of complex trauma (CPTSD) and post-traumatic stress disorder (PTSD), and the combination of both.

8.5. Recommendations for further research

The model developed here could be examined and compared to the practice of other counsellors/psychotherapists. I hope this will be the case and that others will add to, refine and build upon it, so that we may better understand this phenomenon and access the potential it holds.

It was clear that many other concepts could be part of the empathic resonance phenomenon. I logged them along the way and set them aside as they were not the central focus of this work, but, they could be studied and later integrated into the empathic resonance model. Potential linked concepts include intentionality (McTaggart, 2008), flow psychology (Csikszentmihályi, 1990), entangled minds - entanglement - (Radin, 2006), therapeutic presence (Geller and Greenberg, 2012), non-dual relating (Blackstone, 2007), the loosening of ego boundaries/identity and ego permeability (Hartmann, 1991; Hart, 2000), theories regarding the akashic field (Lazlo, 2007), bioelectromagnetic communication of the heart (McCraty, 2004), autonomous sensory meridian response (Allen, 2010), mentalization (Bateman and Fonagy, 2016) and neuroplasticity (Solomon and Siegel, 2017).

8.6. Reflection and concluding comments

Looking back over this study, I am reminded of the satisfaction and fascination of working with people from all walks of life. They have all had the courage to enter into counselling and confront themselves and their painful struggles. To attempt to understand and work with them, to resolve the reason we came together, is my intention. Attempting to find words for witnessing the alleviation of their suffering and their courage is difficult. To watch another person grow and develop and to be part of that process is beyond rewarding; for me, it is an absolute privilege and a deeply felt motivation for this work.

This thesis includes knowledge of profound suffering along with the determination to understand and facilitate transformation and see clients open up to deep joy in their lives. The process of holding another through this is difficult but extremely rewarding: the desire for development as a practitioner led to this thesis.

Empathic resonance is a natural phenomenon that has always mystified me. However, the questions of how and why it occurs in my practice have been answered for me, although I am certain there is more to learn. As my practice moves forward, I aim to continue to deepen my understanding of empathic resonance. Interestingly, I have noticed an increase in its occurrence since undertaking this work, because I value attunement processes more now. This is due to understanding the potential of empathic resonance, which both clients and I have experienced, as part of client healing in the therapeutic relationship.

References

Abblett, M., 2013. *The Heat of the Moment in Treatment: Mindful management of difficult clients.* New York: W.W. Norton and Company.

Agosta, L., 2015. *A rumor of empathy: Rewriting empathy in the context of philosophy.* New York: Palgrave Macmillan.

Alhojailan, M. I., 2012. Thematic Analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences*, 1 (1), 39-47.

Allen, J., 2010. *Autonomous Sensory Meridian Response [online] Available at: https://enwikipedia.org/wiki/Autonomous_sensory_meridian_response [Accessed 20 July 2017]*

Allen, J. and Lolafaye, C., 1995. Dissociation and vulnerability to psychotic experience: The dissociative experiences scale and the MMPI-2. *The Journal of Nervous and Mental Disease*, 183 (10), 615-622.

Allen-Collinson, J. and Hockey, J., 2005. Autoethnography: Self-indulgence or rigorous methodology. *In:* McNamee, M., ed. *Philosophy and the Science of Exercise, Health and Sport: Critical perspectives on research methods.* London, New York: Routledge.

Anderson, L., 2006. Analytic Autoethnography. *Journal of Contemporary Ethnography*, 35 (4), 373-395.

Anderson, R., 2015. *Jorge Ferrer's Participatory Paradigm [online] You Tube. Available from: https://www.youtube.com/watch?v=cabXzUJ7wBU [accessed 05 July 2017]*

Archer, I. and Bay, J., 2014. Hold Back the River, *Chaos and the Calm*: Virgin Republic.

Atkins, P., 2014. Empathy, Self-Other Differentiation and Mindfulness Training. *In:* Pavlovich, K. and Krahnke, K., eds. *Organizing Through Empathy.* New York, New York: Routledge.

Avis, M., 2005. Is there an epistemology for qualitative research? *In:* Holloway, I., ed. *Qualitative Research in Healthcare.* Maidenhead: Open University Press.

Badowska, E., 2008. Genius Loci: The 'place' of identification in psychoanalysis. *Psychoanalytic Review*, 95 (6), 947-972.

Baehr, A., 2004. *Wounded Healers and Relational Experts: A grounded theory of experienced psychotherapists' management and use of countertransference.* (PhD). Penn State University.

Bager-Charleson, S., 2010. Reflective Practice in Counselling and Psychotherapy.

Baron-Cohen, S., 2010. Empathizing, systemizing, and the extreme male brain theory of autism. *In:* Savic, I., ed. *Sex Differences in the Human Brain, Their Underpinnings and Implications.* Amsterdam; London: Elsevier.

Barrett-Lennard, G. T., 1981. The Empathy Cycle: Refinement of a nuclear concept. *Journal of Counseling Psychology*, 28 (2), 91-100.

Barrett-Lennard, G. T., 1993. The phases and focus of empathy, *British Journal of Medical Psychology* (Vol. 66 (Pt 1), pp. 3-14).

Barthes, R., 1981. *Camera Lucida: Reflections on photography.* New York: Noonday Press.

Bateman, A., 2006. *Forward In Resonance and Reciprocity: selected papers by Dennis Brown.* London: Routledge.

Bateman, A. and Fonagy, P. 2016. *Mentalization-based Treatment for Personality Disorders: A Practical Guide.* New York: Oxford University Press.

Batson, C. D., 2009. These Things Called Empathy: Eight related but distinct phenomena. *In:* Decety, J. and Ickes, W., eds. *The Social Neuroscience of Empathy.* Cambridge, MA, US: MIT Press, 3-15.

Beck, N., 2017. Beginning With the Body: The neurobiology of mindfulness. *In:* Northcut, T., ed. *Cultivating Mindfulness in Clinical Social Work.* New York,

New York: Springer.

Becker, C., 1999. *Asian and Jungian Views of Ethics.* Westport, Connecticut: London: Greenwood Press.

Behar, R., 1996. The Vulnerable Observer: Anthropology that breaks your heart.

Berman, A., Resonance Among Members and its Therapeutic Value in Group Psychotherapy. *In:* Kleinberg, J. L., ed. *The Wiley-Blackwell Handbook of Group Psychotherapy.* Sussex: Wiley-Blackwell.

Bernhard, H. R. and Ryan, G. W., 2010. *Analysing Qualitative Data: Systematic approaches.* Thousand Oaks, California: Sage.

Bernhardt, B. C. and Singer, T., 2012. The Neural Basis of Empathy. *Annual Review of Neuroscience*, 35, 1-23.

Bernstein, E. M. and Putnam, F. W., 1986. Development, Reliability and Validity of a Dissociation Scale. *The Journal of Nervous and Mental Disease*, 174 (12), 727-735.

Berry, K., 2013. Spinning Autoethnographic Reflexivity, Cultural Critique and Negotiating Selves. *In:* Holman-Jones, S., Adams, T. E. and Ellis, C., eds. *Handbook of Autoethnography.* Walnut Creek, California: Left Coast Press, 209-227.

Bion, W.R., 1989. *Learning from Experience.* London: Karnac Books (e-book).

Blackstone, J., 2007. *The Empathic Ground: Intersubjectivity and non-duality in the psychotherapeutic process.* Albany: State University of New York Press.

Blaustein, M. and Kinniburgh, K. M., 2010. *Treating Traumatic Stress in Children and Adolescents: How to foster resilience through attachment, self-regulation, and competency.* New York: Guilford Press.

Bloomberg, L. and Volpe, M., 2016. *Completing Your Qualitative Dissertation: A road map from beginning to end.* U.S.A.: Thousand Oaks: Sage publications.

Bly, R., 2011. *Kabir: Ecstatic poems Translated by Bly, R.* Boston, Massachusetts, USA: Beacon Press.

Bochner, A. and Riggs, N., 2014. Practising Narrative Inquiry. *In:* Leavy, P., ed. *The Oxford Handbook of Qualitative Research.* New York: Oxford University Press, 195-222.

Bohart, A. C., Elliott, R., Greenburg, L. S. and Watson, J. C., 2002. Empathy. *In:* Norcross, J. C., ed. *Psychotherapy Relationships that Work. Therapist Contributions and Responsiveness to Patients.* Oxford: Oxford University Press, 89-108.

Boje, D. M., Luhman, J. T. and Baack, D. E., 1999. Hegemonic Stories and Encounters Between Storytelling Organizations. *Journal of Management Inquiry*, 8 (4), 340-360.

Bollas, C., 1989. *The Shadow of the Object: Psychoanalysis of the Unthought Known.* New York: Columbia University Press.

Bond, T., 2004. Ethical Guidelines for Researching Counselling and Psychotherapy [online]. Available from https://www.bacp.co.uk/docs/pdf/e_g.pdf [Accessed 18 July 2017].

Botvinick, M., Amishi, P., Blysma, L. M., Fabian, S. A., Solomon, P. E. and Prkachin, K. M., 2005. Viewing facial expressions of pain engages cortical areas involved in the direct experience of pain. *Science Direct*, 25 (1), 312-319.

Bowins, B., 2004. Psychological Defence Mechanisms: A new perspective. *The American Journal of Psychoanalysis*, 64 (1), 1-26.

Bowins, B., 2006. How Psychiatric Treatment can Enhance Psychological Defence Mechanisms. *The American Journal of Psychoanalysis*, 66 (2), 173-194.

Boyatzis, R. E., 1998. *Thematic analysis: Coding as a process for transforming qualitative information.* Thousand Oaks, California: Sage Publications.

Boylorn, R. M. and Orbe, M. P., 2016. Critical Autoethnography as Method of Choice. *In:* Boylorn, R. M. and Orbe, M. P., eds. *Critical Autoethnography:*

Intersecting cultural identities in everyday life. London, New York: Routledge.

Braud, W. and Anderson, R., 1998. *Transpersonal Research Methods for the Social Sciences: Honoring human experience.* Thousand Oaks: Sage.

Braun, V. and Clarke, V., 2006. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.

Braun, V. and Clarke, V., 2013. *Successful qualitative research: A practical guide for beginners.* London: Sage.

Briere, J., 2002. MDI. Multiscale dissociation inventory: Professional manual: Psychological assessment resources, Inc.

Bronfenbrenner, U., 1960. Freudian theories of identification and their derivatives. *Child Development*, 31, 15-40.

Brown, D. and Maratos, J., 2006. *Resonance and Reciprocity: Selected papers by Dennis Brown.* London: Routledge.

Brown, M. T., 2005. Corporate Integrity: Rethinking organizational ethics, and leadership.

Brown, R. J., 2006. Different types of 'dissociation' have different psychological mechanisms. *Journal of Trauma and Dissociation*, 7 (4), 7-28.

Buber, M., 1937. *[Ich und Du.] I and Thou ... Translated by Ronald Gregor Smith.* Edinburgh: T. & T. Clark.

Buber, M., 1970. *I and Thou.* Scribner.

Budgell, R., 1995. *Being Touched Through Space.* Dissertation: Regent's College London.

Burnard, P., 2013. Effective Communication Skills for Health Professionals.

Butler, L. D., 2004. The Dissociations of Everyday Life. *Journal of Trauma and Dissociation*, 5 (2), 1-11.

Byrne, D., Allgeier, A. R., Winslow, L. and Buckman, J., 1975. The situational facilitation of interpersonal attraction: A three-factor hypothesis. *Journal of Applied Social Psychology*, 5 (1), 1-15.

Bzdok, D., Langner, R., Hoffstaedter, F., Turetsky, B. I., Zilles, K. and Eickhoff, S. B., 2012. The modular neuroarchitecture of social judgments on faces. *Cerebral Cortex*, 22 (4), 951-961.

Carlier, I. V. E., Voerman, A. E. and Gersons, B. P. R., 2000. The influence of occupational debriefing on post-traumatic stress symptomatology in traumatized police officers. *Psychology and Psychotherapy: Theory, Research and Practice*, 73 (1), 87-98.

Casement, P., 1985. *On Learning from the Patient.* London: Tavistock.

Caspi, A., Roberts, B. W. and Shiner, R. L., 2005. Personality Development: stability and change. *Annual Review of Psychology*, 56, 453-484.

Catalano, G., 2012. Turbulent Fluid Mechanics, Weapons and the Story of the Earth. *In:* Baillie, C., Pawley, A. L. and Riley, D., eds. *Engineering and Social Justice: In the University and Beyond.* West Lafayette, Ind.: Purdue University Press.

Cavafy, C. P., 2015. *C.P. Cavafy: Selected poems Translated by Keeley, E. & Sherrard, P.* Princeton, New Jersey: Princeton University Press.

Cayoun, B. A., 2015. *Mindfulness-integrated CBT for Well-being and Personal Growth: Four steps to enhance inner calm, self-confidence and relationships.* Chichester, West-Sussex: Wiley-Blackwell.

Chang, H., 2016. *Autoethnography as Method.* London, New York: Routledge.

Chen, X., 2004. *Being and authenticity.* Amsterdam: Rodopi.

Cheng, Y., Lin, C. P., Liu, H. L., Hsu, Y. Y., Lim, K. E., Hung, D. and Decety, J., 2007. Expertise modulates the perception of pain in others. *Current Biology*, 17 (19), 1708-1713.

Churchill, S. and Bayne, R., 2007. Psychological type and conceptions of empathy in experienced counsellors. *Counselling Psychology Quarterly*, 11 (4).

Claringbull, N., 2010. *What is Counselling & Psychotherapy?* Exeter [UK]: Learning Matters.

Clark, A. J., 2007. *Empathy in Counseling and Psychotherapy.* Mahwah, N.J.: Lawrence Erlbaum; London.

Clark, A. J., 2013. *Empathy in Counseling and Psychotherapy.* 2nd edition. New York: Routledge.

Clarkson, P., 1975. Seven-Level Model. University of Pretoria.

Clarkson, P., 2003. *The Therapeutic Relationship.* 2nd edition. London: Whurr.

Clough, P.T. 2000. Setting Criteria for Experimental Writing. *Qualitative Inquiry.* 6 (2), 278-291.

Coffey, A., 1999. The ethnographic self: fieldwork and the representation of identity.

Courtois, C. A. and Ford, J. D., 2014. *Treating Complex Traumatic Stress Disorders: Scientific foundations and therapeutic models.* New York: Guilford Press.

Cozolino, L., 2014. *The neuroscience of human relationships: attachment and the developing social brain.* New York: London: W.W.Norton & Co.

Crang, M. and Cook, I., 2007. *Doing Ethnographies.* London; Thousand Oaks, California: Sage.

Cron, L., 2012. *Wired for Story: The writer's guide to using brain science to hook readers from the very first sentence.* New York: Ten Speed Press.

Csikszentmihalyi, M., 1990. *Flow: The psychology of optimal experience.* New York: Harper & Row.

Csikszentmihalyi, M., 2014. *Flow and the foundations of positive psychology: The collected works of Mihaly Csikszentmihalyi.* Dordrecht: Springer.

Cuff, B. M. P., Brown, S. J., Taylor, L. and Howat, D. J., 2014. Empathy: A review of the concept. *Emotion Review*, 8 (2), 144-153.

Dapretto, M., Davies, M. S., Pfeifer, J. H., Scott, A. A., Sigman, M., Bookheimer, S. Y. and Iacoboni, M., 2006. Understanding emotions in others: mirror neuron dysfunction in children with autism spectrum disorders. *Natural Neuroscience*, 9 (1), 28-30.

Davis, C. M., 1990. What is empathy, and can empathy be taught? *Physical Therapy*, 70 (11), 707-711.

Davis, M. A., 2009. A perspective on cultivating clinical empathy. *Complementary Therapies in Clinical Practice*, 15 (2), 76-79.

De Vignemont, F. and Singer, T., 2006. The empathic brain: how, when and why? *Trends in cognitive sciences, Elsevier*, 10 (10), 435-441.

De Waal, F. B. M., 2008. Putting the Altruism Back into Altruism: The Evolution of Empathy. 59, 279-300.

Dearing, R. L., Maddux, J. E. and Tangney, J. P., 2005. Predictors of Psychological Help Seeking in Clinical and Counseling Psychology Graduate Students. *Professional Psychology: Research & Practice*, 36 (3), 323-329.

Decety, J. and Ickes, W. J., 2011. *The Social Neuroscience of Empathy.* Cambridge, Mass.; London: MIT.

Decety, J. and Jackson, P. L., 2004. The Functional Architecture of Human Empathy. *Behavioral and Cognitive Neuroscience Reviews*, 3 (2), 406-412.

Decety, J. and Lamm, C., 2007. The Role of the Right Temporoparietal Junction in Social Interaction: How Low-Level Computational Processes Contribute to Meta-Cognition. *The neuroscientist*, 13 (6), 580-593.

Dekeyser, M., Elliott, R. and Leijssen, M., 2011. Empathy in Psychotherapy. *In:* Decety, J. and Ickes, W., eds. *The Social Neuroscience of Empathy.* US: MIT Press.

Delamont, S., 2009. The Only Honest Thing: Autoethnography, reflexivity and small crises in fieldwork. *Ethnography & Education*, 4 (1), 51-63.

Denzin, N. K., 1989. *Interpretive Interactionism.* London: Sage.

Denzin, N. K. and Lincoln, Y. S., 2011. *The Sage Handbook of Qualitative*

Research. Thousand Oaks, California: Sage.

Doloriert, C. and Sambrook, S., 2009. Ethical Confessions of the "I" of Autoethnography: The student's dilemma. *Qualitative Research in Organizations Management*, 4 (1), 27-45.

Dorahy, M. J. and Van der Hart, O., 2007. Relationship Between Trauma and Dissociation: a historical analysis. *In:* Vermetten, E., Dorahy, M. J. and Spiegel, D., eds. *Traumatic Dissociation: neurobiology and treatment.* Washington, DC: American Psychiatric Publishing.

Doty, E., 2003. Transforming Capabilities: Using story for Knowledge, Discovery and Community Development. National Storytelling Network, Albany. Available from: http://storytellinginorganizations.com/wp-content/uploads/2014/05/DotyTransformingCapabilities.pdf [Accessed 18 July 2017].

Douglas, K. and Carless, D., 2016. A History of Autoethnographic Inquiry. *In:* Holman-Jones, S., Adams, T. E. and Ellis, C., eds. *Handbook of Autoethnography.* London; New York: Routledge.

Duan, C. and Hill, C. E., 1996. The Current State of Empathy Research. *Journal of Counseling Psychology*, 43 (3), 261-274.

Duncan, M., 2004. Autoethnography: Critical appreciation of an emerging art. *International Journal of Qualitative Methods*, 3 (4), 1-8.

Dymond, R. F., 1949. A Scale for the Measurement of Empathic Ability. *Journal of Consulting Psychology*, 13, 228-233.

Ecker, B., Ticic, R. and Hulley, L., 2012. *Unlocking the Emotional Brain: Eliminating symptoms at their roots using memory reconsolidation*. New York; London: Routledge.

Eisenberg, N. and Eggum, N. D., 2009. Empathic Responding: Sympathy and personal distress. *In:* Decety, J. and Ickes, W., eds. *The Social Neuroscience of Empathy.* Cambridge, MA: MIT Press, 71-84.

Eisenberg, N. and Miller, P. A., 1987. The Relation of Empathy to Prosocial and Related Behaviors. *Psychological Bulletin*, 101 (1), 91.

Eisner, E., 1985. Aesthetic Modes of Knowing. *In:* Eisner, E., ed. *Learning and Teaching the Ways of Knowing.* Chicago: University of Chicago Press.

Ellis, C., 1995. *Final negotiations: A story of love, loss, and chronic illness.* Philadelphia: Temple University Press.

Ellis, C., 2000. Negotiating Terminal Illness: Communication, collusion and coalition. *In:* Harvey, J. and Miller, E. D., eds. *Loss and Trauma: General and close relationship perspectives.* Philadelphia: Brunner-Routledge, 284-304.

Ellis, C., 2002. Being real: moving inward toward social change. *International Journal of Qualitative Studies in Education (QSE)*, 15 (4), 399-406.

Ellis, C., 2004. *The Ethnographic I: A methodological novel about autoethnography.* Walnut Creek, California: AltaMira Press.

Ellis, C., 2007. Telling Secrets, Revealing Lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, 13, 3-29.

Ellis, C., 2009. *Revision: Autoethnographic reflections on life and work.* Walnut Creek, California: Left Coast Press.

Ellis, C., 2015. Autoethnographic Research, Design and Philosophy. *In:* Adams, T. E., Holman-Jones, S. and Ellis, C., eds. *Autoethnography: Understanding qualitative research.* New York: Oxford University Press, 21-45.

Ellis, C. and Adams, T. E., 2014. The Purposes, Practices, and Principles of Autoethnographic Research. *In:* Leavy, P., ed. *The Oxford Handbook of Qualitative Research.* New York: Oxford University Press.

Ellis, C. and Bochner, A., 2016. *Evocative Autoethnography: Writing lives and telling stories.* New York, London: Routledge.

Ellis, C. and Bochner, A. P., 1996. *Composing Ethnography: Alternative forms of qualitative writing.* Walnut Creek, California: AltaMira Press.

Ellis, C. and Bochner, A. P., 2000. Autoethnography, Personal Narrative, Reflexivity: Researcher as subject. *In:* Denzin, N. K. and Lincoln, Y. S., eds. *Handbook of Qualitative Research.* Thousand Oaks, California: Sage.

Ellis, C. and Bochner, A. P., 2006. Analyzing Analytic Autoethnography: An Autopsy. *Journal of Contemporary Ethnography*, 35 (4), 429-449.

Emmerik, A., Kamphuis, J., Hulsbosch, A. and Emmelkamp, P., 2002. Single Session Debriefing after Psychological Trauma: A meta-analysis. *The Lancet*, 360 (9335), 776-771.

Etherington, K., 2004. *Becoming a Reflexive Researcher: Using our selves in research.* London; Philadelphia, PA: Jessica Kingsley Publishers.

Etherington, K., 2007. Ethical Research in Reflexive Relationships. *Qualitative Inquiry*, 13 (5), 599-616.

Farley, M. and Keaney, J. C., 1997. Physical Symptoms, Somatization, and Dissociation in Women Survivors of Childhood Sexual Assault. *Women Health*, 25 (3), 33-45.

Ferrari, P. F., Gallese, V., Rizzolatti, G. and Fogassi, L., 2003. Mirror neurons responding to the observation of ingestive and communicative mouth actions in the monkey ventral premotor cortex. *European Journal of Neuroscience*, 17 (8), 1703-1714.

Ferrari, P. F., Tramacere, A., Simpson, E. A. and Iriki, A., 2013. Mirror neurons through the lens of epigenetics. *Trends in Cognitive Science*, 17 (9), 450-457.

Ferrer, J., 2000. Participatory Knowing. *In:* Hart, T., Nelson, P. L. and Puhakka, K., eds. *Transpersonal Knowing: Exploring the horizon of consciousness.* Albany, N.Y.: State University of New York Press.

Ferrer, J., 2002. *Revisioning Transpersonal Theory: A participatory vision of human spirituality.* Albany, N.Y.; [Great Britain]: State University of New York Press.

Ferrer, J., 2003. Participatory Spirituality: An introduction. *Scientific and Medical Network Review*, 83, 3-7.

Ferrer, J., 2005. Spiritual Knowing: A participatory understanding. *In:* Clarke, C., ed. *Ways of Knowing: Science and mysticism today.* Imprint academic.

Field, N., 1991. Projective Identification: *Journal of Analytical Psychology*, 36 (1), 93-109.

Finlay, L., 2016. *Relational Integrative Psychotherapy: Engaging process and theory and practice.* Chichester, Sussex: Wiley & Sons.

Fischer, D. G. and Elnitsky, S., 1990. A factor analytic study of two scales measuring dissociation. *American Journal of Clinical Hypnosis*, 32 (3), 201-207.

Fleiss, R., 1953. Countertransference and counteridentification. *Journal of the American Psychoanalytic Association*, 1 (268-284).

Fonagy, P., 2002. Understanding of Mental States, Mother-infant Interaction and the Development of the Self. *In:* Maldonado-Duran, J. M., ed. *Infant and Toddler Mental Health: models of clinical intervention with infants and their families.* Washington DC: American psychiatric publishing, 57-74.

Fonagy, P., Target, M., Gergely, G., Allen, J. G. and Bateman, A. W., 2003. The Developmental Roots of Borderline Personality Disorder in Early Attachment Relationships: A Theory and Some Evidence. *Psychoanalytic Inquiry*, 23 (3), 412-459.

Fosha, P., 2003. Dyadic Regulation and Experiential work with Emotion and Relatedness. *In:* Solomon, M. F. and Siegel, D. J., eds. *Healing Trauma, Attachment, Mind, Body and Brain.* New York: Norton.

Foulkes, S. H., 1967. *Therapeutic group analysis.* 2nd American edition. New York: International Universities Press.

Foulkes, S. H., 1977. Notes on the concept of resonance. *In:* Foulkes, E., ed. *Selected Papers of S.H. Foulkes: Psychoanalysis and group analysis*

(1990). Karnac Books.

Foulkes, S. H., 1984. *Therapeutic Group Analysis.* 3rd edition. London: Karnac Books.

Foulkes, S. H. and Anthony, A. J., 1971. *Group Psychotherapy: The Psychoanalytic Approach.* 4th edition. Harmondsworth, London: Penguin books.

Foulkes, S. H. and Anthony, E. J., 1957. *Group Psychotherapy: The psycho-analytic approach.* Facsimile 2014 edition. London: Karnac Books.

Fowlie, H., 2005. Confusion and introjection: A model for understanding the defensive structures of the parent and child ego states. *Transactional Analysis Journal*, 35 (2), 192-204.

Freeman, J., 2015. *Remaking Memory: Autoethnography, memoir and the ethics of self.* Faringdon, Oxfordshire: Libri Publishing.

Freud, A., 1935. Psychoanalysis and the training of the young child. *Psychiatric Quarterly*, 4, 15-24.

Freud, S., 1900. *The Interpretation of Dreams.* Translated by Brill, A. A. 3rd (1913) edition. New York: Macmillan.

Freud, S., 1910. The Future Prospects of Psycho-analytic Therapy. *In:* Strachey, J., ed. *The Standard Edition of the Complete Psychological Works of Sigmund Freud.* Translated by Strachey, J. 1957 edition. London: Hogarth Press.

Freud, S., 1912. The dynamics of transference: The Collected Papers. 1946. (Vol. 2). London: Hogarth Press.

Freud, S., 1915. *Observations on transference-love (Further recommendations on the technique of psychoanalysis III). The Complete Psychological works of Sigmund Freud.* Translated by Strachey, J. 1958 edition. London: Hogarth Press.

Freud, S., 1921. Group Psychology and the Analysis of the Ego. *In:* Strachey, J., ed. *Standard edition of the Complete Psychological Works of Sigmund Freud.* London: Hogarth, 110-127.

Freud, S. and Breuer, J., 1895. *Studies on hysteria In The Standard Edition of the Complete Psychological Works of Sigmund Freud.* Translated by Strachey, J. 1995 edition. Vol. 2, XXXII. London: Hogarth Press.

Friedman, M. S., 1985. *The Healing Dialogue in Psychotherapy.* New York: Aronson.

Friedman, M. S., 2003. *Martin Buber: The life of Dialogue.* London and New York: Routledge.

Fuss, D., 2013. *Identification Papers.* New York; London: Routledge.

Gallese, V., 2003. The roots of empathy: the shared manifold hypothesis and the neural basis of intersubjectivity. *Psychopathology*, 36 (4), 171-180.

Gallese, V., 2006. Intentional attunement: a neurophysiological perspective on social cognition and its disruption in autism. *Brain Res*, 1079 (1), 15-24.

Gallese, V., Fadiga, L., Fogassi, L. and Rizzolatti, G., 1996. Action Recognition in the Premotor Cortex. *Brain: A Journal of neurology*, 119 (2), 593-609.

Gallese, V. and Lakoff, G., 2005. The Brain's Concepts: The role of the Sensory-motor system in conceptual knowledge. *Cognitve Neuropsychology*, 22 (3), 455-479.

Gartner, R. B., 2016. *Trauma and Countertrauma, Resilience and Counterresilience.* London; New York: Routledge.

Geller, S. M. and Greenberg, L. S., 2012. *Therapeutic Presence: A mindful approach to effective therapy.* Washington, DC: American Psychological Association.

Gelso, C., 2014. A Tripartite Model of the Therapeutic Relationship: Theory, research, and practice. *Psychotherapy Research: Journal of The Society For Psychotherapy Research*, 24 (2), 117-131.

Gendlin, E. T., 2010. *Focusing.* 3rd edition. G.B.: Random House.

Georgi, E., Petermann, F., and Schipper, M., 2014. Are empathic abilities

learnable? Implications for social neuroscientific research from psychometric assessments. *Social Neuroscience*. 9, 74-81.

Gerace, A., Day, A., Casey, S. and Mohr, P., 2013. An Exploratory Investigation of the Process of Perspective Taking in Interpersonal Situations. *Journal of Relationships Research*, 4, 1-12.

Gergen, M. M. and Gergen, K. J., 2002. Ethnegrapic Representation as Relationship. *In:* Bochner, A. and Ellis, C., eds. *Ethnographically Speaking: Autoethnography, Literature and Aesthetics.* Walnut Creek, California: Alta Mira Press.

Germer, C. K., Siegel, R. D. and Fulton, P. R., 2016. *Mindfulness and Psychotherapy*. New York: Guilford Press.

Gilroy, K. A., 2011. *Enhancing Empathy: Might mindfulness of the self extend to others?* (M.A.). Washington, D.C.

Gladstein, G., 1983. Understanding Empathy: integrating counselling, developmental and social psychology perspectives. *Journal of Counseling Psychology*, 30, 407-482.

Glomb, T. M., Good, D. J., Lyddy, C. J., Bono, J. E., Brown, K. W., Duffy, M. K., Baer, R. A., Brewer, J. A. and Lazar, S. W., 2016. Contemplating Mindfulness at Work: An integrative review. *Journal of Management*, 42 (1), 114-142.

Goldman, A. I., 1989. 'Interpretation psychologized'. *Mind and Language*, 4, 161-185.

Goldman, A. I., 1992a. Empathy, Mind and Morals. *Proceedings from the American Philosophical Association*, 66, 17-41.

Goldman, A. I., 1992b. In defence of the simulation theory. *Mind and Language*, 7, 104-119.

Goldman, A. I., 1995. Simulation and interpersonal utility. 104, 709-726.

Gomez-Perales, N., 2015. *Attachment Focus Trauma Treatment for Children and Adolescents: Phase-oriented strategies for addressing complex trauma disorders*. New York; London: Routledge.

Gordon, R., 1967. Symbols: Content and Process. *Journal of Analytical Psychology*, 12 (1), 23-34.

Gordon, R. M., 1992. The Simulation Theory: Objections and Misconceptions. *Mind & Language*, 7 (1-2), 11-34.

Gordon, R. M., 1995. Simulation Without Introspection or Inference From Me to You. *In:* Davies, M. and Stone, T., eds. *Mental Simulation.* Oxford: Blackwell.

Gordon, R. M., 1996. Radical Simulationism. *In:* Carruthers, P. and Smith, P., eds. *Theories of the Mind.* Cambridge: Cambridge University Press, 11-21.

Gordon, R. M., 2000. Simulation and the Explanation of Action. *In:* Kolger, H. and Stueber, K., eds. *Empathy and Agency: The problem of understanding in the human sciences.* Boulder, CO: Westview Press.

Gottschall, J., 2013. *The Storytelling Animal: How stories make us human*. Boston: Houghton Mifflin Harcourt.

Goubert, L., Craig, K. D., Vervoort, T., Morley, S., Sullivan, M. J. L., de Williams, C. A. C., Cano, A. and Crombez, G., 2005. Facing Others in Pain: The effects of empathy. *Pain*, 118 (3), 285-288.

Greenberg, L. S. and Elliott, R., 1997. Varieties of Empathic Responding. *In:* Bohart, A. C. and Greenberg, L. S., eds. *Empathy Reconsidered: New direction in psychotherapy.* Washington D.C., US: American Psychological Association, 167-186.

Grof, S., 1985. *Beyond the Brain: Birth, death, and transcendence in psychotherapy*. New York: State University of New York Press.

Grof, S., 1988. *The Adventure of Self-discovery*. Albany: State University of New York Press.

Grotstein, J. S., 1981. *Splitting and projective identification*. Northvale, N.J.: Jason

Aronson.

Grotstein, J. S., Solomon, M. F. and Lang, J. A., 2014. *The Borderline Patient: Emerging concepts in diagnosis, psychodynamics, and treatment. Volume 2.* Hillsdale, NJ: Routledge.

Guntrip, H., 1971. *Psychoanalytic Theory, Therapy and the Self.* London: Hogarth Press.

Hall, J. A., Roter, D. L., Blanch, D. C. and Frankel, R. M., 2009. Observer-rated Rapport in Interactions Between Medical Students and Standardized Patients. *Patient Education & Counseling*, 76 (3), 323-327.

Hare, R. D., 2003. The Psychopathy Checklist - revised. Toronto, Ontario.

Harms, L., 2015. *Understanding Trauma and Resilience.* London: Palgrave.

Hart, T., 1999. The refinement of empathy. *Journal of Humanistic Psychology*, 39 (4), 111-125.

Hart, T., Nelson, P. L. and Puhakka, K., 2000. *Transpersonal Knowing: Exploring the horizon of consciousness.* Albany, N.Y.; G.B.: State University of New York Press.

Hartmann, E., 1991. *Boundaries in the Mind: A new psychology of personality.* New York, N.Y.: Basic Books.

Hasson, U. and Frith, C. D., 2016. Mirroring and Beyond: Coupled dynamics as a generalized framework for modelling social interactions. *Philosophical Transactions of the Royal Society B*, 371 (1693), 20150366.

Hayano, D., 1979. Autoethnography: Paradigms, Problems and prospects. *Human Organisation*, 38 (1), 99-104.

Hayes, S. C. and Strosahl, K. D., 2004. *A Practical Guide to Acceptance and Commitment Therapy.* Boston: Springer.

Heard, W. G., 1993. *The Healing Between: A clinical guide to dialogical psychotherapy.* San Francisco: Jossey-Bass Publishers.

Heider, K. G., 1975. What do people do? Dani Auto-Ethnography. *Journal of Anthropological Research*, 31, 3-17.

Hein, G. and Singer, T., 2008. I feel how you feel but not always: the empathic brain and its modulation. 18 (2), 153–158.

Hemmingson, M. A., 2009. *Auto/ethnographies: Sex and death and symbolic interaction in the eighth moment of qualitative inquiry: seven essays on the self-ethnography of the self.* U.S.A.: Borgo Press.

Herman, J., 2015. Trauma and Recovery: The aftermath of violence - from domestic abuse to political terror.

Heron, J., 2015. *Participatory Spirituality [online] The P2PF Wiki [accessed 05 July 2017].* Available from: http://wiki.p2pfoundation.net/Participtory_Spirituality

Hick, S. F. and Bien, T., 2010. *Mindfulness and the Therapeutic Relationship.* New York; London: Guilford Press.

Hinshelwood, R. D., 1991. *A Dictionary of Kleinian Thought.* London: Free Association Books.

Hoffman, M. L., 1984. Interaction of Affect and Cognition in Empathy. *In:* Izard, C. E., Kagan, J. and Zajonc, R. B., eds. *Emotions Cognition and Behaviour.* Cambridge: Cambridge University Press.

Holloway, W. and Jefferson, T., 2002. *Doing Qualitative Research Differently.* London: Sage.

Holman-Jones, S., Adams, T. E. and Ellis, C., 2016. *Handbook of Autoethnography.* London, New York: Routledge.

Holmes, E. A., Brown, R. J., Mansell, W., Fearon, R. P., Hunter, E. C. M., Frasquilho, D. and Oakley, D. A., 2005. Are there two qualitatively distinct forms of dissociation? A review and some clinical implications. *Clinical Psychology Review*, 25 (1), 1-23.

Holt, N. L., 2003. Representation, Legitimation, and Autoethnography: An Autoethnographic Writing Story. *International Journal of Qualitative Methods*,

2 (1), 18-28.

Hopenwasser, K., 2008. Being in Rhythm: Dissociative Attunement in Therapeutic Process. *Journal of trauma and dissociation*, 9 (3), 349-367.

Howell, E., 2013. *The Dissociative Mind in Psychoanalysis: Understanding and working with trauma*. New York: Routledge.

Huston, T. L. and Levinger, G., 1978. Interpersonal attraction and relationships. *Annual Review of Psychology*, 29 (1), 115.

Hycner, R. H., 1993a. *Between person and person: toward a dialogical psychotherapy*. Highland, NY: Gestalt Journal Press.

Hycner, R. H., 1993b. *Between person and person: toward a dialogical psychotherapy*. Highland, NY: Gestalt Journal Press.

Iacoboni, M., Molnar-Szakacs, I., Gallese, V., Buccino, G., Mazziotta, J. C. and Rizzolatti, G., 2005. Grasping the Intentions of Others with One's Own Mirror Neuron System. *PLOS Biology*, 3 (3).

Iacoboni, M., Woods, R. P., Brass, M., Bekkering, H., Mazziotta, J. C. and Rizzolatti, G., 1999. Cortical mechanisms of human imitation. *Science*, 286 (5449), 2526-2528.

Ickes, W., 1997. Introduction In Empathic Accuracy. *In:* Ickes, W., ed. New York: Guildford, 1-16.

Ivey, A. E. and Zalaquett, C. P., 2011. Neuroscience and Counseling: Central issue for social justice leaders. *Journal for Social Action in Counseling and Psychology*, 3 (1), 103-116.

Jacobs, L., 1989. Dialogue in Gestalt theory and therapy. *The Gestalt Journal*, 12 (1), 25-67.

Jago, B. J., 2002. Chronicling An Academic Depression. *Journal of Contemporary Ethnography*, 31 (6), 729.

Johns, C., 2006. *Engaging reflection in practice: a narrative approach*. Oxford, England: Malden, Massachusetts: Blackwell Publishers.

Johns, C. and Freshwater, D., 2009. *Transforming Nursing Through Reflective Practice*. Oxford; Malden, MA: Blackwell Publishers.

Johnston, S. H. and Farber, B. A., 1996. The maintenance of boundaries in psychotherapeutic practice. *Psychotherapy: Theory, Research, Practice, Training*, 33 (3), 391.

Jones-Smith, E., 2014. *Theories of counseling and psychotherapy: An integrative approach*. Thousand Oaks: Sage publications.

Jourard, S. M., 1971. *The Transparent Self. Revised edition*. New York, London: Van Nostrand Reinhold.

Jung, C., 1968b. Aion: Researches into the Phenomenology of the Self. *In:* Fordham, H. and Adler, G., eds. *The Collected Works of CG Jung.* Translated by Hull, R. Princeton, N. J: Princeton University Press/Bollingen Series XX.

Jung, C. G., 1964. *Collected works of C.G. Jung: Civilization in transition*. Vol. 10. London: Routledge and Kegan Paul.

Jung, C. G., 1965. *Memories, Dreams, Reflections*. New York: Vintage Books.

Jung, C. G., 1971. *Psychological Types: Collected Works*. Vol. 6. [S.l.]: Routledge & Kegan Paul. (Originally published in 1921).

Jung, C. G., 2014. *C. G. Jung The Collected Works*. Translated by Hull, R. East Sussex, UK: Routledge.

Kabat-Zinn, J., 1994. *Wherever you go, there you are: mindfulness meditation for everyday life*. London: Piatkus.

Kabat-Zinn, J., 2005. *Coming to our senses*. London: Piatkus.

Kalish, B., 1973. What is Empathy? *American Journal of Nursing*, 73, 548-1552.

King, E. and Waddington, C., 2017. *Music and Empathy*. London; New York: Routledge.

Klein, M., 1955. The psychoanalytic play technique. *The American Journal of*

Orthopsychiatry, 25 (2), 223-237.

Klein, M., 1959. *Our Adult World and its Roots in Infancy*. London: Tavistock Publications.

Klein, M., 1975. *Envy and gratitude & other works, 1946-1963*. [New York]: Delacorte Press.

Knox, R., Murphy, D., Wiggins, S. and Cooper, M., 2013. *Relational Depth: New perspectives and developments*. New York, NY: Palgrave Macmillan.

Kohler, W., 1929. *Gestalt Psychology*. New York: Liveright.

Kohut, H., 1959. Introspection, Empathy, and Psychoanalysis: An examination of the relationship between mode of observation and theory. *Journal American Psychoanalytic Association*, 7 (3), 459-483.

Kohut, H., 1971. *The analysis of the self: a systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. London: Hogarth.

Kohut, H., 1977. *The restoration of the self*. New York: International Universities Press.

Kohut, H., 1978. Introspection, Empathy and Psychoanalysis: An examination of the relationship between mode of observation and theory. *In:* Ornstein, P., ed. *The Search for the Self: Selected writings of Heinz Kohut, 1950 to 1978.* New York: International Universities Press.

Kohut, H., 1984. Introspection, Empathy and the Semicircle of Mental Health. *In:* Lichtenberg, J., Bornstein, M. and Silver, D., eds. *Empathy.* Hillsdale, NJ.: Erlbaum, 81-100.

Lamm, C., Meltzoff, A. N. and Decety, J., 2010. How do we empathize with someone who is not like us? A functional magnetic resonance imaging study. *Journal of Cognitive Neuroscience*, 22 (2), 362-376.

Laplanche, J. and Pontalis, J. B., 1973. *The Language of Psycho-analysis*. London: Karnac and the Institute of Psycho-Analysis.

Laplanche, J. and Pontalis, J. B., 1988. *The Language of Psycho-analysis* .2nd edition. London: Karnac Books.

LaPlanche, J. and Pontalis, J. B., 2006. *The Language of Psycho-analysis*. 3rd edition. London: Karnac books.

Larson, V. A., 1986. *An exploration of the nature of resonance in psychotherapy (rapport, interpersonal attraction, relationships, interactions, non-verbal communication).* (PhD). Saybrook University.

Lassiter, P. S. and Culbreth, J. R., 2017. *Theory and Practice of Addiction Counseling*. Thousand Oaks: Sage.

Laszlo, E., 2007. *Science and the Akashic Field: An integral theory of everything*. US: Inner Traditions/Bear.

Leavy, P., 2009a. *Method Meets Art: Arts-based research practice*. New York, NY: Guilford Press.

Leavy, P., 2013. *Fiction, as Research Practice: Short stories, novellas and novels*. Walnut Creek, California: Left Coast Press.

Leavy, P., 2016. *Fiction as research practice: short stories, novellas, and novels*. London, New York: Routledge.

Lessem, P. A., 2005. *Self Psychology: An Introduction*. New York: Jason Aronson.

Levin, M. and Greenwood, D., 2011. Revitalising Universities by Reinventing Social Sciences. Bildung and Action Research. *In:* Denzin, N. K. and Lincoln, Y. S., eds. *The Sage Handbook of Qualitative Research.* London: Sage, 27-42.

Lipps, T., 1905. A Further Consideration of Empathy. *In:* Carritt, E. F., ed. *Philosophies of Beauty: from Socrates to Robert Bridges, being the sources of aesthetic theory.* Translated by Carritt, E. F. Oxford: Oxford University Press.

Lodico, M. G., Spaulding, D. T. and Voegtle, K. H., 2006. *Methods in Educational Research: from theory to practice*. San Francisco, California: Jossey-Bass

Publishers.

Luborsky, L. and Luborsky, E., 2006. *Research and Psychotherapy: The vital link*. Lanham, Mar.: Rowman & Littlefield.

Lyons-Ruth, K., 1999. The two-person preconscious; intersubjective dialogue, implicit relational knowing, and the articulation of meaning. *Psychoanalytic Inquiry*, 19, 567-617.

Lévy-Bruhl, L., 1910. *How Natives Think*. London: G. Allen & Unwin.

Mahrer, A. R., 1997. Empathy as Therapist-client Alignment. *In:* Bohart, A. C. and Greenberg, L. S., eds. *Empathy Reconsidered: New directions in psychotherapy*. Washington DC: American Psychological Association.

Mahrer, A. R., 2004. *The complete guide to experiential psychotherapy*. Boulder, Colorado; Great Britain: Bull.

Mayou, R. A., Elhers, A. and Hobbs, M., 2000. Psychological debriefing for road traffic accident victims. *The British Journal of Psychiatry*, 176 (6), 589-593.

McCown, D., Reibel, D. and Micozzi, M. S., 2010. *Teaching Mindfulness: A practical guide for clinicians and educators*. New York; London: Springer.

McCroskey, J. C. and McCain, T. A., 1974. The measurement of interpersonal attraction. *Speech Monographs*, 41, 261-266.

McIlveen, P., 2008. Autoethnography as a method for reflexive research and practice in vocational psychology. *Australian Journal of Career Development*, 17 (2), 13-20.

McLaren, K., 2013. *The Art of Empathy: A complete guide to life's most essential skill*. Boulder, Colorado: Sounds True.

McLeod, J. 2001. *Qualitative Research in Counselling and Psychotherapy*. London. Sage.

McTaggart, L., 2008. *The Intention Experiment*. US: Simon and Schuster.

Mead, G. H. and Morris, C. W., 1934. *Mind, self and society from the standpoint of a social behaviorist*. Chicago; London: University of Chicago Press.

Mearns, D. and Cooper, M., 2005. *Working at relational depth in counselling and psychotherapy*. London: SAGE Publications.

Mearns, D. and Thorne, B., 2013. *Person-centred Counselling in Action*. 4th edition. London: Sage.

Medford, K., 2006. Caught with a Fake ID. *Qualitative Inquiry*, 12 (9), 853-864.

Mehrabian, A. and Epstein, N., 1972. A measure of emotional empathy. *Journal of Personality*, 40 (4), 525-543.

Meissner, W. W., 1970. Notes on identification. I. Origins in Freud. *Psychoanalytical Quarterly*, 39 (4), 563-589.

Merriam-Webster, I., 2011. *The Merriam-Webster dictionary*. Springfield, Mass.: Merriam-Webster.

Meyer, M. L., Masten, C. L., Yina, M., Wang, C., Shi, Z., Eisenberger, N. I. and Han, S., 2012. Empathy for the social suffering of friends and strangers recruits distinct patterns of brain activation. *Social, Cognitive and Affective Neuroscience*, 8 (4), 446-454.

Miles, M. B. and Huberman, A. M., 1994. *Qualitative Data Analysis: An expanded sourcebook*. Beverly Hills: Sage.

Miller, A., 2014. *The Year of Reading Dangerously: How fifty great books (and two not-so-great ones) saved my life*. London: Fourth Estate.

Morgan, C. A., Hazlett, G., Wang, S., Richardson, E. G., Schnurr, P. and Southwick, S. M., 2001. Symptoms of dissociation in humans experiencing acute, uncontrollable stress: a prospective investigation. *American Journal of Psychiatry*, 158 (8), 1239-1247.

Morrison, I., Peelen, M. V. and Downing, P. E., 2007. The sight of others' pain modulates motor processing in human cingulate cortex. *Cerebral Cortex*, 17 (9), 2214-2222.

Mouton, J. and Marais, H. C., 1988. *Basic concepts in the methodology of the social*

sciences. Pretoria: Human Sciences Research Council.

Mullen, E. J., 1983. Personal Practice Models. *In:* Rodenblatt, A. and Waldfogel, D., eds. *Handbook of Clinical Social Work.* San Francisco: Jossey-Bass, 603-622.

Muncey, T., 2010. *Creating Autoethnographies.* London: Sage.

Nash, R. J., 2004. *Liberating scholarly writing: the power of personal narrative.* New York: Teachers College Press.

Nauriyal, D. K., Drummond, M. S. and Lal, Y. B., 2006. *Buddhist Thought and Applied Psychological Research: Transcending the boundaries.* London: Routledge.

Nettleson, S., 2017. *The Metapsychology of Christopher Bollas.* London: Routledge.

Niedenthal, P. M., Mermillod, M., Maringer, M. and Hess, U., 2010. The Simulation of Smiles (SIMS) model: Embodied simulation and the meaning of facial expression. *Behavioural Brain Science*, 33 (6), 417-480.

Nielson, P., 2015. Making sense of implementation theories, models and frameworks. *Implementation Science*, 10 (53), 1-13.

Nijenhuis, E. R., Spinhoven, P., Van Dyck, R., Van Der Hart, O. and Vanderlinden, J., 1996. The Development and Psychometric Characteristics of the Somatoform Dissociation Questionnaire (SDQ-20). *The Journal of Nervous and Mental Disease*, 184 (11), 688-694.

Norcross, J. C., 2005. A Primer on Psychotherapy Integration. *In:* Norcross, J. C. and Goldfried, M. R., eds. *Handbook of Psychotherapy Integration.* 2nd edition. New York: Oxford University Press, 3-23.

Norcross, J. C., Geller, J. D. and Orlinsky, D. E., 2005. The Psychotherapist's Own Psychotherapy: Patient and clinician perspectives.

Norscia, I. and Palagi, E., 2011. Yawn Contagion and Empathy in Homo sapiens. *Plos One*, 6 (12).

Palagi, E., Leone, A., Mancini, G. and Ferrari, P. F., 2009. Contagious Yawning in Gelada Baboons as a Possible Expression of Empathy. *PNAS*, 106 (46), 19262-19267.

Palmer, S. and McMahon, G., 2014. *Handbook of Counselling.* 2nd edition. London: Routledge.

Parnell, L., 2013. *Attachment-focused EMDR: Healing relational trauma.* New York; London: W.W. Norton & Co.

Passingham, R., 2009. How good is the macaque monkey model of the human brain? - ScienceDirect. *Current opinion in neurobiology*, 19 (1), 6-11.

Patton, M. Q., 2002. Qualitative Research and Evaluation Methods. Thousand Oaks, California: Sage.

Paukner, A. and Anderson, J. R., 2006. Video-induced yawning in stumptail macaques (Macaca arctoides). *Biology Letters*, 2 (1), 36-38.

Paul, R. and Elder, L., 2006. The Thinkers Guide to Ethical Reasoning [online]. Available from http://www.criticalthinking.org/store/get_file.php?inventories_id=169 [Accessed 18 July 2017].

Paulson, D.S. 2004. Toward a participative integral philosophy. *The international Journal of Transpersonal Studies.* 23, 135-140.

Pfeifer, J. H., Iacoboni, M., Mazziotta, J. C. and Dapretto, M., 2008. Mirroring others' emotions relates to empathy and interpersonal competence in children. *Neuroimage*, 39 (4), 2076-2085.

Piaget, J., 1932. The Moral Judgement of the Child (trans) Kegan, P. London: Trench Trubner.

Pollio, H. R., Henley, T. B. and Thompson, C. J., 1997. *The Phenomenology of Everyday Life.* Cambridge, US: Cambridge University Press.

Praszkier, R., 2016. Empathy, Mirror Neurons and SYNC. *Mind & Society*, 15 (1), 1-25.

Prendergast, J. J., Fenner, P. and Krystal, S., 2003. *The Sacred Mirror*. St. Paul, Minn.: Paragon House.

Preston, S. D. and de Waal, F. B. M., 2002. Empathy: Its ultimate and proximate bases. *Behavioral and Brain Sciences*, 25 (1), 1-20.

Putnam, F. W., 1989. Pierre Janet and Modern Views of Dissociation. *Journal of Traumatic Stress*, 2 (4), 413-429.

Putnam, F. W., 1997. *Dissociation in children and adolescents: a developmental perspective*. New York: Guilford Press.

Budgell, R., B., 1995. *Being Touched Through Space. Dissertation of School of Psychotherapy and Counselling.* Regents College.

Radin, D., 2006. *Entangled Minds*. US: Simon & Schuster.

Ravenscroft, I., 1998. What is it like to be someone else? Simulation and empathy. *Ratio XI*, 170-185.

Reid, B., 1993. 'But we're doing it already!' Exploring a response to the concept of reflective practice in order to improve its facilitation. *Nurse Education Today*, 13 (4), 305-309.

Reik, T., 1972. *Listening with the third ear*. New York: Arena Books.

Reinharz, S., 1992. *Feminist Methods in Social Research*. New York: Oxford University Press.

Reis, B., 2009. We: Commentary on Papers by Trevarthen, Ammaniti & Trentini, and Gallese. *Psychoanalytic Dialogues*, 19 (5), 565-579.

Richmond, S., 2004. Being in Others: Empathy from a Psychoanalytical Perspective. *European Journal of Philosophy*, 12 (2), 244-264.

Rizzolatti, G., Fadiga, L., Gallese, V. and Fogassi, L., 1996. Premotor cortex and the recognition of motor actions. *Cognitive Brain Research*, 3 (2), 131-141.

Roche, S. M. and McConkey, K. M., 1990. Absorption: Nature, assessment and correlates. *Journal of Personal Social Psychology*, 59, 91-101.

Rogers, C., 1949. The attitude and orientation of the counselor in client centred therapy. *Journal of Consulting Psychology*, 82-94.

Rogers, C., 1957. The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Psychology*, 21 (2), 95-103.

Rogers, C., 1959. *A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework*. New York: McGraw-Hill.

Rogers, C., 1975. Empathic: An unappreciated way of being. *Counseling Psychologist*, 5 (2), 2-10.

Rogers, C., 1996. Personal communication with Villas Boas-Bowen. *In:* Farber, B., Brink, D. and Raskin, P., eds. *The Psychotherapy of Carl Rogers.* New York: Guilford Press.

Rogers, C., 2007. The Necessary and Sufficient Conditions of Therapeutic Personality Change. *Psychotherapy: Theory, Research, Practice, Training*, 44 (3), 240-248.

Romanyshyn, R. D., 2007. *The Wounded Researcher: Research with soul in mind*. New Orleans, La.: Spring Journal Books.

Ronai, C. R., 1995. Multiple reflections of child sex abuse: An argument for a layered account. *Journal of Contemporary Ethnography*, 23 (4), 395-426.

Rose, G., 2001. *Visual methodologies: an introduction to the interpretation of visual materials*. London: Sage.

Rose, S., Brewin, S. C., Andrews, B. and Kirk, M., 1999. A randomised controlled trial of individual psychological debriefing for victims of violent crime. *Psychological Medicine*, 29 (4), 793-799.

Rosenbaum, E. B., 2013. *The Essential Self: The key to a life of passion, lasting joy and fulfilment*. Bloomington, IN: iUniverse Inc.

Ross, C. A., Joshi, S. and Currie, R., 1990. Dissociative experiences in the general population. *American Journal of Psychiatry*, 147 (11), 1547-1552.

Ross, C. A., Joshi, S. and Currie, R., 1991. Dissociative experiences in the general

population: a factor analysis. *Hospital Community Psychiatry*, 42 (3), 297-301.

Rowan, J., 2005. *The Transpersonal: Spirituality in psychotherapy and counselling*. 2nd edition. London: Routledge.

Rowe, C. E. and MacIsaac, D. S., 1989. *Empathic Attunement: The technique of psychoanalytic self psychology*. Northvale, N.J.: Jason Aronson.

Rubin, Z., 1973. *Liking and Loving: An invitation to social psychology*. New York: Holt, Rinehart & Winston.

Sadler, P. and Woody, E., 2010. Dissociation in Hypnosis: Theoretical frameworks and psychotherapeutic implications. *In:* Lynn, S. J., J.W., R. and Kirsch, I., eds. *Handbook of Clinical Hypnosis.* Washington DC: American Psychological Association, 34-64.

Sahdra, B. K., MacLean, K. A., Ferrer, E., Shaver, P. R., Rosenberg, E. L., Jacobs, T. L. and Saron, C. D., 2011. Enhanced response inhibition during intensive meditation training predicts improvements in self-reported adaptive socio-emotional functioning. *Emotion*, 11, 299-312.

Saldana, J., 2003. Dramatizing data: a primer. *Qualitative Inquiry*, 9 (2), 218-236.

Schafer, R., 1959. Generative Empathy in the Treatment Situation. *The Psychoanalytic Quarterly*, 28, 342-373.

Schmid, P. F., 2001. Comprehension: The art of not knowing. Dialogical and ethical perspectives on empathy as dialogues in personal and person-centred relationships. *In:* Haugh, S. and Merry, T., eds. *Rogers Therapeutic Conditions: Evolution, theory and practice.* Ross on Wye, UK: PCCS Books, 53-71.

Schmid, P. F. and Mearns, D., 2006. Being-with and being-counter: Person-centered psychotherapy as an in-depth co-creative process of personalization. *Person-centered and Experiential Psychotherapies*, 5 (3), 174-190.

Scwartz-Salant, N., 1988. Archetypal Foundations of Projective Identification. *Journal of Analytical Psychology*, 33 (1), 39-64.

Segal, Z. V., Williams, J. and Teasdale, J., 2012. *Mindfulness-based Cognitive Therapy for Depression*. 2nd edition. New York: Guilford Press.

Shamay-Tsoory, 2009. Empathic Processing: It's cognitive and affective dimensions and neuroanatomical basis. *In:* Decety, J. and Ickes, W., eds. *The Social Neuroscience of Empathy.* Cambridge, Massachusetts: The MIT Press, 215-232.

Siegel, D. J., 2007. *The Mindful Brain: Reflection and attunement in the cultivation of well-being*. New York; London: W. W. Norton.

Siegel, D. J., 2010a. *Mindsight: Transform your brain with the new science of kindness*. Richmond: Oneworld.

Siegel, D. J., 2010b. *The Mindful Therapist: A clinician's guide to mindsight and neural integration*. New York: W.W. Norton & Co.

Siegel, D. J., 2012. *The Developing Mind: How relationships and the brain interact to shape who we are*. New York: Guilford Press.

Siegel, D. J. and Payne-Bryson, T., 2014. *No-drama Discipline: The whole-brain way to calm the chaos and nurture your child's developing mind*. London: Scribe Publications.

Simpson, Z., 2014. An Autoethnographic Perspective. *In:* Archer, A. and Newfield, D., eds. *Multimodal Approaches to Research and Pedagogy: Recognition, resources and access.* New York; London: Routledge.

Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R. J. and Frith, C. D., 2004. Empathy for pain involves the affective but not the sensory components of pain. *Science*, 303, 1157-1162.

Singer, T., Seymour, B., O'Doherty, J. P., Stephan, K. E., Dolan, R. J. and Frith, C. D., 2006. Empathic neural responses are modulated by the perceived

fairness of others. *Nature*, 439 (7075), 466-469.

Smith, J. L., 2004. Food, Health and Psychology: Competing Recipes for Research and Understanding. *Journal of Health Psychology*, 9 (4), 483-496.

Solomon, M. and Siegel, D., 2017. *How People Change: Relationships and neuroplasticity in psychotherapy*. New York: W.W. Norton & Co.

Spanos, N. P., 1996. *Multiple identities & false memories: a sociocognitive perspective*. Washington, D.C.: American Psychological Association.

Sparkes, A. C., 2000. Autoethnography and Narratives of Self: Reflections on Criteria in Action. *Sociology of Sport Journal*, 17 (1), 21-43.

Speedy, J., 2007. *Narrative Inquiry and Psychotherapy*. Basingstoke: Palgrave Macmillan.

Speedy, J., 2016. *Staring at the Park: A poetic autoethnographic inquiry*. Abingdon, Oxon: Routledge.

Spitzer, M., 1999. *The mind within the net: models of learning, thinking, and acting*. Cambridge, Massachusetts; London: MIT Press.

Sprinkle, L., 1985. Psychological Resonance: A Holographic Model of Counseling. *Journal of Counseling & Development*, 64 (3), 206.

Spry, T., 2001. Performing Autoethnography: An Embodied Methodological Praxis. *Qualitative Inquiry*, 7 (6), 706.

Staemmler, F. M., 2011. Empathy in Psychotherapy: How therapists and clients understand each other: Springer Publishing Company.

Steiner, H., 2011. *Handbook of developmental psychiatry*. Singapore; London: World Scientific.

Stern, D., 1985. *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. USA: Basic Books.

Stevenson, A., 2010. *Oxford Dictionary of English*. New York, NY: Oxford University Press.

Stevenson, A. and Waite, M., 2011. *Concise Oxford English dictionary*. Oxford; New York: Oxford University Press.

Summers, G., 2011. Dynamic Ego States. *In:* Fowlie, H. and Sills, C., eds. *Relational Transactional Analysis: Principles in practice.* London: Karnac.

Teich, N., 1992c. *Rogerian perspectives: collaborative rhetoric for oral and written communication*. Norwood, NJ: Ablex Pub.

Tierney, W. G., Life History's History: Subjects foretold. *Qualitative Inquiry*, 4 (1), 40-70.

Tolich, M., 2010. A Critique of Current Practice: Ten Foundational Guidelines for Autoethnographers. *Qualitative Health Research*, 20 (12), 1599-1610.

Tomkins, S. S., 1962. *Affect, Imagery, Consciousness*. New York: Springer.

Trüb, H. and Friedman, M., 1952/2002. Heilung aus der Begegnung; eine Auseinandersetzung mit der Psychologie C.G. Jungs. *In:* Friedman, M., ed. *Martin Buber: The Life of Dialogue.* Translated by Friedman, M. 4th edition. Abbingdon, Oxon: Routledge.

Trüb, H. and Friedman, M., 1935/2002. Individuation, Schuld und Entscheidung. Über die Grenzen der Psychologie. In Psychologischen Club Zürich, eds.,Die kulturelle Bedeutung der Komplexen Psychologie. Berlin: Julius Springer Verlag. *Martin Buber: The Life of Dialogue.* Translated by Friedman, M. 4th edition. Abbingdon, Oxon: Routledge.

Tsiantis, J. and Trowell, J., 2010. Assessing Change in Psychoanalytic Psychotherapy of Children and Adolescents: Today's challenge.

Tudor, K. and Summers, G., 2014. *Co-creative Transactional Analysis: Papers, responses, dialogues, and developments*. London: Karnak Books.

Vaillant, G. E., 1994. Ego mechanisms of defense and personality psychopathology. *Journal of Abnormal Psychology*, 103 (1), 44.

Vaillant, G. E., 1997. *The Wisdom of the Ego*. Cambridge, Massachusetts; London, England: Harvard University Press.

Van der Hart, O. and Horst, R., 1989. The Dissociation Theory of Pierre Janet. *Journal of Traumatic Stress*, 2 (397-412).

van der Kolk, B. A. and Fisle, R., 1995. Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress*, 8 (4), 505-525.

van der Kolk, B. A., Perry, J. C. and Herman, J. L., 1991. Childhood origins of self-destructive behavior. *American Journal of Psychiatry*, 148 (12), 1665-1671.

van Manen, M., 2007. Phenomenology of Practice. *Phenomenology & Practice*, 1 (1), 11-30.

van Manen, M., 2016. *Researching Lived Experience, 2nd edition: Human science for an action sensitive pedagogy.* London; New York: Routledge.

Vanaerschot, G., 1990. The process of empathy: Holding and Letting go. *In:* Lietaer, G., Rombauts, J. and Van Balen, R., eds. *Client Centred and Experiential Psychotherapy in the Nineties.* Leuven, Belgium.: Leuven University Press.

Vanaerschot, G., 1993. Empathy as releasing several micro processes in the client. *In:* Brazier, D., ed. *Beyond Carl Rogers: Towards a psychotherapy for the twenty-first century.* London: Constable.

Vanaerschot, G., 2007. Empathic resonance and differential experiential processing: an experiential process-directive approach. *American Journal of Psychotherapy*, 61 (3), 313-331.

Veilleux, A., 2015. Ready to Remember? [Online] Available from:https://annveilleux.com/category/psychotherapy/readiness-to-remember/ [accessed 20 of July 2017].

Verni, K. A., Dalziel, T. and Anneseley, M., 2015. *Practical mindfulness.* New York, New York: DK Publishing.

Vishcer, R., 1873/1994. On the Optical sense of Form: A Contribution to Aesthetics. *In:* Mallgrave, H. F. and Ikonomou, E., eds. *Empathy, Form and Space. Problems in German Aesthetics, 1873-1893.* Translated by Mallgrave, H. F. and Ikonomou, E. Santa Monica, California: Getty Centre for the History of Art and Humanities.

Waldinger, R. J., Schulz, M. S., Hauser, S. T., Allen, J. P. and Crowell, J. A., 2004. Reading Others' Emotions: The Role of Intuitive Judgments in Predicting Marital Satisfaction, Quality, and Stability. *Journal of Family Psychology*, 18 (1), 58-71.

Walford, G., 2004. Finding the limits: autoethnography and being an Oxford University Proctor. *Qualitative Research*, 4 (3), 403-417.

Wall, S., 2006. An Autoethnography on Learning about Autoethnography. *International Journal of Qualitative Methods*, 5 (2), 146-160.

Wall, S., 2008. Easier Said Than Done: Writing an Autoethnography. *International Journal of Qualitative Methods*, 7, 38-53.

Walker, P., 2013. *Complex PTSD. From Surviving to Thriving: A Guide and Map for Recovering From Childhood Trauma.* CreateSpace Independent Publishing Platform.

Watkins, J. G., 1978. *The Therapeutic Self: developing resonance - key to effective relationships.* London: Human Sciences Press.

Weiner, J., 2009. The Therapeutic Relationship: Transference, Countertransference and the Making of Meaning: Texas A & M University Press.

Wellings, N. and McCormick, E. W., 2000. *Transpersonal Psychotherapy: Theory and practice.* London: Sage.

Wells, A., 2002. *Emotional Disorders and Metacognition.* Chichester: Wiley Blackwell.

White, B. and Constantino, T., 2013. *Aesthetics, Empathy and Education.* New York: Sage.

White, S. J., 1997. Empathy: a literature review and concept analysis. *Journal of Clinical Nursing*, 6 (4), 253-257.

Wieland, S., 2015. *Dissociation in Traumatized Children and Adolescents: Theory and Clinical Interventions.* New York; London. Routledge.

Wilber, K., 1979. *No Boundary: Eastern & Western approaches to personal growth*. Statton Island: Centre Publications.

Wilson, J. P., 2004. Broken Spirits. *In:* Wilson, J. P. and Drozdek, B., eds. *Broken Spirits: The treatment of traumatized asylum seekers, refugees and war and torture victims.* New York: Bruner/Routledge.

Wilson, J. P. and Thomas, R. B., 2004. *Empathy in the Treatment of Trauma and PTSD*. New York: Brunner/Routledge.

Winborn, M., 2014. *Shared realities: Participation mystique and beyond*. Skiatook, OK, USA: Fisher King Press.

Winnicott, D. W., 1971. Mirror-role of mother and family in child development In Winnicott, D.W. Playing and Reality. New York: International Universities Press.

Winnicott, W. A., 1975a. *Collected papers: Through paediatrics to psychoanalysis.* London: Hogarth.

Wispé, L., 1987. History of the Concept of Empathy. *In:* Eisenberg, N. and Strayer, J., eds. *Empathy and its Development.* New York: Cambridge University Press.

Wolfe, B., 2005. Understanding and Treating Anxiety Disorders: An integrative approach to healing the wounded self.

Wolfe, J. M., 2014. Approaches to Visual Search: feature integration, theory and guided search. In Grey, W. D. ed., Integrated Models of Cognitive Systems. New York: Oxford University Press, 11-55.

Wosket, V., 1999. *The Therapeutic Use of Self*. London, New York: Routledge.

Yalom, I. D., 1991. *Love's Executioner and Other Tales of Psychotherapy*. Harmondsworth: Penguin Books.

Yalom, I. D., 1999. *Momma and the Meaning of Life*. London; Philadelphia, PA: Piatkus.

Yalom, I. D., 2002. *The Gift of Therapy*. London: Piatkus.

Zerubavel, N. and Messman-Moore, T. L., 2013. Sexual victimization, fear of sexual powerlessness, and cognitive emotion dysregulation as barriers to sexual assertiveness in college women. *Violence Against Women*, 19 (12), 1518-1537.

Summary of Conceptual Descriptors

Resonance – coded orange

A quality that makes something personally meaningful or important to someone.

Implicit messages/symbolism of the unconscious.

Vibration produced in one object that is caused by the sound or vibration produced in another.

Synchronous vibration of a neighbouring object/subject.

The power to evoke enduring images, memories and emotions (subtle form of communication).

Deep, full, and reverberating.

Vibrating again aspect.

Corresponding re-sounding reverberate in sympathy with/in harmony/in Unison.

Knowledge of each other/connection established.

Amplification.

Matching.

Experiences, memories and emotions with a charge or vibration.

Resonance/material surfacing.

To feel with another.

To identify with another.

Experiencing the other as his own self.

The subjective experience of the other.

Understanding of other from objective and subjective position.

Subjective understanding equals resonance.

Inner experience observed via introspection.

Temporary identification state.

Matching feelings/true. Resonance in mini-form/not exact feelings of other, therefore not empathy. Understanding via replication.

Subjective therapist experience.

Inner experience observed via introspection.

Highly subjective/dimension of pure subjectivity.

Related to empathy.

Link with the concept of identification/transmission identify/client's state as our own self state.

Information via resonance/direct sensory impressions objectively and inner replication. Resonance.

Resonance intensity increases as the intensity of a relationship grows.

Links with love and all human relationships.

Resonance as temporary identification replication is via transmission.

Resonant body sensations, somatic events, concentration on inner experience/altered state of consciousness/synchronisation/alignment frequency/merging of client therapist self boundaries/non-verbal understanding of clients acknowledge feelings.

Sensations or feelings perceived.

Resonance action = sharing inner impressions echoes.

Between people - mutual exchange/symmetrical quality.

Embedded within the relationship.

Reverberations of thoughts, fears, desires, doubts and feelings located in the therapist past.

Mirroring and matching and sense of unitive of emotional set states.

Depth of relating (relational? Or resonance? Or both?).

Self-disclosure (evidence of resonance).

Willingness to be known which transcends verbal communication.

Authentic form of communication from unconscious to unconscious.

Pure form of communication.

Unconscious communication from an instinctive level.

Woundedness? Mutual wounds?

Shared mutual understanding dynamic communication developing under our eyes/a dynamic process.

Unconscious, highly specific reaction in response to a stimulus.

Resonance prolongation by reflection synchronous.

An increase of sound due to sympathetic vibration

Instinctive.

Unconscious behaviour, triggering events, somatic occurrences, accidents, life dramas etc.

Response to or via resonance will include the unconscious meaning.

Resonance as meaning making.

Resonance implies connectedness inner mental life and in a psychic life impact externally.

Resonance links with dynamics of emergence from unconscious to conscious.

Deep self-awareness and transformation resonance as part of the secure relationship.

Resonance links with identification, mirroring, socialisation and communication.

Resonance is a form of confrontation.

Resonance and identification could be one and the same.

Resonance enhanced via empathic sensitivity.

Resonance aids personal autonomy.

Resonance is related to resilience/mentor lies in which enabled meaning making.

Out of traumatic experiences.

Resonance as an aid to reprocessing via the secure relationship.

Experiences that are lost, repressed, forgotten, compartmentalised but fundamentally relevant for the well-being of the client.

Aspect of relational perspective and human communication.

Developed form of communication.

Spontaneous quality.

Elaborated via reflection.

Personal revealing.

An attunement response.

Triggers vulnerability.

Can trigger projection.

Can facilitates self recognition of split off self states.

Resonance can present the universal psychic life and the true self.

Can aid self-disclosure.

Resonance enables the revealing of split of self states and hidden self aspects.

Hidden narratives are revealed.

Characterised via meaning awareness, intimacy, and reduction of intra psychic tension.

Enhances empathy.

Requires safety whilst working with the present dynamic moment.

Resonance as an authentic communication is seeking more than presence and is subscribing not to knowledge via its mechanism.

Empathy – coded red

Mutual empathic understanding enables introspectiveness.

Empathy translates as emotion, feeling, suffering or pity.

Translates as in feeling.

Feeling into

To enter or be with a person's suffering or passion.

Empathy and understanding.

Being with, merging, and fusion.

Entering another's frame and knowing to share emotions with others coming to know an art form via projection of feelings.

A sense of loss of self

Skill aiding feeling and understanding of emotions.

Reads emotions and implicit meanings recognition of joys and sorrows of others.

Empathy leads to reflecting on and sharing of experience

Empathy to better understand the minds of other people via imagination, and simulation.

Empathy, a process of thinking into the inner life of another.

Empathy arises as a consequence of experiencing similar events in our background.

Empathy links to identification.

Empathy is a knowing about the awareness of other

Empathy obtains knowledge of the subjective experience of the other sensing of a person's private world without ever losing the as if quality

Empathy as a sensing perceptive cognitive process.

Empathy as an imaginative quality

To sense the hurt or pleasure of another as he senses it

To perceive the causes of hurt or pleasure as other perceives it

Identification is not empathy

To perceive the internal frame of reference of another with accuracy

A searching process with checking

Meaning making.

Empathy is an expression of presence. Empathy is not about getting knowledge

Empathy as an understanding capacity. Empathy as a process.

Empathy brings about change and learning.

Attention focused towards other.

Empathy can be in full informed via own frame of reference.

Identification can be a requirement of empathy.

Possible dissolution of self other boundary/experiencing the self of the other person.

Empathy, a facilitative qualities, the essential for growth

Setting aside, one's own worldview, experiencing and perceiving in order to accurately respond to client perceptions.

Possible to feel and experience the client's authentic thoughts and feelings as if from own self.

Understanding via comparison of our own psychical state.

Empathy as a consequence of identification and imitation.

Vicarious introspection, which allows us to think ourselves into the place of other.

A means of acquiring psychological information, vicarious introspection, central means for understanding a patient's subjective experience.

Empathy informs psychoanalytic interpretations.

Empathy seeks understanding for interpretation and conveys what is understood

Receptive to other.

Lower boundary which allows emotional contagion

Empathy is enhanced via sameness and reduced via difference.

Putting people in to some of our own emotions and thoughts putting ourselves into the other person's shoes.

Empathy enables, projection

Projective identification own history as frame of reference as an informative function of empathy.

Participation mystique and projection are related and could be described as the underlying mechanisms which enhance empathy.

Empathic Resonance – coded purple

Yields from the client feeling state is between client and therapist.

Knowing of other, via the relationship.

An empathic reverberation.

Close to empathy.

Depth of relating (relational? Resonance? Both?).

Presence (see lit review/relational/alignment and attunement).

Alignment or attunement with clients.

A bridge between resonance and empathy.

Empathy in action.

Empathy and resonance working in tandem.

Empathic resonance facilitates the client's emotional processing.

A specific form of listening which relies upon the therapist's inner process.

Users self as an open and receptive presence willing to be corrected by client.

Empathic resonance and empathic attunement used interchangeably.

Experiences a bodily felt sense of the client.

Counsellor implicit experience available in the process and experienced in awareness.

Data reflected for checking, therapist focus on felt sense, therapist becomes familiar with client symbols via implicit experiencing.

Experiential understanding of client.

Focusing upon moment by moment experience of client and then honing in on self experience and attempt to join with other in understanding of what is occurring.

Unmistakable but difficult to describe.

Shared field of awareness.

Intimate experience of being together, dropping into a deeper place together.

Attune to clients inner experience without being lost.

Discernible from projective identification.

Can coexist with projective identification needs distinguishing between the two phenomena.

Attunement is focusing on another to attain awareness of the internal state of the other.

Absorbed within each other.

Sense of harmony.

Individuals are now we.

Coupling.

Linking.

Other found within themselves.

We-self.

Beyond understanding and into engagement.

Being in sync or getting the vibes embodied and co-constructed process.

Mutually held state of attunement.

Not do to you, nor do to me experience.

Synchronised, simultaneous awareness. Awareness of knowing, bidirectional form of knowing unconscious.

Implicit relational knowing.

Transcendent awareness.

A healing moment and more a healing force.

Warning of vicarious traumatisation.

Somatic resonant energy, empathic attunement, affective resonance.

Not projective identification nor transference.

Age self-expression, creative adaption, emotional regulation, self-understanding, improved interpersonal interactions and personal development.

Neuroscience – coded brown

We-self.

Resonance.

Empathy.

Projection/projective identification – coded yellow

Empathy has basis in projective identification.

Similar qualities or attitudes which are at the heart of projection are also found in the underlying process of identification.

Impulses which are difficult to contain are projected upon another person.

From an ego perspective parts of self are split off and projected into the outside world.

Good and bad parts of self are projected as well as good feelings and good parts of the self.

The other person is a self-extension.

Projection is when we put into other people. Some of our own emotions and thoughts.

We are putting ourselves into the other person's shoes.

Extreme end of this are people who lose themselves entirely.

A form of communication from the unconscious.

Fear of making the feelings real leads to projection.

Empathy enables the receipt of projection.

Projection of therapist frame of reference (projective identification) becomes an informative function of empathy and enables projection from the client.

Partial Identification – coded navy blue.

To recognise, imitation.

A form of sympathy.

Expression and reproduction resemblance.

Resemblance derived from a common element in the unconscious.

Manifestation of similar physical symptoms of illness or disease.

An individual with the capacity for resonance is an individual with an ability to identify with the client.

Identification is the loss of the as if quality.

A form of emotional tie.

Three types, partial, narcissistic, primary, this thesis focuses upon the partial identification (no sexual objectification of other).

Can be defined as a temporary and partial identification/resonance/a common feeling state.

Psychological process which assimilates an aspect, property or attribute of the other and is transformed, wholly or partially

Dissociation – dissociative content - participatory knowing – coded turquoise

An active defence process.

Thoughts or memories threatening the self.

Repressed.

A deficit phenomenon on triggered by hereditary factors/traumas/life stresses, or a combination.

Manifest as split off parts of the self from the core personality or ego psychological trauma at its root.

Trauma which had overpowered the mind.

Trauma producing hypnotic states or double conscience.

Certain memories not discharged via abreaction or associative thought activity.

Certain thoughts severed from normal waking consciousness.

Certain thoughts residing in second consciousness.

Inferences of patients being weak minded links with somatic symptomology.

Troubled minds.

Lack of ability to integrate trauma.

Occurs as a consequence of ego being faced with an experience idea or feeling which arouses distress.

Conscious decision to actively forget the experience.

Aim is to bypass the uncomfortable feelings. Can be a conscious voluntary process e.g. Freud or a deficit model whereby the distressing feelings are not integrated or processed.

So painful that the person resolved forget it.

Efforts to push the thing out, not to think of it, to suppress it.

Precipitated by a traumatic event.

Resolution of dissociation release via catharsis.

Repression trauma memories into unconscious and then dissociated.

Flashbacks/intrusive thoughts as part of symptomology.

Range of symptoms from mild to fundamental disruption of personality.

Detachment, absorption, compartmentalisation, and sub divisions.

Emotional numbing, absorption, depersonalisation and derealisation, amnesia fragmentation of identity.

Develops in order to avoid overwhelming emotions and knowledge which threatens psychological and/or physical survival.

Defence mechanism.

Death and survival at the extreme ends of experience, which trigger the dissociative mechanisms when faced with enduring and overwhelming experiences that threaten us to the core.

An experience of strong emotion which can impact ability for the transformation of memory into a neutral narrative.

Individual unable to tell a story, yet the emotional charge remains and the experiences alienated.

Phobic memories which prevents the integration of the experience and the memory itself is separated from the conscious awareness.

Lack of ability to organise memory can lead to intrusive episodes of terrifying perception and anxiety.

Mechanism which fends off stress.

Person develops an ability to detach from distressing emotional states.

Absorption is a form of dissociation due to level of concentration which can effectively exclude other content from awareness.

Therapeutic Relationship - coded green – which one?
Identified as Dialogical Relationship.
Introspection – coded light blue – what form?
Identified as Mindfulness.