Practitioners' Experience of Connection in the Therapeutic Encounter

Rosalind P. Vesey

Portfolio submitted in fulfilment of the
Professional Doctorate in Counselling Psychology (DPsych)
Department of Psychology, City University London

January 2020

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City, University of London
Northampton Square
London
EC1V 0HB
United Kingdom

T +44 (0)20 7040 5060

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I. List of Tables

II. Acknowledgements

I would like to offer my gratitude to my research supervisor, Dr Susan Strauss. Your support, attention to detail, and wisdom have been invaluable.

Warm thanks also go to the students from the two cohorts I studied with, the respective tutors, my placement supervisors and clients. Furthermore, the input from the participants of this research has made the findings unique and interesting, for that I am truly appreciative.

John, you have been my cornerstone, without which this adventure would not have been possible. Issie, your joyful presence has kept me stoked.

Mum, Alex, Julia, David, Hilda, Monica, Cyril, Sarah, Joan, Norman, Pete, Nikki, Rachel, David, Katrina - my kin who have been rooting for me all the way.

Sue, Beki, Janette, Cezara, Rache, Louise, Deborah – special friends whose enduring encouragement and kindness have kept me going.

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IV. Preface to the portfolio

This portfolio consists of three parts: (A) A qualitative research study on 'Practitioners' experiences of connection in the therapeutic encounter', (B) A publishable paper entitled, 'Blending of energies: An interpretative phenomenological analysis of practitioners' experiences of connection in the therapeutic encounter' and (C) A combined case study and process report: 'To be or not to be'. These three components are interlinked by their shared theme of relational connection.

The research study comprises of an in-depth exploration of clinicians' experiences of connection to their clients and their relationship with them. The qualitative methodology employed means that this study and discussion of its findings combines direct descriptions from the participants' interviews with interpretations from myself, as researcher. To enable the interpretative analysis to come to the fore it has been necessary for me to connect to the respondents' experiences though structured analysis and then present and communicate my interpretation of their experiences in a written form. By doing this I hope that I am facilitating the reader's connection to both the practitioners' meaning-making and my meaning-making. Furthermore, I have endeavoured to link my findings with existing theoretical and empirical research with the aim of making comparative connections and extending knowledge on the subject area. Thus, underlying this study is an implicit network or web of connections between the research respondents, me, other writers and you - the reader!

The portrayal of therapeutic connection in the research study shows it to be a complex, multifaceted and intriguing phenomenon. It is conceptualised in terms of three superordinate themes: foundational, embodied and transcendent. Foundational connection relates to the development of trust over time, which is closely associated with depth of connection, and signifies the importance of an ongoing authentic and non-defensive relationship. It is about the client allowing their self to be open to the growth of relational connection in parallel to the therapist doing the same. Embodied connection embraces more implicit and experiential-orientated aspects of the relationship, such as felt-sense of the other and experience of mutuality. Communication of connection in this realm appears to be non-verbal and more subtle and from the practitioner's perspective involves processes of connecting to them self, connecting to their client's subjectivity and connecting to the relationship itself.

Transcendent connection is symbolised by practitioner's experience of deeply connecting to the inner worlds of their clients, also witnessing clients connecting to their own 'core' selves and experiencing connection as something greater than themselves and the relationship. This kind of connection may manifest into 'moments' which are experienced as therapeutically profound and insightful.

The publishable paper represents an extract of the aforementioned research study. It specifically focuses on the connection subtheme of "blending of energies" which nests within the embodiment superordinate theme. It describes practitioners' meaning-making around a form of connection which is perceived as energetic and interactive in terms of feeling on the same wavelength of the client. Some of the words used to convey this form of connection include "blending", "like a dance", "energy to energy", "threads into each other" and "plugging into". These encounters are understood as being highly mutual and the therapist recognises them by their own heightened receptivity, attunement and responsivity. These connective exchanges are perceived to increase practitioners' empathy towards the client, facilitate the client's connection to their therapist and encourage the client to connect to their own inner processes. Relational components such as reciprocity, teamwork and intersubjectivity are particularly attributed to these types of encounters. This energetic form of relating does not appear to be currently discussed at any length within psychotherapeutic literature but discussion in this paper and in the original research thesis draws attention to its similarities to notions referred to in neuroscience and physics, such as mirror neuron systems, synchronicity and resonance. Thus, understanding the phenomenon of therapeutic connection can be extended by making connections more widely to conceptualisations beyond the psychotherapeutic arena.

The client case study can be seen as a description of a poignant journey of a young man searching for connection to himself. It is evident that he learns to connect to his existential self through his connections to others. His healing processes centred on him increasing his sense of connection to the outside world by immersing himself in therapy, building a community support network and repairing damaged family connections. An accumulation of the effects of therapeutic exploration over several months led to his realisation that his disappointments in himself meant he rejected himself, did not love himself and thus disconnected from his emotional self, others and life. His consequential lack of connection to anything resulted in him wanting to end his life in order to disconnect from the despair he felt. I believe that his

therapeutic encounter with me became a stepping stone towards actualisation of his self. I offered him a therapeutic relationship which was grounded on Rogerian conditions of unconditional acceptance, empathy and congruence. It was apparent that he transferred the qualities of our relationship to his connections with others outside of the therapy room and thus established meaningful and deep relationships. Organically over time, his interactions with others enabled him to connect to and identify his life's values, which manifested in him having purpose and desire to reconnect to his own life.

On reflection, my personal journey can be seen as having parallels to this individual's, in terms of the theme of learning to connect to self and others. By undertaking the training in counselling psychology and coming to the end of it, I have somehow connected to a deeply important need of mine and feel so much more complete and 'whole' as a person. It has been over thirty years now that I have had the desire to train as a psychologist and finally, albeit late in my life, I have arrived. Undoubtedly, it has been an arduous but enlightening, and truly worthwhile journey for me that has been inspired, supported, enriched and made possible by my connections with clients, peers, tutors, supervisors, colleagues, acquaintances, friends and family.

PART A: Doctoral Thesis

A Qualitative Research Study on Practitioners' Experiences of Connection in the Therapeutic Encounter

A Qualitative Research Study on Practitioners' Experiences of Connection in the Therapeutic Encounter

Abstract

In spite of a plethora of evidence that psychological and physical well-being is linked to the quality of interpersonal communications and that healing therapeutic interactions are more about 'being–in-relation' than 'technical expertise', psychotherapeutic and counselling psychology research is increasingly dedicated to interventions and modalities, to comply with a health-care environment, governed by NICE guidelines and evidence-based practice. Consequently there is a relative dearth of research and focus on relational processes and interpersonal dynamics. A more holistic understanding of the nature of connection in the therapeutic relationship and how it is experienced from a perspective which is non-orientation/ modality specific seems to be missing and in need of further investigation. Retaining and developing subjective and intersubjective insight into dyadic therapeutic processes is something which urgently needs to be addressed if we want to continue to appreciate the meaning of the therapeutic relationship and its complexities. This study is a qualitative exploration of psychotherapeutic practitioners' experiences of connection in the therapeutic relationship. An interpretative phenomenological analysis (IPA) framework was employed to interpret and capture individuals' meaning-making, perceptions, thoughts and feelings around the phenomenon of connection. Nine practitioners (chartered counselling psychologists, registered psychotherapists and accredited counsellors), participated in face-to-face individual semi-structured interviews. Interviews were audio-recorded and analysed according to IPA. Analysis of interview transcripts identified three superordinate themes, each comprising of subthemes: (1) foundational connection -"*Space to grow*", "*Two human beings*", "*Guard comes down*", (2) embodied connection -"*Bodily felt stuff*", "*Blending of energies"* and (3) transcendent connection -"*Whole spiritual thing*", "*Stunning moments"*. These findings are discussed in light of existing literature and research and provide insight into the intricacies of implicit relational processes. Limitations, further research suggestions and implications of the study are also considered.

Practitioners' Experience of Connection in the Therapeutic Encounter: An Interpretative Phenomenological Analysis

Chapter One: Introduction and Literature Review

1.1 Introduction

This aim of this research study is to explore the concept of human relations for furthering human flourishing in the context of the therapeutic relationship. The following chapter begins by reflecting upon literature that shows humans have a deep-seated desire and need for relational and social connection. The adverse impact of a lack of interelationship is considered, alongside concerns around a growing trend of sense of disconnection in today's society. Then, the chapter's perspective shifts from general human relations to the relationship within psychotherapeutic practice. The nature of the therapy relationship across different theoretical approaches is explored and associated philosophical assumptions are commented upon. The later part of the chapter evaluates the significance of the therapeutic relationship in terms of empirically tested relational constructs according to contemporary quantitative studies. Then, a sample of qualitative studies on the therapeutic relationship is reviewed. Finally, the rationale for explorative research on experiences of connection in the psychotherapeutic encounter is presented.

1.2 Human Drive for Relationship

As humans, our thoughts, emotions and interpersonal behaviour are seen to be driven by a fundamental need to connect to others (Baumeister & Leary, 1995). Philosophers and researchers alike view human beings as social in nature (Beebe & Lachmann, 2002; Bowlby, 1969; Buber, 1937; Heidegger, 1962; Mearns & Cooper, 2005; Mitchell, 2000; Stern, 1985; Stolorow & Atwood, 1992), as epitomised by Fromm-Reichmann (1959): 'The longing for interpersonal intimacy stays with every human being from infancy throughout life; and there is no human being who is not threatened by its loss…the human being is born with the need for contact and tenderness' (p.3). The underlying purpose of this enduring desire for interpersonal connection has been conceptualised in various ways, for instance, self-regulation (Beebe & Lachmann, 2002); identity formation (Mitchell, 2000; Stern, 1985); sense of self (Stern, 1985); self-development (Gerhardt, 2004); sense of ontology (Laing,

1969); development of mind (Stolorow & Atwood, 1992); understanding of self (Heidegger, 1962); sense of embodiment (Merleau-Ponty, as cited in Dufrenne, 2018) and existential meaning in life (Buber, 1956; Bugental, 1976; Frankl, 1984; May, 2009; Yalom, 1980).

Contemporary neurobiological research proposes that neurobiological processes, such as neuroplasticity (Cozolino, 2006; Siegel, 2003) and mirror neurone systems (Gallese, Eagle & Migone, 2007) are rooted in the inherent nature of brain wiring, created to predetermine a drive to connect with others. Neuroplasticity describes the brain as flexible and adaptable in response to interactions with others and the mirror neurone system (Gallese, Eagle & Migone, 2007) posits that, during bi-directional communication, 'micro-versions of movements, expressions, intentions and affects' of the other are unconsciously 'tried on' (Boston Change Process, 2018, p.300) in order to experience the other's bodily state. This evolutionary focus is highlighted by Siegel (2003): 'the brain becomes literally constructed by interactions with others...our neural machinery... is, by evolution, designed to be altered by relationship experiences' (p.18). Similarly, Cozolino (2006) emphasizes the psycho-neural importance of human interaction:

> *The brain is an organ of adaptation that builds its structures through interactions with others... there are no single brains...the individual neuron or single human brain does not exist in nature. Without mutually stimulating interactions, people and neurons wither and die (p.6).*

This neurobiological view that humans would not survive without engagement and connection with others is supported by earlier research on attachment that cites that infants die without caregivers' interaction (Bowlby, 1969). Bowlby demonstrated that the extreme behaviours that infants exhibit (e.g. crying, protesting and clinging) to avoid separation from a caregiver are evolutionary mechanisms to ensure that they continue to be protected and cared for. Moreover, it is demonstrated that separation anxiety is felt throughout the life span and not just in early years (Eisenberger & Lieberman, 2004) as implied by original attachment theorists (e.g., Bowlby, 1969). Jordan (2008), co-developer of the relational-cultural model and scholar from the Stone Centre at Wellesley College, stresses that interpersonal connection is at the core of human growth and development. She critiques the paradigms that support the

idea of striving for autonomy and 'separate self' and stresses the importance of the need for humans to grow towards, build and develop connections to others and argues that isolation is one of the primary sources of suffering (Jordan, 2008). A study by Gilligan (1991) focuses on the psychological development of adolescent girls and women through relationship with others and conveys that capacity to stay in relationship is a key marker of psychological health because it involves maintaining connection with oneself, with others and the world.

Other significant contributions to the field of relational development come from the work of Stern (1985) who explored the centrality of interpersonal exchanges and intersubjective moments in mother-infant dyads. Micro-analysis of moment-by-moment interaction demonstrates the bi-directional nature of infant and caregiver communication, whereby exchanges are unconscious and not visible to the naked eye. The dyad is seen as a system, because each individual changes in response to the other. He termed this process 'dyadic synchrony and coordination', an essential aspect of what he called intersubjectivity (Stern, 2004, p, 185).

1.3 A Call to Increase Understanding on the Topic of Human Relations

An abundance of research documents that sense of disconnection to others or loneliness (perceived social isolation) has a major and adverse influence on mental/emotional, psychosocial, and physical well-being (Cacioppo & Cacioppo, 2012; Hazan & Campa, 2013*;* Holt-Lunstad, Smith, & Layton, 2010; Luo, Hawkley, Waite, & Cacioppo, 2012; Tishby & Wiseman, 2018; Wampold & Imel, 2015). For instance, there is substantial evidence that loneliness increases the risk of depression (e.g., Cacioppo, Hughes, Waite, Hawkley & Thisted, 2006; Cacioppo, Hawkley, & Thisted, 2010; Heinrich & Gullone, 2006; VanderWeele, Hawkley, Thisted, & Cacioppo, 2011) and social anxiety (e.g., Cacioppo, Capitanio, & Cacioppo, 2014; Kearns, Whitley, Tannahill, & Ellaway, 2014). Furthermore, a number of studies report a link between loneliness and suicidal behaviour (Rudatsikira, Muula, Siziya, & Twa-Twa, 2007; Stickley & Koyanagi, 2016; You, Van Orden & Conner, 2011) and that there are higher rates of mortality in lonely than in non-lonely adults (e.g., Holt-Lunstad & Smith, 2015,Holt-Lunstad, Smith, & Layton, 2010; Luo, Hawkley, Waite, & Cacioppo, 2012; Patterson & Veenstra, 2010; Perissinotto, Stijacic Cenzer, & Covinsky, 2012). From a physical health perspective, loneliness is seen as a risk factor for Alzheimer's disease (Wilson et al., 2007), obesity (Lauder,

Mummery, Jones, & Caperchione, 2006), and diminished immunity (Pressman et al., 2005), among many other adverse health conditions. Researchers have also found that loneliness is associated with serious health risks in children (Asher & Paquette, 2003; Boivin, Hymel, & Bukowski, 1995), and adolescents (Jones, Schinka, Dulmen, Bossarte, & Swahn, 2011; Mahon, Yarcheski, & Yarcheski, 1993).

Prevalence of loneliness appears to have increased over the last forty years and is seen to be continuing to rise (Cacioppo, Grippo, London, Goossens & Cacioppo, 2015). A nationwide survey, commissioned by the Mental Health Foundation, reports that 48% of British adults consider that people in the UK are getting lonelier as time progresses, 45% report feeling lonely at least some of the time, and 42% report having felt depressed due to being alone (Griffin, 2010). Loneliness in today's society is clearly a prevalent issue as the UK government has recently appointed its first loneliness minister with plans to tackle the issue (Gov.UK, 2018). Lonely individuals are more likely to visit their GP (Cohen, Perlstein, Chapline, Kelly, Firth, & Simmens, 2006), be admitted to accident and emergency services (Geller, Janson, McGovern, & Valdini, 1999) and require early access to residential or nursing care (Russell, Peplau, & Cutrona, 1980). Thus, loneliness has substantial cost ramifications for the national economy so is rapidly moving up the political agenda.

Increasing understanding around the topic of loneliness and social connection clearly is a vital task for modern social science researchers and could inevitably help healthcare providers, including psychotherapeutic professionals, to play a role in reducing experiences of loneliness. Heinrich and Gullone (2006) assert that 'the alleviation and prevention of social relationship deficits should be a key focus of clinicians' (p. 710). The relationship in the therapy room has the possibility of addressing clients' interpersonal issues and playing a role in diminishing the sense of isolation and disconnection. Additionally, it may help to model healthy ways of relating and connecting which can also be applied to personal relationships. Adjusting unhelpful relational habits and learning new positive ways to interact in the clinic environment could potentially reduce individuals' sense of loneliness. Indeed, research has shown that during the therapeutic exchange neurobiological changes take place in the brain via alterations in neural networks, new neural pathways are created and thus new ways of interacting and connecting with another are learnt (Kawamichi, Yoshihara, Sakaki & Sugawara, 2015). The potential power of the relationship in the

therapy room, in terms of human flourishing, is highlighted by Mearns and Cooper (2018):

> If human beings are entering the world with a predisposition to engage with others, the therapeutic relationship is a condition in which this need can be met at a very deep level (p.12).

The next two sections of this chapter offer insights into the role of the therapeutic relationship and how it is constructed across the main models of therapy and how particular relational constructs are shown empirically to promote therapeutic healing.

1.4 The Nature of Relationship across Psychotherapeutic Approaches

This part of the chapter looks at the ways the therapeutic relationship is conceptualised across different psychotherapeutic approaches: humanistic, psychodynamic, cognitive behavioural, pluralistic and integrative, and makes reference to associated philosophical assumptions.

1.4.1 The humanistic approach: The nature of the therapeutic relationship and philosophical underpinning

Within the humanistic psychotherapeutic paradigm there is a diversity of therapies and some of the most prevalent are person-centred, existential and transpersonal. Each one has their own distinct conceptualisation of the therapeutic relationship but share assumptions about the client which are driven by principles of humanism. These have been identified by du Plock (2010) as centred on themes around the 'here and now', holism and autonomy. In essence, focus is on the client's current experiencing rather than the past; their 'totality' is embraced rather than honing in on their presenting problem; and the client is encouraged to be the 'expert' on them self and to find their own personal meanings. The three aforementioned humanistic therapies are outlined below and reviewed in the context of how the therapeutic relationship is conceptualised.

1.4.1.1 Person-centred approach

Within the person-centred tradition there are various therapies or 'tribes' (Sanders, 2012), which are underpinned by Rogers (1959b) relational framework, and represent

adaptations or extensions to the original classic client-centred therapy (Rogers, 1959b), which was criticised as too individualistic and too therapist-based. These include experiential person-centred therapies (e.g., Gendlin, Greenberg, Rice & Elliot, 1993; Murphy 2017; Purton, 2013), which emphasise the client's internal subjective phenomenological experiencing; dialogical (Cooper, O'Hara, Schmid & Bohart, 2013), focused-orientated (Purton, 2013), relational depth (Mearns, 1997) and emotion-focused (Greenberg, Rice & Elliot, 1993), whereby being touched by the essence of the other is viewed as unavoidable and mutual relating is actively encouraged.

To appreciate the essence of how the therapeutic relationship is conceptualised across person-centred therapies Roger's relational framework is outlined here. Rogers' (1959b) approach is epitomised by therapist non-directivity, client as expert on self and emphasis upon renouncement of therapist knowledge and authority, so the client can uncover their own organismic wisdom. For Rogers it is the relationship itself that provides the means for therapeutic healing. Roger's theory hypothesises that self-actualisation can be nurtured through the therapeutic relationship by the provision of the 'necessary and sufficient' therapist qualities of empathy, unconditional positive regard/acceptance and congruence/authenticity which are coined 'core conditions' (Rogers, 1959b). Though, some critics of the Rogerian philosophy argue that the therapeutic relationship conditions may be necessary but not actually sufficient (Goldfried, 2007; Goldfried and Davila, 2005; Hill, 2005).

Rogers defined empathy as the therapist's communication to the client that they understand the client's inner world of experience, primarily conveyed via listening and reflecting skills. Client reception of this condition facilitates the client to become more self-empathic and self-accepting (Rogers, 1959b). The construct of empathy has since received intense research interest and a modern perspective views it as more interactional and involved in developmental and social psychological processes (Elliot, Bohart, Watson & Murphy, 2019). The early view that the process of empathy is therapist driven and the role of the client is minimal, has thus been replaced by an emphasis on mutuality and interpersonality. The counsellor uses all of their senses, cognitive, emotional and somatic, to recognise where the client is at and the client responds with empathy towards the therapist (Mearns & Thorne, 2007). Overall, empathy is now viewed as a key component of successful therapy across all modalities (Tishby & Wiseman, 2018). Furthermore, understanding of the mutuality

of empathic processes has been illuminated by contemporary neuroscience research which extends the discovery of mirror neurones in macaque monkeys (e.g, Gallese et al.' 1996) to affective elements of human empathy.

Rogers (1959b) second core condition of congruence posits that the therapist needs to be real, genuine, authentic and spontaneous in order for the therapeutic relationship to be effective. He proposed that this relational construct is required for conveying the other two conditions-empathy and unconditional positive regard. He understood congruence as the therapist being present and authentic in their encounter with the client, aware of experiencing of the client and at the same time conveying this verbally and behaviourally in a transparent way so the client can perceive the therapist as genuine. In Rogers' thinking clients are in a state of incongruence and the therapeutic process helps them become more congruent as they increase psychological contact with their real feelings and thoughts. A more modern description of congruence is 'the state of being of the counsellor when her /his outward responses to the client consistently match the inner feelings and sensations that she has in relation to the client' (Mearns & Thorne, 2007, p.75). It is understood to facilitate development of trust, positive flow of energy and modelling of acceptance of one's own feelings (McLeod, 2000).

The third core condition, necessary for the therapist to communicate, is unconditional positive regard, which Rogers described as the therapist consistently prizing the client as a loving parent would a child in a non-possessive manner (Rogers, 1959b). This encompasses an attitude which conveys warmth and deep acceptance regardless of whether the therapist approves of their behaviour, thoughts or feelings. Rogers posited that therapist's provision of positive regard was an essential counter-balance to the 'conditions of worth' commonly dictated by parents on their children. Receiving positive affirmation in this way would encourage clients to flourish psychologically and fulfil their potential. Rogers suggested that attitudes of therapist empathy and congruence are a prerequisite for client's experiencing of positive regard. Positive regard is expressed through multiple channels, for example provision of reassurance, gentle tone of voice, active listening, responsive eye contact and positive body contact (Norcross & Lambert, 2019).

The ontological stance of the person-centred approach is that due to the individual's inherent organismic wisdom he/she has the potential to self-actualise if exposed to nurturing relationships imbued with qualities of acceptance, authenticity and

empathy. According to Schmid (2013, p.68), from a person-centred view, the social and relational dimension of the person seeks 'relationship, dialogue, partnership, connection with the world, interconnectedness and community'. If the social conditions are favourable, the individual's actualising tendency stimulates personal growth which is deemed as 'socially constructive' (Murphy, 2017, p.75). From a person-centred perspective, epistemologically speaking, to know the client's experience the therapist seeks to empathically understand the client's world of meaning through their internal frame of reference (Roger, 1951).

1.4.1.2 Existential therapy

The central tenet of existential therapy is that humans are fundamentally relational beings so the clinical work emphasises relationality, whereby the client's subjectivity is explored in a curious and supportive manner. The therapeutic relationship is viewed as an encounter between two 'fellow travellers' (Yalom , 2001, p.6) and 'a personal discussion between two people, one of them more anxious than the other' (Yalom, 2001, p.108). The therapist encourages dyadic interactions based on the notion of 'I-Thou' rather than 'I-It' (Buber, 1937**)** where a collaborative and honest companionship is sought in favour of the therapist assuming 'expert' status and objectifying the client.

The theoretical underpinnings of the existential model are based on the belief that existing as a human is paradoxical as we are intrinsically always connected to others but at the same time experience isolation within our own meaning-making. From an ontological perspective each human being has universal givens such as being-in-the-world and being-in-the-world –with –others which means that we are inextricably linked in a two-way interactional process from birth, termed intersubjectivity (Kaskett, 2017).

1.4.1.3 Transpersonal therapy

Transpersonal therapist Rowan (2005) believes that the phenomenon of deeply relating is located in the transpersonal realm and stipulates: 'the transpersonal is a dimension of all therapy which requires attention if the therapist is to deal with the whole client who is present' (p.1). From a wider perspective he sees psychotherapy as a 'spiritual exercise' (p.3) and says 'simply paying attention to what is really going on inside us could be seen as a spiritual act' (p.3). The therapeutic relationship within

transpersonal therapy is said to be based on trust, truth, curiosity and mutuality (Rowan, 2017). The therapist is seen as a wise companion who is prepared to journey with the client into deep, spiritual dimensions. Relational therapist Clarkson (2003) also stresses the importance of working in a transpersonal/spiritual way which she describes as one of five facets of the relationship. She reflects that it is 'impossible to describe', but refers to the 'spiritual, mysterious or currently inexplicable dimension of the healing relationship' (p. 20). Ontologically transpersonal therapy assumes that the human being is infinite and made up of soul and spirit as well as physicality. The primary way of knowing in the transpersonal arena is through intuition, illumination and transcendence (Rowan, 2017).

1.4.2 The psychodynamic approach: The therapeutic relationship and philosophical underpinning

The psychodynamic therapeutic approach encompasses all analytic therapies and stems primarily from Freud's (1913) psychoanalysis, and its development has been influenced by Adler, Jung, Klein, Rank and Erikson (Penman, 2014) among others. The common aim of therapies from this orientation is to create a relationship which facilitates bringing the unconscious mind into consciousness, as it is believed that early painful experiences are repressed via defence mechanisms which cause psychological issues (Jacobs, 2017). A key goal is to build a relationship based on trust so that the client feels safe enough to uncover conflicts from the unconscious, and restoration of psychological balance is believed to be possible following the breaking down of defences (Jacobs, 2017). In psychodynamic therapies the dyadic relationship is predominantly conceptualised according to transference and countertransference, provision of a containing/holding environment, alliance building and attachment patterns.

According to Jung (1969) it is the ability of the client to tolerate the tension of transference that creates the dynamism necessary for psychological transformation. Transference has been defined as 'the patient's experience and perceptions of the therapist that are shaped by the patient's own psychological structures and past' (Gelso & Hayes, 1998, p.25). Therapist awareness of transference allows the meaning of the client-therapist relationship to be explored and unconscious conflicts brought to light (Jacobs, 2017).

The classical understanding of countertransference saw it as therapist's unconscious responses to the patient's transference in terms of therapist unresolved conflicts and it was viewed as a negative by-product which infringes on therapeutic progress and a process which only occurs in analytic relationships (Freud, 1913). In later years, though, countertransfernce has been reconceptualised as a relational process which is significant and merits therapeutic exploration as it offers insight into patient's impact on others and is also envisaged as being central to all theoretical orientations (e.g., Brown, 2001; Ellis, 2001). It is now viewed as a complex relational element 'encompassing hidden components of the therapist's personality, painful aspects of his or her past' (Hayes, Gelso, Kivighan & Goldberg, 2019, p.525).

Bion's (1984) concept of the container and Winnicott's (1965) notion of holding, which are comparable and interchangeably used in literature, have had a profound influence on the understanding of the psychodynamic relationship (Ogden, 2004). These terms express the way the therapist helps the client manage their strong feelings like a 'good enough' parent facilitates the infant to regulate their emotional life. The analyst acts as a 'container' or 'holder' by absorbing the client's thoughts and feelings and reproducing them so they are less overwhelming for the client. This sense of being contained or held is internalised and models for the client how to do it for themselves (Ogden, 2004).

In psychodynamic therapies the relationship between the therapist and client is regarded as the basic instrument of the treatment. It has been referred to as treatment alliance, helping alliance, therapeutic alliance, or working alliance, and these terms appear to be reciprocally defined within theoretical literature. The notion of alliance originated with Freud (Fluckiger, Wampold & Horvath, 2019), he viewed that the patient's pain was healed through a analyst and patient collaborative and transferential alliance. Endeavours have been made to detach the idea of alliance from its psychoanalytic origins so that it could be seen as present in relationships within all orientations. Indeed, Bordin (1979) posited a pan-theoretical approach which conceptualises the alliance as consisting of three parts: tasks, goals and bond which centres on active collaboration as opposed to the earlier version which emphasises therapist contributions. Shared commitment to the goals and tasks of counselling and also the development of an attachment bond (the affective quality of the relationship) are key features and are characterised by cooperation, mutuality and respect (Bordin, 1979). Contemporary thought position goal consensus and collaboration as pan-

theoretical constructs that are relevant to all psychotherapeutic therapies (Tryon, Birch & Verkuilen, 2019). Charura and Paul (2014) remark that, even though Bordin's theory may appear to be reductionist, it is influential in the understanding of the therapeutic relationship because it acknowledges the clients' contribution to the relationship.

Another pan-theoretical model of the therapeutic relationship, proposed by Psychodynamic therapist Gelso (2014), is tripartite and consists of a working alliance, transference-countertransference configuration and a 'real' interaction. The 'real' relationship places emphasis on genuineness, consciousness and realism.
The notion of the real psychotherapy relationship is thought to have originated in Freud's psychoanalytic 'talking cure' as he talked about a non-distorted element of the relationship which is based on reality rather than through the lenses of transference (Gelso, kivlighan & Markin, 2019). Genuineness in Gelso's (2014) conceptualisation of the real relationship can be seen to overlap with the Rogerian vision of congruence (Gelso, kivlighan & Markin, 2019). It is viewed as being non-phoney, authentic in the here and now, open and honest (Gelso & Hayes, 1998) rather than holding back and being insincere. Emphasis in this framework is on both the practitioner and client being genuine in the presentation of themselves (intrapersonal) and also authentic in their interaction and experience with each other (interpersonal) and is thought to encompass a broader meaning than Rogerian congruence (Kolden, Wang, Austin, Chang & Klein, 2019). Rogers' emphasis was on congruence being a therapist offered condition and from Gelso's conceptualisation involves both individuals and the experiential aspect of the relationship. The real relationship is bolstered by the client connecting with inner experiences and communicating these as part of their genuineness. This model is reminiscent of Clarkson's (2003) five-facet relationship theory which also describes the therapeutic dyad in terms of transferential/countertransferential, working alliance and person-to-person (similar to 'real'), and she includes two other phases -reparative/developmentally needed (corrective and replenishing) and transpersonal (numinous elements).

Attachment theory (Bowlby, 1969; Winnicott, 1965), predominant in the understanding of relationships in psychodynamic theory and practice, explains how early dysfunctional attachment experiences impair ability to make affectional bonds in later life. As explained earlier this translates in the therapeutic setting to the therapist (attachment figure) providing a 'secure base' from which the client can

explore the world of feelings, experiences and relationships. The transference relationship allows the maladaptive facets of the client's insecure attachment to be recognised and thereupon worked through. Attachment theorists' (e.g., Bowlby, 1969; Winnicott, 1965) emphasis on the significance of interpersonal processes has led to psychodynamic therapies becoming more relational over the years.

Indeed, since 1980s a relational paradigm has developed from an amalgamation of notions from classical psychoanalysis and more contemporary psychoanalytic-based schools such as object relations, interpersonal psychoanalysis and self psychology (Geeenberg & Mitchell, 1983). In this contemporary psychodynamic thought there is less focus on the intrapsychic and more focus on relationships with others, bi-directional process, co-construction of meaning and the therapist's subjectivity is now viewed alongside the client's subjectivity. Some are critical though, of this relational movement (e.g., Adler & Bachant, 1998; Mills, 2005), due to concern about the loss of focus on the unconscious and transference.

The ontology of the classical psychoanalytic approach stems from Freud's model of the human mind (1913) that the individual's reality is created by three levels of awareness (conscious, subconscious and unconscious) and behaviour is determined by the interaction of aspects of the psyche (id, ego and super ego). Tension caused by a conflict between instinctual impulses/drives and relating to the social world is seen to create defences and it is the aim of the clinical work to release these by bringing unconscious material to awareness and establishing intrapsychic compromise. However, this model has been rejected by relational theorists (e.g., Bowlby, Fairbairn and Winnicott) who contended that the person is motivated by the desire for relationship and that impulses (e.g., sexual and aggressive) are understood as manifesting within relationships rather than within the person (Mitchell, 1988). Thus, in relational psychodynamic clinic work, focus is on the therapeutic relationship, the client's relationship with ' self' as well the quality of the client's relationships in early life.

From an epistemological perspective classical psychoanalysis assumes that the intrapsychic of the individual can be observed and analysed objectively from a neutral stance. Relational theorists though (e.g., Sullivan, 1940) challenge this notion with the hypothesis that the therapist participates in the therapeutic process and it is the relational interaction that stimulates therapeutic progress. This two-person epistemology posits the client's psychological structures cannot be separated from the

relational context (Halewood, 2017) and that both therapist and client actively engage in the therapeutic encounter. Halewood (2017) considers that the collaborative co-construction within the relational approach infers a constructionist epistemology, as an alternative to an objective reality stance which focuses on one-person psychology and expert therapist.

1.4.3 Cognitive behavioural approach: The therapeutic relationship and philosophical underpinning

Cognitive behavioural therapy (CBT) is now an umbrella term for many therapies which can be distinguished by common elements such as collaborative relationship, prioritising the present, focus upon technique, treating bias in cognitive thinking and empiricism. In early versions of CBT a good quality therapeutic relationship is perceived as necessary but not sufficient on its own for successful therapeutic change (Beck**,** John, Shaw & Emery, 1979). Positive therapeutic outcome is seen as the result of implementation of strategies and techniques and not thought possible just through the client-therapist relationship alone (Beck, et al., 1979). In traditional CBT the nature of the therapeutic interaction is regarded as 'collaborative' *(*Beck, et al., 1979, p.54) whereby a working alliance is maintained by the therapist and client jointly agreeing on agendas, tasks, goals and homework. The primary task is to co-examine the empirical status of the client's cognitions using techniques and strategies.

In the last two decades it has nonetheless been increasingly recognised that a strong therapeutic relationship in CBT is associated with positive outcomes (Daniels & Wearden, 2011; Gilbert & Leahy, 2007) and also that the relationship can be used as a means to modify clients' cognitive and emotional difficulties (Kanter, Rusch, Landes & Holman, 2009). This shift in perspective on the potential influence of the relationship, which is particularly demonstrated in contemporary third wave CBT therapies, has largely been in response to criticism of traditional CBT being too mechanistic (Gaudiano, 2008). Proponents of these contemporary CBT therapies are increasingly drawing on relational principles from existential, person-centred and psychodynamic perspectives. Relational concepts such as acceptance, compassion, and mindful awareness are often integrated into the third wave CBT repertoire (for example Acceptance and Commitment Therapy- ACT; Dialectical Behavioural Therapy- DBT; Mindfulness-Based Cognitive Therapy-MBCT and Compassion Focused Therapy- CFT). In these third wave CBT therapies the focus has shifted

from challenging cognitions to just noticing them and accepting them in a compassionate way.

From a cognitive behavioural philosophical basis the image of the person is a thinking and behavioural organism. Dryden (2017) points out that all therapies within the cognitive behavioural tradition follow psychological interactionism assumptions which contend that cognitions, emotions and behaviours are overlapping processes and not isolated psychological systems. Furthermore, the person's present and past environment is seen to impact on their feelings, thoughts and actions. In more contemporary CBT therapies, such as CFT, the image of the person is created from a combination of inherited genes and social circumstances (Gilbert & Irons, 2014) so its philosophical underpinnings are deemed to draw from social contextualism and evolutionary psychology (Dryden, 2017).

Traditional CBT theorists propose that humans have an inherent tendency to have irrational thoughts and believe that the validity of these can be investigated and clinically challenged by using clinical empiricism, logic and pragmatism (Beck, 2011; Ellis, 1976). More recent CBT therapies (e.g.,MBCT and ACT) avoid focusing on the client's thinking as a way of knowing and instead guide the client to accept their thoughts and move past their problems by focusing on value-based living (Dryden, 2017).

1.4.4 Pluralistic approach: The therapeutic relationship and philosophical underpinning

A pluralistic approach to psychotherapy draws on methods from various therapeutic orientations and focuses on the domains of goals, tasks and methods. It is based on a pluralistic perspective that 'different clients are likely to benefit from different therapeutic methods at different points in time' (Cooper & McLeod, 2011, p.7). The therapeutic relationship is fundamental to pluralistic practice through shared decision making, though the mode of relationship is flexible and can vary according to the client and where they are at in the therapeutic process (Cooper & McLeod, 2011). For example one client may require a person-centred type relationship in the beginning of their therapy, which is based on the therapist expressing empathy and the client receiving it in order to develop trust and once this has been established the relationship may shift into more of a collaborative type alliance, typical of the cognitive behavioural tradition, which is task and goal orientated.

The pluralistic orientation is akin to integrative and eclectic therapies which believe that single orientation therapies do not hold all the answers. However, it differs in that its foundational values are set as humanistic and existential (Cooper & McLeod, 2011) as the person's uniqueness is heralded and their subjectivity and meaning-making through relationship is appreciated. Philosophical assumptions in this approach are that the person inhabits a world distinguished by 'multiple plausible ontologies, including realist, constructivist and transcendental/spiritual' (Hanley, Winter, McLeod & Cooper, 2017), so from a clinical stance the pluralistic practitioner is called to accept and embrace a multiplicity of client worldviews.

1.4.5 Integrative approach: The therapeutic relationship and philosophical underpinning

The implicit assumption of the integrative approach is that the complexity of the person cannot be fully understood by one psychological theory and that different schools of therapy can contribute in a valuable way. Thus, psychotherapeutic integration infers a practice which blends diverse theoretical orientations. There are primarily four subtypes of integrative therapies (Lambert & Norcross, 2017): Technical eclecticism draws on procedures from various schools but may not endorse the theories from which they originate (e.g., Lazarus' multimodal therapy). Theoretical integration blends techniques and psychological theories from two or more psychotherapy models (e.g., Ryles' cognitive –analytical therapy). Assimilative integration affiliates to one main school of psychotherapy and incorporates techniques from other therapies (e.g., Stricker & Gold's assimilative psychodynamic therapy).

Central to integrative approaches the therapeutic relationship accounts more for therapeutic progress than particular treatment methods (Lambert & Norcross, 2017). Lambert and Norcross (2017) describe the following relational constructs as 'heavily emphasised' in most integrative psychotherapies: therapeutic alliance, empathic understanding, goal consensus, positive regard, client feedback, rupture repair and countertransference management.

Ontologically speaking psychotherapy integration can be seen as pluralistic as it embraces the use of heterogeneous theories and methods in understanding and helping the client and also pragmatic as it is concerned with practical uses rather than theorising about reality (Lambert & Norcross, 2017). Aligned with pluralism,

integration values numerous ways of knowing from both clinical and research perspectives, thus assumes multiple epistemologies (Lambert & Norcross, 2017).

1.5 Introduction to the Quantitative and Qualitative Empirical Review on the Therapeutic Relationship

To find empirical studies that addressed the therapeutic relationship EBSCO search engine and PsychINFO database were drawn upon. Peer reviewed literature from 1985 to the present, with specific focus on the last ten years was searched for. The following terms and key words were used as it can easily be observed in literature that these terms are employed interchangeably and distinction between them is minimal: therapeutic relationship, therapeutic alliance, working alliance, helping relationship, therapeutic communication, therapeutic bond and therapeutic connection. The subject heading was either quantitative or qualitative. It became apparent that existing quantitative studies on the therapeutic relationship are predominantly based on relational constructs and outcome i.e. particular aspects of the relationship such as alliance, goal consensus, empathy, positive regard, congruence, 'real' relationship, and countertransfernce, so the following review looks at these. Relational constructs are also touched upon among qualitative studies so a brief review of some of these takes place, followed by a more detailed review of three qualitative studies which focus on broader experiences of the therapeutic relationship, akin to the focus of this research study. These three studies were chosen to represent existing qualitative research which explores experiential aspects from the perspectives of clients and therapists.

1.5.1 Review of quantitative empirical research on the therapeutic relationship: Components of the therapeutic relationship associated with positive outcome

Norcross and Lambert's (2019) extensive meta-analytical review of relational variables and their correlation with measures of therapy outcomes is outlined here. This is the largest ever review of empirical evidence on the psychotherapist-client relationship and is the updated version of their project conducted in 2002 (Norcross, 2002) and 2011 (Norcross, 2011) as part of the APA Interdivisional (12 & 29) Task Force on Evidence-Based Therapy Relationships. The purpose was to conduct a meta-analysis of decades of research evidence and clinical experience in order to determine effective elements of the therapeutic relationship and to demonstrate the

significance of the healing qualities of the therapy relationship (Norcross & Lambert, 2019).

They conducted quantitative meta-analyses on the aforementioned relational variables to allow direct estimates of the significance of association in the form of effect sizes. Correctional coefficients (*r)* enabled direct comparisons of the meta-analytic results to one another and the larger the magnitude of *r,* the greater the probability of positive therapeutic outcome based on the relational construct under investigation. The researchers say that an *r* of 0.10 in behavioural sciences is deemed a small effect; 0.30 a medium effect and 0.50, a large effect. They comment that due to the complexity of psychotherapy they did not envisage large effects of any one relationship variable and as they expected their study identified mainly small- to medium-sized effects. The measures assessed for each relationship element, the previous research summaries and the new meta-analysis, according to various criteria such as: number of empirical studies; consistency of empirical results; magnitude of association and causal link between the relationship component, outcome and validity (Norcross & Lambert, 2019).

1.5.1.1 Impact of Alliance on therapeutic outcome

The review provided a meta-analysis of the alliance-outcome literature spanning four decades (1978-2017). A total of 306 studies were included in the meta-analysis, identified from an extensive literature search which included criteria that studies use the term helping alliance, working alliance, or therapeutic alliance. The results corroborate with other key studies (e.g., Horvath & Bedi, 2002; Horvath et al., 2011) the robustness of the positive relation between the alliance and therapeutic outcome.

Primarily, four core alliance measures were utilised across the research studies: California Psychotherapy Alliance Scale (CALPAS; Gaston, 1990), Helping Alliance Questionnaires (HAq; Alexander & Luborsky, 1986), Vangerbilt Psychotherapy Process Scale (VPPS; O' Malley, Suh, & Strupp, 1983) and Working Alliance Inventory (WAI; Horvath & Greenberg, 1986). The method of analysis was the random-effects model, and aggregation procedures (Hunter & Schmidt, 2004) were used to collect one correlation effect size per study. The procedures for the meta-analysis were conducted using various meta-analysis packages from a statistical software program. The overarching results show an aggregate effect size for independent alliance-outcome relations as $r = 0.278$. This signifies the alliance-

outcome relation accounts for about 8% of the variability of the treatment outcomes. In response to these results the researchers recommend that positive impact on therapeutic outcome can be encouraged by developing and establishing an alliance for the duration of the psychotherapy which 'entails creating a warm emotional bond or collaborative attachment with the patient' (Fluckiger, Wampold & Horvath, 2019). Limitations of this research on alliance revolve around 'quantification of potentially different qualities' (Fluckiger, Wampold & Horvath, 2019, p. 59). The authors explain that the diversity of how researchers define 'alliance' means different kinds of understandings may have been collected and analysed.

1.5.1.2 Impact of Goal consensus and Collaboration on therapeutic outcome

Two measures were mostly used for the studies in the goal consensus meta-analysis: The 36-item Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) and The California Psychotherapy Alliance Scales (CALPAS; Gaston, 1991). Measures of homework compliance and CALPAS were applied to the collaboration meta-analysis. The results are based on more than 80 studies. The meta-analytic results for goal consensus-outcome and collaboration-outcome were similar ranging from r = 0.26-0.29. The researchers conclude that the meta-analyses indicate that teamwork in the form of agreeing goals and collaboration is fundamental to favourable psychotherapeutic outcome.

The authors of this meta-analysis review acknowledge limitations. In particular, comment is made that the associated studies assesses goal consensus and collaboration at a single point during the therapy session which is unrealistic as goals and collaboration changes through the course of therapy. Furthermore, these outcome studies are correlational thus causal conclusions are limited.

1.5.1. 3 Impact of Empathy on therapeutic outcome

Meta-analysis of 82 studies investigating the relationship between therapist empathy and client outcome was carried out. The researchers point out that there was a conceptual problem of researching empathy in psychotherapy as there is no consensual definition (Elliot, Bohart, Watson & Murphy, 2019) and separating empathy from other relational variables is challenging. They conceptualise that empathy overlaps with other relationship constructs, particularly positive regard, congruence, compassion, presence and responsiveness. The authors conclude from

their theoretical exploration of empathy that it is a complex construct and chose to measure it by drawing from Barrett-Lennard's (1981) interpretation of empathy. Measures that assessed the quality of therapist empathy in this research were based on client rated received empathy; observer's perception of practitioner's expressed empathy; practitioner –rated own empathic resonance and empathic accuracy, determined by congruence between practitioner and client perceptions.

The results of the meta-analysis of empathy and therapeutic outcome showed a random effects weighted $r = 0.28$, a medium effect size which indicates that empathy generally accounts for about 9% of the variance in therapy outcome. They conclude that empathy accounts for more outcome variance than do specific therapy methods. Overall, the researchers conclude that empathy is a medium-sized predictor outcome in psychotherapy, across theoretical orientations. From a clinical practice perspective they recommend that therapists make continuous efforts to understand client's affective and cognitive aspects of inner experiencing and express this empathy through listening, attending and reflective skills. Also, they recommend attuning empathically to the client's subjectivity instead of focusing on words and content.

Limitations of this empathy investigation, other than challenges of inferring causality from correlational data, relate to validity and reliability of some of the outcome measures, confounding factors related to experience of raters and sampling methods and partial coverage of methods and results.

1.5.1.4 Impact of Positive regard and Affirmation on therapeutic outcome

Empirical challenges in the meta-analysis of positive regard and psychotherapeutic outcome were associated with theoretical confusion around the notion of positive regard largely due to various terms being interchangeably used in literature such a affirmation, validation, prizing, and warmth (Farber, Suzuki & Lynch, 2019). Measures such as BLRI (Barett-Lennard, 1964, 1978) and the Truax Relationship Questionnaire (Truax & Carkhuff, 1967) which focus on positive regard and outcome, were used in this meta-analysis as they include items that reflect overlapping of relational elements (Farber, Suzuki & Lynch, 2019). A sum of 64 studies were covered in the overall analysis and a random effects model showed an aggregate effect size of $r= 0.28$, indicating that positive regard has a small association with psychotherapy outcomes. The researchers of this meta-analyses conclude that

psychotherapeutic practitioner's offering of positive regard 'significantly predicts and relates to therapeutic success' (p. 314).

Limitations of the analyses are associated with the relatively small sample size of 64 studies, which makes conclusions less worthy. The researchers explain that there was a restricted source of studies to analyse because the concept of positive regard is likely to have been absorbed into more recent relational constructs such as the therapeutic alliance. Another potential reservation is that positive regard may interact and be confounded with other therapist attitudes thus results may be misleading.

1.5.1.5 Impact of Congruence/genuineness on therapeutic outcome

As mentioned in the previous section of this chapter congruence or genuineness as a relational attribute was central to Rogers (1957) therapeutic approach and in more recent years has been also emphasised in Gelso's conceptualisation of the 'real relationship' (Gelso et al., 2005). The measure used for the meta-analysis of congruence and outcome was the Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1998).

The results of the meta-analysis included 21 studies and the estimated effect size for congruence with psychotherapy outcome was $r = 0.23$, a small to medium effect and accounting for approximately 5.3% of the variance in treatment outcome. The researchers conclude 'this provides evidence for congruence as a noteworthy facet of the psychotherapy relationship' (Kolden, Wang, Austin, Chang & Klein, 2019, p. 338).

Overall the researchers summarise from their study that 'congruence or genuineness should be recognised as an essential psychotherapy relationship element that is consistently associated with and predictive of client change' (Kolden, Wang, Austin, Chang & Klein, 2019, p. 346).

The researchers acknowledge that despite adherence to objective meta-analytic guidelines, transparency in data coverage and peer review, researcher allegiance in terms of emotional, financial or academic interests, for example, could have implicitly impacted on the results. They also caution about overgeneralising as congruence may only instigate therapeutic progress in the context of the other core conditions of empathy and positive regard and that potential future studies could attend to this complexity by employing more sophisticated analysis methods.

1.5.1.6 Impact of the 'real' relationship on therapeutic outcome

The authors of this meta-analytic study acknowledge that the notion of the 'real' relationship has psychoanalytic origins but considers the real relationship a transtheoretical construct as it is understood to apply to all psychotherapeutic theoretical orientations (Gelso, kivlighan & Markin, 2019), a view that is supported by empirical evidence (e.g., Gelso & Silberberg, 2016). The real relationship is viewed as a component of Gelso's (2014) tripartite model of the therapeutic relationship. The authors of this review focus on a modern, transtheoretical definition of the real relationship; ' the personal relationship between therapist and patient marked by the extent to which each is genuine with the other and perceives/experience the other in ways that befit the other' (Gelso, 2009, p.119). This study sees person-centred therapist congruence as synonymous with real relationship therapist genuineness. Two measures were used: the Real Relationship Inventory-Therapist Version (RRI-T; Gelso, 2009) and the Real Relationship Inventory-Client Version (RRI-C; Kelly et al., 2010). The results demonstrate a moderate correlation between real relationship and treatment outcome with an effect size of $r = 0.38$. The researchers conclude that the evidence 'suggests that a strong real relationship is an important ingredient of successful psychotherapy' (Gelso, kivlighan & Markin, 2019, p. 372). The central limitations of this research are based on the small number of studies and potential allegiance effects.

1.5.1.7 Impact of Managing Countertransference on therapeutic outcome

This study reviews empirical research on countertransference and its relation to psychotherapy outcome. It refers to the term countertansfernce in the context of reactions arising from the practitioner's unresolved personal issues and defines it as 'internal and external reactions in which unresolved conflicts of the therapist, usually but not always unconscious, are implicated' (Hayes, Gelso, Kivighan & Goldberg, 2019, p. 525). Unlike the classical interpretation of countertransfernce these reactions are seen as potentially beneficial in terms of shedding insight into the patient's impact on others. Furthermore, these researchers view that countertransference is inevitable for the reason that all therapists have unprocessed conflicts which are stirred by human encounters. They suggest that their definition of countertransference means it is applicable to a variety of theoretical orientations alongside psychoanalysis, for example countertransference reactions within a cognitive framework may emerge as

therapist automatic thoughts and self-schemas and from a humanistic basis therapist condition of worth.

The researchers recorded that from a total of 14 studies the correlation between countertransference reactions and psychotherapy outcome is significant with an omnibus effect size r = - 0.16 at a 95% confidence level. A further 9 studies reported the correlation between countertransfernce management and psychotherapy outcome, a significant omnibus effect size r = 0.39 at a 95% confidence level, which represents a medium to large effect size, suggesting that 'better countertransference management was associated with larger gains in psychotherapy outcome' (Hayes, Gelso, Kivighan & Goldberg, 2019, p.536). The conclusions arising from this review are that the acting out of countertransfernce can have adverse effects and that countertransfernce management tends to manifest into beneficial patient outcomes.

The researchers point out that the central limitation of this study is the paucity of studies that connect countertransfernce and its management to treatment outcomes and foresee that the magnitudes of the effects revealed will most likely alter as research in this area is amassed.

1.5.1.8 Summary of the Norcross & Lambert meta-analytic review (2019)

The overall conclusions of this rich body of empirical research are that 'the psychotherapy relationship makes substantial and consistent contributions to patient outcomes independent of the specific type of psychological treatment' (Norcross & Lambert, 2019, p. 631) and 'the therapy relationship accounts for client improvement (or lack of improvement) as much as, and probably more, then the particular treatment method' (Norcross & Lambert, 2019, p.631). Thus, they strongly endorse that the therapeutic relationship is central to positive outcome and argue that promoting evidence-based treatments without consideration of the relationship is 'seriously incomplete and potentially misleading' (Norcross & Lambert, 2019, p. 631). In regards to the evidentiary strength of some elements of the therapy relationship the review found alliance, goal consensus, empathy and positive regard and affirmation 'demonstrably effective' and congruence/genuineness, real relationship and managing counter transference 'probably effective'. Norcross and Lambert (2019) recommend that psychotherapeutic practitioners make it their primary aim to concentrate on establishing and developing these relational variables in their practices.

1.5.2 Review of qualitative empirical research on the therapeutic relationship

Compared to the vast arena of quantitative research on the realm of the therapeutic relationship qualitative research is far and few between. This is reflective of the fact that research is increasingly required to be evidence-based, in a climate where emphasis on randomised controlled trials is heralded as best practice. The relative exclusion of subjectivity, values and meaning (Blair, 2010) in contemporary psychotherapy research means that experiential knowledge about the therapeutic encounter is being minimised and overlooked. Consequently, there is an imbalance of attention on outcome-focused quantitative studies in contrast to subjective qualitative research.

With regards to phenomenological research on relational constructs there are a limited number of studies and the ones which are most recent and regarded as landmark (Lambert & Norcross, 2019) are outlined below. Studies which explore broader experiences of the relationship, rather than component parts/constructs are sparse too, so I have chosen three which are representative of extant research, shown later.

A landmark qualitative study by Riberio and colleagues (2016) explored the development of the relational construct of collaboration over the course of emotion-focused therapy. Interaction and outcomes of two client-therapist dyads, comprising one male and one female client with depression, were observed and the following topics investigated: problematic themes; development of collaboration; validating, invalidating and ambivalent therapist interventions, and quality of exchange. The male client exhibited improvement in collaborative responses though displayed little symptomatic progress according to measures of depression. However, the female client demonstrated significant progress in collaboration ratings. The results reinforce the notion that therapeutic goals evolve during the course of therapy.

There is little qualitative research on empathy, which contrasts with the extensive body of quantitative studies on this construct. Three linked qualitative studies explore the experience of empathy among five female clients undergoing humanistic empathy-based therapy. In the first study (Myers, 2003) results identified themes which characterised empathy: being understood, getting feedback and feeling safe. In the second study (Myers, 2003) the therapeutic significance of being empathically listened to and understood was related to an improvement in personal agency, a new

sense of self and increased self-compassion. The third study (Myers & White, 2010) interviewed the clients ten years later and identified that the clients believed the previous empathy they had been exposed to was still impacting on their personal change and growth, specifically in relation to enhanced self-efficacy and emotional regulation. Another landmark qualitative study inquired into nine client experiences of empathy in psychotherapy and themes which emerged identified three types of empathy: clients' perceptions of therapists' cognitive empathy and emotional empathy and client empathy/attunement to the therapist (MacFarlane, Anderson & McClintock, 2017)**.** Norcross and Lambert (2019) report that qualitative research on the construct of positive regard is scant. In one study 20 person-centred clinicians reported that demonstrating unconditional positive regard is particularly important among clients with psychosis (Traynor, Elliot & Cooper, 2011). In another qualitative study 15 clients, who were having different modes of therapy, expressed that a vital element of helpful therapy is positive regard as it bolsters the relationship, enhances personal growth, benefits self-esteem and safeguards against therapeutic ruptures (Suzuki, 2018).

A qualitative study on client's experience of therapist genuineness (Scnellbacher & Leijssen, 2009) was conducted among nine participants. The researchers defined genuineness as comprising therapist self-awareness, emotional presence, self-presence and willingness to reveal personal experiences and methods of working. Qualitative methods were employed to gauge the extent that therapists' opinion on person-centred and experiential therapy literature agrees with client experience of person-centred and experiential therapy. Findings imply that therapist genuineness enriched therapy outcome and clients believed that self-disclosure was the most obvious sign of therapist genuineness.

The largest qualitative exploration of countertransference to date involves 127 interviews with eight experienced therapists from different theoretical orientations (Hayes et al., 1998). After each therapy session (out of a course of 12 to 20 sessions) each therapist was interviewed about their experiences of countertransfernce. The findings communicate that therapists recognise countertranference as running in 80% of the 127 sessions. The researchers conclude that counter transference is a universal phenomenon in therapy (Hayes et al., 1998) thus pan-theoretical. Furthermore, the findings infer that countertransfernce can benefit and also hinder therapeutic outcome.

The following three reviews are based on qualitative analysis on experiences of the therapeutic relationship from the perspective of relational connection, rather than focusing on discrete aspects of the relationship. A phenomenological study by Dollarhide, Shavers, Baker, Dagg and Taylor (2012) explored experiences and perceptions of conditions that create therapeutic connection among six clinicians (who had a mix of theoretical preferences) and eight clients (not matched). Data was collected through open-ended inquiry and examined in phenomenological reduction and clustered into themes which accounted for the phenomenon. The main findings showed that the connection process for the clients is about the clinician listening well and communicating patience, genuineness and empathy. Connection would appear to be most meaningful and helpful if the client feels affirmed, understood and encouraged. From the perspective of the clinicians the connection process is about noticing clients' pain, emotions and physical presentation and responding sensitively to them and remaining open. Both participant populations reported that the working relationship significantly improved from the moment that connection took place. The researchers conclude from the findings that deep connection creates a safe place for processing pain and lays a foundation for cognitive work. This study contributes to the knowledge base on therapeutic connection, but intrinsic to any qualitative research, it has limitations. For instance interpretation of data will be influenced and shaped by the researchers, thus is not purely representative of the research participants' perceptions and meanings and also the respondents were predominantly female which means transferability of findings is restricted.

Another study which explicitly researches subjective experiences of connection in the therapeutic relationship is by Wiebe (2001). Data was gathered from six therapeutic dyads of clients and therapists about their experiences of connection. Each participant was separately interviewed for two hours. The first hour consisted of semi-structured interview dialogues about experiences of connection. The second hour involved the interviewees examining videotapes of their own therapy sessions (interpersonal process recall-IPR) and stopping the tape at specific moments of perceived connection (or lack of connection). They were encouraged to think back to the original therapy session and describe their subjective experiences at that time, aided by the open-ended, exploratory questions from the interviewer.

The interview data was analysed using a grounded theory approach and both client and therapist subjective experiences were integrated. A model for connection in

the therapeutic relationship was developed, and it was proposed that the process of connection closely parallels the course of psychotherapy and that the therapeutic process facilitates connection, at the same time as connection facilitates the therapeutic process. Weibe concludes that the mutual work of the therapy is connecting, and this connection is the result of shared and interactive subjectivities. From the therapist's perspective connection seems to involve a sharing of the client's inner world and for the client connection appears to be about the experience of knowing their own inner world.

Limitations of this study seem to largely revolve around sampling. For example, despite all of the clients holding a clinical diagnosis of depression, the study did not appear to evaluate how being depressed may affect clients' experiences of connection; thus transferability of the study's findings is somewhat limited. Furthermore, the study reports that all of the participant clinicians were graduate students, which could have also skewed the results and created findings specific to this population. Additionally, the sample was drawn from a short-term (sixteen-week) therapy protocol, so reported experiences of connection may be more representative of short-term work than longer treatments, again hindering transferability.

The previous two qualitative studies relate to perceptions of both clients and therapists, which seems to be a common sampling approach in extant qualitative therapeutic relationship literature. Such research designs offer valuable insight into both sides of the dyad and, rightly so, highlight mutuality in the connection processes (Murphy, 2010). However, from another angle, it can be perceived that the richness of subjective experiences may be successfully captured by specifically concentrating on singular experiences. Relational depth research, particularly prevalent over the last decade, does consider individual experiences of therapeutic encounters, which provide meaningful knowledge about deep connection. Examples of relational depth empirical research solely from the client's perspective are: Knox (2008), Knox and Cooper (2010/2011) and McMillan and Mcleod (2006), and from the therapist viewpoint: Baker (2016), Cooper (2005), Cooper and Knox (2018), Macleod (2013), and Tangen and Cashwell (2016).

An example of a qualitative relational depth study which focuses on therapists' experiencing of relational connection is by Cooper (2005). Before the research interviews the participants were notified that they would be asked to think

about specific times where they felt they had engaged with their client at a high level of relational depth. Relational depth was defined as:

> *A feeling of profound contact and engagement with another, in which one simultaneously experiences extremely high and consistent levels of empathy and acceptance towards that other, and relates to them in a highly transparent way. In this relationship the other is experienced as acknowledging one's empathy and acceptance - either implicitly or explicitly - and is experienced as fully congruent and real (p.89).*

Eight experienced male and female therapists, all person-centred, bar one**,** participated in unstructured interviews and these were transcribed and qualitatively analysed using a software package. Three major categories emerged, consisting of self-experience; experiences of the client and experiencing of the relationship. Self-experience predominantly involved high levels of empathy, congruence and acceptance similar to the relational depth definition. Typically participants felt immersed, alive and satisfied during these interactions. Clients were perceived as 'real', coming from the 'core' of being and 'vulnerable'. The relationship was experienced as a mutual and bi-directional encounter where both were perceived to be open and accepting and the client was seen to recognise the therapist's acknowledgment. It is proposed that relational depth is a form of 'co-presence' or a co-experiencing of the person-centred 'core conditions'.

This study and subsequent relational depth studies have paved the way towards an operationalisation of the concept of relational depth and have greatly increased the body of scholarly knowledge on therapeutic encounters, with particular focus on the bi-directional nature of interaction. Nevertheless, a number of limitations can be assigned to this aforementioned study as well as relational depth studies generally. A majority of these studies pre-define what relational depth is to the participants before the data is collected. Thus, the respondents are directed to relate their experiences of relational encounters in light of a predetermined subject. Whilst this helps to ensure that the specific aims of the research are met and that responses are not too vague or ambiguous, it creates limitations. It means that there is less of an opportunity for the therapists or clients to offer their unique perceptions about the subject, and the generation of new subjective material may thus be blocked.

Also, as the idea of relational depth is embedded in a person-centred framework, participants may be swayed to link their responses to model-related concepts in favour of original thoughts. Moreover, these aforementioned studies are predominantly made up of person-centred and humanistic practitioners so the results may not be transferable to therapists aligned to other models. Whilst Cooper (Mearns & Cooper, 2018) points out that relational depth does not only happen in person-centred therapy and 'can be considered a common factor across a range of therapies' (p.xviii), it is clear that the results of these studies may be tied to humanistic conceptualisations and preconceived ideas about the subject.

Another restriction of these studies is that they largely focus on distinct moments of therapeutic meeting and are thus predisposed to omitting experiences relating to the more enduring aspect of the relationship. It is noted that this leaning helps to rebalance the weighty research focus on core conditions (Mearns & Cooper, 2018), however separating the two components could mean that capturing the essence of the meeting is lost. Likewise, Knox et al. (2013), specialists in the relational field, conclude from their analysis of theory and research that 'it might transpire that these two conceptualisations form part of the same experience and what is required are studies to consider these two aspects together'(p.217).

There is an appeal among relational experts to dedicate future research to exploration of connection in the therapy room and in particular recommendations are made to attend to the experiences of practitioners as a way of opening up knowledge about the interactive process. For example Tangen and Cashwell (2016) assert that researchers need to investigate counsellors' experiences of therapeutic encounters and they stress that:

> *There remains a dearth of empirical research exploring the specific counsellor factors that contribute to the ability to invite and facilitate those moments of relational depth. In essence, what counsellor factors (both what they do and who they are) contribute to these experiences of profound connection? (p. 22)*

Overall then, there is little empirical published work on the broader theme of 'connection' in the therapeutic relationship and this is a phenomenon that can relate to all models of counselling. The phenomenon of therapeutic connection is a

compelling area of research as it has been under-explored and new material in this area could contribute significantly to the counselling psychology profession as well as the wider psychotherapeutic community. Exploration in this area could help to support a shift of focus from a medical model perspective to a more intersubjective, relational stance and may invigorate new interest in the study of therapeutic interaction.

1.6 Rationale

In summary, from the reviews of the literature discussed in this chapter, the association between the therapeutic relationship and psychotherapy outcome is robust across a variety of quantitative and qualitative studies, professing its significance in psychotherapy research and practice. A majority of the extant empirical studies on the therapeutic relationship are quantitative in their methodology and tend to focus on relational aspects of the therapeutic relationship and outcome as opposed to experiential exploration of the 'whole' of the therapeutic relationship. Retaining and developing subjective and intersubjective insight into dyadic therapeutic processes is something which urgently needs to be addressed if we want to continue to appreciate the meaning of the therapeutic relationship and its complexities. Furthermore, many existing studies on the therapeutic relationship have some affiliation to particular theoretical orientations despite it being apparent from my aforementioned review of research literature that relational constructs, which originally were aligned to particular schools of thought, are now in contemporary thinking perceived as pan-theoretical (Lambert & Norcross, 2019).

In response to the above I have identified a need for qualitative research on the phenomenon of connection in the therapeutic relationship from a pan-theoretical perspective. To keep my research as universal and as all-embracing as possible, I decided after some reflection to use the word 'connection' in my primary research question. Using this term opens up opportunities to gather expansive data about the experience of therapeutic interaction without biasing it towards particular schools of thought. For example, deliberate avoidance of using the terms, 'relational depth' or 'therapeutic alliance' in my research questions meant participants would not be encouraged to focus on any prior notions of these concepts, which may be embedded, for example, in a person-centred or psychodynamic context. Thus spontaneity and

scope to share what connection means to them from their unique perspectives has been encouraged.

Confidence to adopt the term 'connection' in my research questioning was heightened by the knowledge that psychotherapeutic relational academics also use it when referring to dyadic interpersonal processes (e.g., Cooper & Knox, 2018; Dollarhide, et al., 2012; Jordan, 2017; Knox et al., 2013; Mearns & Cooper, 2018; Murphy, 2010/ 2013; Murphy & Cramer, 2014; Noyce & Simpson, 2018; Tangen & Cashwell, 2016; Tishby & Wiseman, 2018).

Whilst I am acutely aware of the importance of the bi-directional nature of the therapeutic relationship (Stern, 2004), the mutuality of the process (Murphy, 2010) and that clients and clinicians experience the relationship in different ways (Mearns & Cooper, 2018), I chose to attend to the practitioner's viewpoint. By opting to concentrate on one half of the dyad's experience I have more leeway to capture an in-depth portrayal and potentially gain a fuller understanding of the encounter. I was more drawn to explore the clinicians' perspectives on interpersonal communication as I myself am one, and I felt that being exposed to such information could potentially enrich my professional development, as well as bring forth new research into the area. The decision to take this angle was further fuelled by the paucity of studies on therapist's experiences as well as comments made by relational researchers about the importance of seeing the relationship from the eyes of the practitioner (Cooper, 2005; Cooper & Knox, 2018; Reupert, 2006; Tangen & Cashwell, 2016; Williamson, 2013).

Following the theoretical literature and empirical studies review, the phenomenon of interest can be identified as 'connection'. This study intends to view the phenomenon of connection within the context of therapeutic relationships. Practitioners such as counselling psychologists and accredited counsellors/psychotherapists have been selected on the basis that they will allow me, as researcher, to attempt to access this phenomenon.

The research question which drives the research is:-

- How do practitioners[1] experience connection in the therapeutic relationship?

The aims of the research are:-

- To understand the experience of connection in the therapeutic relationship

[1] The terms 'practitioner', 'therapist', 'counsellor' and 'clinician' are used interchangeably throughout this portfolio.

- To understand how individuals make sense of this experience
- To understand their meaning of their experience of connection

The aim of this study is to explore psychotherapeutic clinicians' experiences of connection in the therapeutic relationship from a pan-theoretical perspective.

2. Chapter Two: Methodology

2.1 Introduction to Methodology Chapter

The first part of this chapter discusses the reasoning behind adopting a qualitative methodological approach and in particular gives justification for using an interpretative phenomenological analysis (IPA) framework. It outlines the philosophy behind IPA and draws attention to its potential limitations. My ontological and epistemological position with regards this study is also considered. The middle section explores the importance of reflexivity and assesses the research from quality and validity perspectives. The chapter is completed by laying out this study's methodological procedures, analysis and ethics.

2.2 Rationale for a Qualitative Perspective

My research question is concerned with practitioners' experiences of connection in the context of the therapeutic encounter. I am interested in their perceptions, thoughts and feelings about the phenomenon of connection. Capturing the 'quality and texture' (Willig, 2012, p.1) of individuals' meaning-making about connection is my central goal which makes my research orientation qualitative. I take a bottom-up position as the subjective nature of the knowledge I seek will enable the voices of the practitioners be heard.

This is opposed to a quantitative approach which would aspire to generate more generalised findings about connection and test hypotheses linked to existing theories. The quantitative research process is inappropriate for my study based on the premise that my literature review highlighted that connection is an under explored phenomenon, so cannot be primarily framed around comparison and prediction in respect to current knowledge. The heart of my inquiry can be described as idiographic as it endeavours to understand the individual as singular (Ponterotto, 2005) rather than perceiving people in terms of their shared universal patterns of behaviour (nomothetic).

Furthermore because of my shared status as practitioner (albeit a trainee) to the research participants and likelihood of having personal and clinical experience of connection (see personal reflexivity section), I believe I am inevitably implicated in the research process and will have some influence over the knowledge generated (Willig, 2013). Thus, a qualitative research approach that incorporates researcher

reflexivity, in contrast to a hypothetico-deductive model which views the researcher as objective and distant from the process, would be appropriate.

I accept that my theoretical and experiential understandings of connection in the therapeutic relationship may unavoidably influence my research. So I aspire to acknowledge, define and bracket these presumptions at the outset of my study as stipulated by Ponterotto (2005), in order to allow myself to actually see what is happening in the research, independent of my judgements, and enable unique and fresh insights to emerge.

My research therefore takes on an inductive role, which is characteristic of qualitative research (Willig, 2013), because it is avoiding imposition of existing concepts and gives space for unanticipated observations. However all being said, I am in alignment with Willig's (2012) view that this is a challenging position to be in because 'pure induction is an impossibility given the role of the researcher in the research process' (p.3) and this is the opinion of most qualitative researchers. It is my intention that by making explicit, where possible, my potential influences on the research study and bracketing but not dismissing them; I am able to advance understanding of the phenomenon through my interpretation and uphold that the knowledge I generate is a product of my relationship with the data. Furthermore, the qualitative status of my research is congruent with the subjectivist philosophical underpinnings of counselling psychology (Strawbridge & Woolfe, 2010), and thus makes the choice of a qualitative approach more attractive.

I recognise the significance, as a qualitative researcher, in acknowledging and 'owning' (Elliot, Fischer, & Rennie**,** 1999, p.221) my philosophical assumptions 'within identifiable research paradigms' (Ponterotto, 2005, p.126), so that my world view as a researcher is made clear; and so that I endeavour to make my research assumptions unambiguous. I have taken Willig's (2013) advice on how to access my own research postulations by asking myself philosophical questions about the world I study, the type of knowledge I aim to build, and my role in the research process. Once I have made explicit the ontological and epistemological foundations of my research question, this will then inform my choice of data collection and analytic strategy (Ponterotto, 2005; Willig, 2013).

2.3 Ontological Foundations of this Study

I will now present my ontological position which can be understood as my theory of reality and what I hold to be true in relation to my research question (Ponterotto, 2005).

My question sits somewhere on the continuum of realist ontology and relativist ontology. It points to a phenomenon (experience of connection) and assumes there is 'something' out there (connection in the therapeutic relationship) beyond the researcher. This perspective is in accordance with Willig's (2016) view that ontological realism is a 'precondition' for conducting research because pure ontological relativism would only reflect the researcher's personal reality. From a realist stance I believe that connection would still be there even if the respondent did not give an account to me. The practitioner's meaning-making of connection constitutes their reality and it prevails independently of what I as a researcher may say about it.

However, in terms of being on an ontological continuum, I believe I cannot have direct access to this phenomenon and thus eschew the positivist paradigm of naive realism (McGraph & Johnson, 2003), because I argue it is inconceivable that the participant can give a neutral or objective account of connection as it is, because I am of the opinion that knowledge is always perceived through an individual's personal, social and cultural lens (Langdridge, 2007). Whilst I recognise that to the participants their accounts are 'real' to them and they 'give voice' (Larkin, Watts, & Clifton, 2006), I do not see them as accurate and truthful depictions of connection (naive realism) but instead as a subjective reflection of their individually constructed realities (critical realism).

I do not strive to produce knowledge that reflects connection in the therapeutic relationship as it really is but instead intend to represent the experiential aspect of connection. From a constructivist standpoint (Ponterotto, 2005) I see each account of 'connection' as constructed according to the individual's own mindset that has resulted from their long-standing interaction with the 'outside' world.. Willig (2016) posits that constructivism and realism can co-exist and she argues that most constructivist qualitative research calls upon realist ontology because the claims made hold realist inference.

In addition I see my research position as on the continuum of constructivist and social constructionist because I believe that each individual respondent creates

their own reality about their experience of connection in the therapeutic relationship (constructivist), but at the same time postulate that the therapeutic relationship can be seen as a social unit, which means the findings/accounts may not refer to an objective reality that exists independently of the therapeutic relationship (social constructionist). From this perspective the therapeutic relationship represents a social unit that operates within the context of a particular set of assumptions and meaning systems (Hansen, 2004).

2.4 Epistemological Framework of this Study

My epistemological stance can be perceived as my explanation behind the theory of my research I present, and also it points to how I conceptualise the relationship between myself and the research participant (Ponterotto, 2005).

The aim of my study is to play a part in creating knowledge about an aspect of the respondents' subjective world, i.e., capture the richness of their experiences of connection, rather than being concerned with discovering an accurate reflection of what connection is in the therapeutic relationship (naive realism); nor do I strive to make claims about what causes these experiences. Thus, my curiosity about the inner worlds of participants and desire to get as close as possible to their experience of connection means I am looking to build phenomenological knowledge. From a phenomenological position experience is conceptualised as a by-product of interpretation and thus it is seen as constructed and 'real' (Willig, 2013) to the individual having it.

I seek knowledge about experiential worlds relating to connection and thus due to the subjective nature believe that connection can be experienced in many different ways. This is in line with Willig's (2013) assertion that phenomenological knowledge infers that there are potentially as many experiential worlds as there are individuals. Here I sit somewhere on the continuum of relativism (Ponterotto, 2005) that there is not one single external reality of 'connection' but multiple realities and these are 'equally valid' (Ponterotto, 2005, P.129). In addition, I recognise that multiple interpretations of the data are possible as each analyst would have their own perspective, so the knowledge generated from this research is relative to my unique world view as well as the participants' worlds.

With regards to analysis of my participants' accounts I am not expecting to generate factual knowledge about connection or accurately describe what is taking

place in the connection process. Moreover, I dispute that my research analysis will offer direct truth claims (naive realist) but instead take a relativist perspective that the qualitative analysis will move beyond data and represent the sense-making of both participant and researcher. I see the status of my analysis as an interpretation, not as valid knowledge of reality**.**

From a phenomenological context I aim to reveal the underlying 'hidden meanings and essences' (Matua & Van Der, 2014, p.23) involved in the experience of connection in therapeutic encounters. Like Dilthey (1976) (cited in Ponterotto, 2005) I assume that the lived experiences (of connection) may be outside the awareness of the individual but can be encouraged to come to consciousness, through a process like an in-depth research meeting. This is in line with the hermeneutical approach which maintains that meaning is hidden and is brought to the surface by contemplative immersion in data (Sciarra, 1999, cited in Ponterotto, 2005).

It is the dynamic interaction of both myself as researcher and the participant that can stimulate contemplation that may unearth new insights. Akin to a relativist epistemology I see my role in the research process as significant because I am closely involved in the construction of the analysis through my interpretation of the data. The knowledge my research creates is on a relativist continuum as it is not a direct reflection of the participant's experiences but is the result of a joint construction of knowledge (constructivist paradigm) relative to the participant's and my frames of mind. It is being implied here that the creation of intersubjectively understood 'meanings' of reality is a primary objective of the research process. By contrast, positivists see the individuals of the research dyad as independent from one another (dualism) and place the researcher as objective and without bias (Ponterotto, 2005).

Thus, my epistemological world view is essentially phenomenological as I perceive accounts as reflections of research participants' unique phenomenological realities. I am also sympathetic to Willig's (2013) and Ponterotto's (2005) opinion that philosophical positions of knowledge lie on a continuum so in this vein I suggest my epistemology includes a light element of social constructionism because my analysis takes into account participant's language used to describe their experiences of connection. However, I do not align to radical social constructionism because I do not believe reality is completely constructed though social interaction, and also my focus is on the experience of practitioners rather than how they talk about their experience.

In keeping with the typical constructivist rhetorical structure, the language selected to portray this study, will sometimes be in first person, and also the researcher's own preconceptions of and reflections upon the impact of the research process on them is openly discussed.

2.5 Rationale for Using Interpretative Phenomenological Analysis (IPA)

2.5.1 Dismissal of other qualitative methodologies

The aim of the study is to create insights that give knowledge about the quality and meaning of a practitioner's experience of connection in the therapeutic relationship. Major qualitative research methods for studying human lived experience include grounded theory, discourse analysis, narrative analysis and phenomenology. Before coming to the conclusion that some form of qualitative phenomenological methodology is the most suitable, the other possible approaches and their limitations in regard to answering the research question were considered.

Grounded theory methodology was discerned as not idiographic and inductive enough to suit the aims of this research, as it essentially focuses on developing generalised explanatory theories which may incur a loss of subjectivity and also it may not fully embrace the researcher's role in the research. Discourse analysis broadly involves understanding how knowledge and meaning is constructed by the use of mutually shared language and words (Starks &Trinidad, 2007). Discursive methods have been criticised for not addressing subjectivity and this limitation is emphasised by Langdridge's (as cited in Willig, 2013, p.124) reference to discursive psychology as 'the lack of person'. This methodology was dismissed as not appropriate as it would typically look at how practitioners talk about connection in the therapeutic relationship rather than focusing on content. Narrative analysis looks at what kind of story structures respondents use to describe the phenomenon under investigation and focuses on how narratives subscribe to sense-making (Murry, 2003). Thus, narrative analysis was not chosen as a suitable methodology for this study because its focus would be on the meaning of connection rather than how the experiences of connection are perceived.

2.5.2 Rationale for type of phenomenological methodology: Descriptive versus interpretative

Following the search for a more felicitous research approach for this study the spotlight was turned towards determining the most fitting phenomenological approach. Phenomenological practices are predominantly driven by either a descriptive perspective which is underpinned by the philosophy of Husserl (1859-1938) or an interpretative stance which is influenced by the work of Heidegger (1889-1976), or in the case of Interpretative Phenomenological Analysis (IPA) guided by both.

Husserl-inspired phenomenology downplays interpretation in order to focus on describing universal essences of the phenomenon under inquiry. It is less focussed on the individual account and more on the general as it deems that there are characteristics to any experience that are universal to all people who have had the experience (Giorgi, 2010) and so is incongruous with the subjectivist goal of this research.

Descriptive phenomenological analysis stays close to the accounts and finds meaning in the text whereas the interpretative goal is to extract meanings which may not be obvious to the account giver (Matua & Van Der Wal, 2014). As the subject matter of connection may be somewhat elusive, depth of understanding could be increased by interpretation (amplification of meaning) from the researcher. Commentary on the respondents' personal 'sense–making' activities (Larkin et al., 2006) may produce richer insight into their experiences.

Furthermore, the descriptive approach suggests that the researcher must bracket or engage in phenomenological epoche (Giorgi, 2010), so that the expression of the phenomenon is free from researcher bias. However, based on Heidegger's sentiment that interpretation is inevitable and a product of our being in the world (Matua & Van Der Wal**,** 2014) many researchers see bracketing as never fully achievable (e.g., Finlay, 2008; Larkin et al., 2006; Smith, Flowers, & Larkin, 2009). In the interpretative framework pre-understandings are embraced and integrated into the research process and treated as valuable assets as they can be a source of insight (Finlay, 2008). Thus the intent of hermeneutic inquiry is to fuse researcher understandings with participants accounts (Matua & Van Der Wal**,** 2014) and the final product has been described by Heidegger as 'the hermeneutic circle' of understanding an experience.

The interpretative approach supports the reflexive researcher in engaging with the phenomenon under investigation, so he or she can actively co-create the results (Horvath & Greenberg, 1994). Interpretations are said to be made meaningful when the researcher's and participant's active involvement in the research process is accepted (Koch, 1995).

Heideggarian philosophy asserts that human experience cannot be viewed without incorporating contextual factors that relate to wider social and psychological aspects. The point made is that individuals' constructions of knowledge and meaning in relation to their experiences do not take place in isolation but are, to some considerable extent, influenced by social and environmental factors. Thus using the interpretative stance for this research offers the potential to generate detailed knowledge that describes the phenomenon of connection in context, as opposed to descriptive phenomenology which only focuses on a 'generalised conception' of the phenomenon (Streubert & Carpenter, 2011).

There are several versions of descriptive (e.g., Ashworth, 2003; Moustakas, 1994) and interpretative (e.g., Smith et al., 2009; Van Manen, 1990) phenomenology cited by Willig (2013). Interpretative Phenomenological Analysis (IPA) is a version of the phenomenological method (Willig, 2013). IPA draws on principles from both the Heiddegerian and Husserlian philosophical traditions as it intends to capture the essence of the individual's experience while taking account of the researcher's impact and contextual factors.

2.5.3 Rationale for using IPA methodology

IPA has been described as 'accessible, flexible and applicable' (Larkin et al., 2006, p.103) and it is these amenable characteristics which have further confirmed my decision to use IPA methodology. From a pragmatic viewpoint the accessibility of comprehensive explanations of the analytic procedure used in IPA (e.g. Smith et al., 2009) makes it an attractive option for a novice researcher. Also, IPA has been described as having 'epistemological openness' (Larkin et al., 2006, p.114) which is said to be unique among qualitative approaches (Larkin et al., 2006) so allows for some flexibility. Despite IPA being generally viewed as having an epistemic fluidity, it should be noted that some researchers link IPA with particular philosophical paradigms, for example: contextualism (Madhill, Jordan & Shirley, 2000), social constructionism (Eatough & Smith, 2008), ontological realism combined with

epistemological relativism (Willig, 2016). Interestingly the latter description of IPA matches my overall research position.

From an applicability perspective IPA fits easily with my counselling psychologist epistemology as the approach was pioneered by a psychologist (Smith, 1996) and has been successfully implemented worldwide in applied psychology fields (Smith et al., 2009). In addition both are influenced by a phenomenological ethos which implicates a shared humanistic underpinning. Some of the fundamental values of counselling psychology are based on subjectivity, intersubjectivty, equality of relationship and appreciating the individual as unique (Cooper, 2009), all of which can be attributed to IPA's phenomenological and interpretative stance.

Even though IPA is predominantly classed as not having a distinctive epistemological position (Smith, 2004) it does draw on several philosophical concepts: phenomenology, hermeneutics and idiography.

2.5.4 IPA philosophical overview: Phenomenology, hermeneutics and idiography

Although IPA has only been developed during the last twenty years, its theoretical origins can be traced back to early philosophical concepts taken from phenomenology, hermeneutics, and idiography (Smith, et al., 2009). Key ideas from four phenomenological philosophers, Husserl (1859-1938), Heidegger (1889-1976), Merleau-Ponty (1908-1961) and Sartre (1905-1980), are referred to as having have had a significant impact on the maturation of IPA's identity (Smith, 2007).

Phenomenology is a philosophical approach to the examination of experience (Smith et al., 2009), what experiences are like and how we understand them. Phenomenologist Husserl advocated the importance of viewing our everyday experiences, which we take for granted, by forging a phenomenological attitude of bracketing (putting aside) assumptions and pre-conceptions and 'going back to the things themselves' (Smith, et al., 2009).

Heidegger, Merleau-Ponty and Sartre developed Husserl's ideas further by describing the person as being immersed in a world impacted by social and historical contexts rather than being in isolation; Heidegger describes this as being-in-the-world always in relation to something (Smith, et al., 2009). The phenomenological concept of intersubjectivity is emphasised by Heidegger and it refers to the shared and relational essence of our encounters with each other. Merleau–Ponty (as cited in Dufrenne, 2018) was particularly interested in the embodied nature of our

relationship to the world, whereby he describes the body as a means of communicating in the world. He posits that every person's experience belongs to their own embodied location in the world, so it is impossible to fully know another's embodied experience. Sartre's imprint on phenomenological understanding was made by his remark, 'existence comes before essence' (cited by Smith et al., 2009, p.19), which infers that the self is not a fixed entity but continually in the process of becoming.

Heidegger's approach to phenomenology has been cited as marking the beginnings of the hermeneutic emphasis in IPA (Smith et al., 2009; Smith and Osborn, 2003). Hermeneutics is a theory of interpretation that is concerned with the dynamic relationship between the part and the whole. This perception is reflected in the following description by Smith et al. (2009): 'To understand any given part you look to the whole; to understand the whole you look to the parts' (p.28). In this way the theory treats the process of interpretation as a 'hermeneutic circle'. In IPA the proceedings of analysis can be described as iterative, for example as researcher I may move back and forth when looking at the accounts, and I may view the text line–by-line and then look at the whole account in relation to the content of one line. The mechanism of this hermeneutic circle will allow my relationship to the data to shift and encourage differing perspectives which can bring a fresh understanding.

Within the hermeneutic theory the intricacy of the relationship between the interpreter and participant is recognised. It acknowledges that access to the participant's experience is influenced by the researcher's own understandings and preconceptions and that the resulting interpretative account has been shaped by the dyadic interaction (Larkin et al., 2006). The interpretative researcher is able to shed light on aspects of the respondents' experience outside of their awareness, after producing detailed analysis of the accounts (Smith et al., 2009).

Another key approach to knowledge which has informed IPA is idiography, which is based on the tendency to specify, in contrast to generalising (nomothetic). In IPA this relates to the level of detail that is achieved in the analysis of single cases of lived experiences and also the use of small, purposively-selected samples (Smith et al., 2009). Idiographic research can involve an exploration of similarities and differences across a small number of cases, with the aim of generating data which reveals patterns of meaning for respondents.

2.5.5 Limitations of IPA

Despite it being apparent that IPA is the most compatible methodology for answering my research question, I am mindful that, like other research methods, IPA does have limitations. A predominant critique of IPA is based on the role of language and its implicit acceptance of the representational validity of language (Willig, 2013). Willig (2013, p.95) argues that IPA participants are required to express their experience through the use of language and that this process may not 'capture the subtleties and nuances of their experiences'. Other authors also accept that interpretations in IPA are impacted by participants' abilities to articulate their thoughts and feelings adequately (Baillie, Smith, Hewison, & Mason, 2000).

It can be contended though that the IPA researcher can gain significant information about the respondents' lived experiences, not only from what they say, but also from non-verbal cues and embodied experience. Smith et al. (2009, p.74) recommend taking into account 'non-verbal utterances, significant pauses and hesitations' in the data analysis stage to enrich understanding of the verbal data. Smith and Osborn (2008) also recognise the challenge that individuals may have in communicating their experience through language and suggest that it is possible to compensate for this by asking questions about what is not being said.

Willig (2013) points out that this language limitation may be especially true if the individual is not used to sharing thoughts and feelings. Whilst this observation has some validity, it could be said that this particular limitation is minimised in this study as the participants are experienced therapists/psychologists, so are most likely to be familiar with, and practised in, communicating their inner processes through shared language, during supervision and personal therapy sessions.

2.6 Significance of the Reflexive Process

From a constructivist-relativist perspective I recognise that the qualitative research process is influenced not only by the participant but also by my presence as researcher (Willig, 2013). I am aware that as a qualitative researcher my values, attitudes and beliefs need to be made explicit (Maso, 2003; Willig, 2013) to prevent implicit biases dominating the research outcome. I am cognizant that qualitative methods are not regarded as scientifically valid without categorical admission of subjective and intersubjective processes (Medico & Santiago-Delefosse, 2014;

Ponterroto, 2005) and that reflexivity enhances the trustworthiness, transparency and accountability of the research (Finlay,2008).

Reflexivity has been described as a valuable tool used to explore the impact of the position, perspective and presence of the researcher (Medico & Santiago-Delefosse, 2014). Furthermore affirming the researcher's perspective has been portrayed as promoting rich insight into the phenomenon under study (Finlay, 2002).

I am mindful that by adopting a reflexive stance my biases may emerge (Medico & Santiago-Delefosse, 2014) and then I can become more conscious of the impact that my questions and methods have on the knowledge produced (Landridge, 2007). Finlay (2003) stipulates that the proper mechanism of reflexivity is more than bracketing fore-understanding and expectations at the outset of the research; it involves, she argues continuous reflexivity throughout the research process. She also emphasises that research would be lacking if reflexive analysis is sidestepped, but she cautions that the researcher should guard against too much introspection, as otherwise the research focus may shift from the phenomenon to the researcher. Getting this balance is subject to 'muddy ambiguity' (Finlay, 2002, p.209) and thus a challenging process which I take on board.

Landridge (2007) succinctly summarises that reflexivity is 'the process in which researchers are conscious of and reflective about the ways in which their questions, methods and very own subject position may impact on the psychological knowledge produced in a research study' (p.58). Having already reflexively contemplated my research question from an ontological, epistemological and methodological viewpoint, in the next section I address reflexivity from the perspective of my own research presence. I specifically focus on my motivations behind choosing the research topic, my assumptions about the phenomenon of connection, preconceptions about the respondents, and touch upon the limitations of my reflexivity.

2.7 Personal Reflexivity

The choice of the research topic of 'connection' has been based on many factors, some of which have previously been alluded to. A significant driving force behind this selection is related to my passion to keep the therapeutic relationship at the 'heart' of therapy practice. In the earlier part of my counselling psychology training I was exposed to a plethora of literature on 'common factors' (Wampold, 2015) which

emphasise the role that the therapeutic relationship has on therapy success in contrast to therapeutic model employed or techniques used. I am surprised that, despite the growing evidence of the importance of the therapeutic encounter, the current counselling psychology ethos, driven by governmental requirements for outcome measures, is rapidly becoming technique-driven and this orientation appears to be becoming entrenched by the never-ending emergence of new types of therapies.

My interest in the 'connection' element of therapeutic encounters has been further inspired by my clinical experiences. I have noticed that some of the most satisfying interactions I have had with clients (where I feel that there has been some sort of 'meeting'), involve a deepening of intimacy and consequential therapeutic shifts, regardless of the therapeutic approach I use (CBT, psychodynamic, humanistic, or integrative etc.). I am curious about what actually takes place during these engagements and wonder why these 'connections' do not always materialise in the therapy room, for instance.

Since refining my topic of research, I have reflected further on my reasons for selecting this subject area and have become aware of deep-seated personal concerns. I have always been intrigued by the nature of human beings and in particular interpersonal relationships and realise that observing people has been a predominant activity in my life since childhood and this enduring passion has, I believe, led me to train as a psychologist in my later years. Also, I have recognised that, due to feeling a sense of loneliness and isolation in my earlier years coupled with an ongoing yearning to experience closeness to others, I have been on a mission to deepen my understanding of the essence and scope of personal interactions. Furthermore, I am noticing that I have a strong negative reaction to the prevalence of loneliness in today's society, and my growing concern about this trend incentivises me to investigate the subject area of human communication with the hope that I can contribute worthwhile knowledge to a cause that demands change.

It might be said that my reflections on the reasons for my choice of research subject satisfy Maso's (2003) criteria that researchers should ask 'true' questions which are personally pertinent because they encourage 'passion' which leads to a worthwhile research venture. Keller (1983) also stresses the importance of being enthusiastic about one's doctoral research subject and how this drives the process: 'the passion, emotional investment that provides the motivating force for endless hours of intense, often gruelling, labour' (p.198).

At the beginning of the research process I made the assumption that 'connection' is a word for a phenomenon that would have some, albeit vague, meaning for the participants. I deliberately did not make any attempt to define my understanding of the notion so that the respondents could be free to express in essence what it means to them. From a phenomenological-constructivist perspective I recognise that, in the context of individual experiences, there will not be a single definitive 'true' description of it as an experienced phenomenon. I also presumed that the respondent practitioners would know about and have some experience of connection in the therapeutic relationship. I think that they would not have responded to the recruitment advert or would have asked for clarification if they did not have their own sense of it.

Acknowledging my perception (for example, my attitudes, beliefs and preconceptions) of the participants is also necessary, as from a constructivist epistemology the context of the production of interviews must be made transparent (Medico & Santiago-Delefosse, 2014), and an important part of the reflexive process is to consider the nature of the relationship between myself and the participant. From the outset I regarded the participants as professionally superior compared to my trainee status, as they are qualified and experienced. This distinction was further exemplified by my knowledge that in IPA research, participants are considered as 'experts' in the phenomenon under study (Reid, Flowers, & Larkin, 2005). It is likely also that with my trainee presence I could maintain an 'outsider' status (Le Gallais, 2008), thus minimising over-identification with the participants' experiences and reducing the chance of participants identifying with me.

Traditionally in the social sciences the researcher is seen as the more powerful one (Bordieu, 1977) in the interview dyad but I postulate in this case that the imbalance is redressed to some degree. I further mitigated power issues by following Punch's (1994) suggestion that the researcher should clarify the interview procedure: with this in mind, I made explicit the aims of the research and my anticipated role as researcher.

To help me recognise how I might have influenced the interview meetings and also to bracket my assumptions as far as possible, I endeavoured to be introspective throughout the meeting by being aware of my internal emotional reactions and thought patterns. After each interview I made process notes and reflected also on how the meeting may have influenced my understanding of the phenomenon in

question. This level of contemplation regarding the impact that the participant, the research relationship and my own preconceptions may have on the final outcome was continued throughout the course of the project by keeping a research journal.

In particular my post interview process notes encompassed my feelings about interviewing participants. I observed that my experiences of each of the participants varied. Some evoked a sense of excitement in me when they were sharing their experiences as they narrated in a colourful and rich way and others communicated their meaning making in a less abstract and drier matter of fact manner which inspired me less. The former appeared to find it easier to be more spontaneous, fluid and reflective when alluding to their experiences and the latter individuals seemed more guarded and less open. My awareness, at the time, of my own responses to the interviews meant I was able to be careful to honour these different ways of communicating and not to be judgmental or disappointed as I appreciated that the research topic maybe hard to articulate and also potentially involve intimate sharing of experiences. It could be said that my personal 'connection' with interviewees varied in intensity and depth and it seems likely that the level of connectedness achieved related to how close the interviewees way of working and world views were to mine. For example, as one might expect, I noticed a greater sense of affinity with the more humanistic-based practitioners as opposed to psychodynamic or CBT led ones, as we have more in common and ways of relating to each other are more similar.

I suspect that my feelings towards individual respondents will have impacted on my analysis and interpretation of the data. Inevitably, I enjoyed analysing the data from the former group more so than the other one as I was more drawn to what they had to say so may have unconsciously spent more time interpreting their material. For instance, had I been from a more psychodynamic background my concentration may have veered the other way and my understanding of these particular respondents' experiences may have been deeper. Moreover, I may have identified more closely to them during the interviews and subsequently drawn more insightful material from them. As I have mentioned previously I am aware that the person of the researcher influences the course of the interviews and also the interpretation of data, so it is inevitable that my own ontology and life experiences will have made a mark and shaped these research findings.

To keep the parameters of the research in perspective I found it valuable to maintain awareness that my analysis and findings of the investigation are based on my interpretations of what participants willingly shared with me (Field & Morse, 1992). From a reflexive angle, I acknowledge that as a researcher I am intrinsically intertwined in the research process and interaction with the respondents will have implicated both the data collection and analysis. Additionally, I recognise the limitation imposed by my phenomenological epistemology, that it is never possible to fully 'know' oneself. I am mindful that I cannot be fully aware of my own unconscious motivations and influences on the research process (Frost, 2011). So I am conscious that I can only make my influence visible (Henwood, 2008) in so far as my process of reflexivity allows me.

2.8 Assessing Quality and Validity of this Qualitative Research

As a result of the increase in qualitative research methods used in psychology in the last couple of decades, I am aware that a dispute regarding quality and validity has arisen (Elliot et al., 1999; Reicher, 2000; Yardley, 2000). It has been argued that the diversity of methodological and epistemological approaches in qualitative research make it problematic to expect one set of criteria to measure reliability, representativeness, generalisabilty and objectivity in the same manner as in quantitative research (Brocki & Wearden, 2006; Madill, Jordan & Shirley, 2000; Meyrick, 2006).

Furthermore it has been suggested that the process of using quantitative-type yardsticks for evaluating qualitative investigations risks the potential loss of rich data on individuals' experience which represents the essence of qualitative exploration (Hoyt & Bhati, 2007). A more extreme critic, such as Forshaw (2007), claims validity or rigour cannot be assigned to qualitative research at all, because its ontology indicates that infinite interpretations are feasible and thus objectivity impossible. Willig (2012), amongst others, counters the argument with the alternative view that 'qualitative research involves a process of systematic, cyclical, and critical reflection whose quality can be assessed' (p. 13).

I recognise the potential limitations of adopting a definitive set of criteria for evaluating the quality of my research but conclude that a systematic review process is valuable as it increases the possibility of generating research that meets the standards of good qualitative research. In addition, leaning towards this standardisation may

also contribute to the legitimisation of qualitative research in psychology (Elliot et al., 1999). Even though I am aware that assessing research based on its 'validity', is more akin to a positivist approach, I am reassured by Yardley's (2000) exhortation that validity in the qualitative domain can be linked to general concepts such as sound, authentic, scholarly research that is well conducted and credible.

Some consensus has been reached regarding appropriate measures for assessing validity of qualitative research (Elliot et al., 1999; Finlay & Evans, 2009). Guidelines produced by Elliot et al., (1999) and Yardley (2000) have been heralded as the most flexible and applicable to a range of theoretical standpoints within qualitative research (Willig, 2013). Whilst I acknowledge Finlay & Evans' (2009) focus on rigour, relevance, resonance and reflexivity, Yardley's (2000) protocol has been selected to demonstrate the validity of the current study, primarily because it has been recommended as particularly relevant to IPA (Smith et al.,2009).

The essential characteristics of good qualitative research are defined by Yardley (2000) as: sensitivity to context; commitment and rigour; transparency and coherence and impact and importance. She does however stress that these criteria are just suggestions and in-keeping with the qualitative methodology ethos, are open to flexible interpretation.

2.8.1 Sensitivity to context

Yardley (2000) suggests that 'sensitivity to context' can be demonstrated by researcher appreciation of existing literature relevant to the topic and also sensitivity to the research methodology employed, particularly in relation to the development of the research topic and question. In chapter one this paper makes evident a thorough and extensive literature review around the subject of the therapeutic relationship and authenticates the need for current research on 'connection'. The process involved in developing the research question, in response to an omission in previous research studies on connection, has been discussed in the methodology section, and rationale for choice of research methodology is made explicit, particularly in relation to its compatibility with my epistemology. I also draw attention to the fact that, in the discussion section (Chapter 4), findings of this study are linked to pertinent literature, and this includes engagement with literature not referenced in this study's Introduction.

As Yardley (2000) makes clear, qualitative research can only be of value if the participant's perspective is considered. In this study rapport was carefully established by listening in an engaging way and with sensitive questioning. Also focusing on participants' words and acknowledging my own pre-existing conceptualisations about the topic aided an approach that was in line with Yardley's criteria. In addition, a semi-structured interview format was used whereby minimal interview questions (Smith et al., 2009) were employed so that a pre-set agenda was not allowed to control the data collection. This inductive epistemology, typical of IPA, allowed the interview to unfold according to the respondents' direction.

From an ethical perspective the power dynamic in the relationship was contemplated and this is a benchmark that Yardley proposes for assessing validity. Within this qualitative research the participant is given more of a voice than would be permitted in quantitative methodologies and this is shown by its subjectivity; so even though the researcher could be seen as having 'control', the traditional imbalance in respect to the 'expert' researcher position is minimised. Also, it is expected that because the respondents are qualified practitioners and are being interviewed by a 'trainee', power disparity is further addressed.

2.8.2 Commitment

In everyday speech, the word 'commitment' evokes a strong sense of intention and focus. Typically, its use is accompanied by a statement of purpose or a plan of action. Ponterotto (2005) makes the point that in practice disagreements can arise about what constitutes 'commitment' and this implies that its meaning in the context of a research project needs to be explained. In the context of this study I mean the term to refer to deep engrossment with the topic, a determination to utilise appropriate and effective research methods, and an ability to be absorbed in the data collected, and these characteristics are referred to below.

This research study satisfies Yardley's quality evaluations through the demonstration of my lengthy exploration into associated subject matter in the literature review and by my conscious act of inquiring into my personal links to the subject of connection. My competency in using IPA has steadily increased over the period of the project through undertaking doctoral research modules, IPA workshops, academic supervision and discussion with fellow students undertaking IPA research. My commitment to effectiveness can be witnessed by my concern to take full

consideration of the participants' experiences during the interview process. Also, it is hoped that the reader gets a sense of my genuine captivation and immersion in the raw data that has led to the generation of meaningful interpretations and themes.

Rigor relates to thoroughness of sampling and depth and breadth of analysis (Yardley, 2000). In this study the sample was chosen after careful consideration and with the aim of it fitting the phenomenological epistemology and also being appropriate for answering the research question. A group of professional practitioners were selected using purposive and homogeneous sampling methods and the rationale for this choice has been discussed in detail in the sampling section.

Analysis of the raw data was conducted in a thorough and systematic manner, adhering to IPA analysis guidelines (Smith et al., 2009). Appropriate illustrations were selected to convey different themes, and relevant quotes have been provided. Effort has been applied to achieve deep immersion in data in order to provide interesting interpretations as well as descriptions. Quality and richness of analysis has been enhanced via interactive discussions with my supervisor on a draft analysis of a transcription.

2.8.3 Transparency

Transparency (Yardley, 2000) relates to outlining in detail both the processes used in data collection and in the subsequent coding of such data. The steps taken throughout the process of the study, including the interview and the analysis, have been explained explicitly in this document. Also extracts of transcripts, verbatim records and themes are presented (see Appendices F, G, H, and I), so the reader can observe the relationship between the raw data and the patterns determined by the analysis. Furthermore, my researcher reflexivity relating to all aspects of the study has been expressed and shows a commitment to being 'transparent', including disclosure of personal motivations for choice of research topic.

2.8.4 Impact and importance

Yardley (2000, p. 223) argues that all research needs to be evaluated on its 'impact and importance'. A predominant aim of this study has been to generate novel perspectives on the phenomenon of 'connection' and to deepen understanding around the topic. It is envisaged that the insights gleaned will benefit clients and be appreciated by practitioners who can draw on them in clinical practice to advance

therapeutic outcome. A further ambition of mine is that the findings encourage and inspire the counselling psychology profession to retain and even develop its humanistic identity, which is something that I believe is increasingly necessary. In this way I am arguing that there is a need to challenge and rebalance the current 'results-driven' climate in psychological healthcare and society as a whole.

2.9 Methodological Procedures

The following section outlines procedural aspects of this research related to sampling, recruitment, interviewing and transcription.

2.9.1 Sample size

Sampling was carefully considered and this satisfies Silverman's (1993) view that qualitative researchers are required to demonstrate thought and reasoning behind sample selection. Compatible with IPA's orientation, the small sample selected was idiographic in nature which allowed for detailed and complex material to be developed and for the 'essence' of the phenomenon to be revealed (Giorgi & Giorgi, 2003).

Due to pragmatic considerations relating to the labour-intensity, time taken to complete IPA interviews, transcribing and analysing, various authors recommend the employment of small sample sizes (Brocki & Wearden, 2006; Smith & Osborn, 2008; Smith et al., 2009). A sample size of nine was deemed appropriate for this doctoral study as it was envisaged this would be enough to reveal variability across the sample, patterns of convergence and divergence and not too many to compromise depth of analysis.

2.9.2 Participants and inclusion/exclusion criteria

Conducive to IPA's idiographic focus (Smith & Osborn, 2003), a group of individuals were selected purposively, based on the assumption they would be able to engage with the research question and find it meaningful. Furthermore, the individuals were recruited on a basis of homogeneity in order to minimise the danger of extraneous diverging factors distorting the findings (and thus allow for the examination of convergence and divergence as they apply to the issues under investigation).

The primary intention of the project was to yield new knowledge into practitioners' experience of connection, so the inclusion criteria specified that

participants were counselling psychologists, psychotherapists or counsellors who had more than two years post-qualification experience. It was envisioned that BPS chartered counselling psychologists, UKCP registered psychotherapists and BACP accredited counsellors will have had ample clinical experience to be able to access both their subjective experience of connection in their working lives and the meaning this experience has for them. The similarity of the individuals in terms of their professional status (members of specified professional associations) and amount of clinical experience means that this small homogenous group should give sufficient contextualisation for exploration of their perceptions (Smith & Osborn, 2003), though, in unison with Smith et al. (2009), it was recognised that the results of the study are only representative of similar conditions.

The initial idea to only include counselling psychologists was disbanded due to making the findings more applicable to a wider psychotherapeutic audience and community and also anticipated difficulty in recruiting enough willing participants in the time frame available. Even though equal numbers of counselling psychologists and other therapists were targeted for recruitment, the majority of those that volunteered to take part were psychotherapists and counsellors.

2.9.3 Recruitment

Eight of the nine participants were recruited through the method of purposive sampling (Given, 2008) and one was collected via snowballing (Goodman, 1961). Potential participants were contacted by email through the website of their professional bodies such as the British Psychological Society (BPS) online directory of chartered counselling psychologists; UKCP online therapist register; and BACP online register of accredited counsellors. For convenience of accessibility to interview locations, practitioners living or working in the South of England were targeted. The aims and purposes of the study were proposed to prospective participants via personalised emails (Appendix B). As an incentive a book voucher of £15 was offered as a token of appreciation for their time (Kumar, Scheer, & Steenkamp, 1995).

The benefits and potential costs of using an incentive were carefully considered. There has been a long standing debate over the ethics of providing financial/token incentives to research participants. Some are concerned that incentives are unethical as they might undermine autonomous decision making in terms of being influenced to

partake and compromise sense of feeling able to opt out of the research (Grant & Sugarman, 2004). In contrast those who approve of giving incentives to participants argue that such a reward rightly acknowledges their contribution to research (Zutlevics, 2016). Overall, there seems to be a consensus that an incentive 'is permissible when the risk of harm to the individual is negligible in terms of degree and probability of occurrence' (Zutlevics, 2016, p.137).

After some reflection I concluded that in the context of my research conditions offering an incentive would not be unethical. Firstly, as the incentive was small I decided that it would not unduly influence decisions to participate. For the professional practitioner to commit to sharing their personal clinical experiences over the course of an hour infers interest in the subject content beyond receiving a small token. Furthermore, I made sure that the mention of this incentive was not over emphasised in the recruitment advert and other benefits such as opportunity to reflect and share own experiences as well as contributing new knowledge to the understanding of the therapeutic relationship were elaborated upon . Secondly, it was made transparent before and after the interview that they could leave the research process at any time without it disadvantaging them at all. Overall, I consider that recruitment of participants would still have been successful without the inclusion of incentives as the topic is of interest to psychotherapeutic practitioners and risk of harm is negligible. The book tokens were offered as an acknowledgement and appreciation for the practitioners' time given and not because it would have been difficult to recruit.

2.9.4 Participant demographics

Participants completed a brief demographic questionnaire **(**Appendix E**)** before the start of the interview and a descriptive synopsis of these results is outlined to highlight homogeneity of the sample, but not too much detail is give in order to preserve anonymity. Nine practitioners were recruited, eight females and one male. Two were counselling psychologists and the others defined themselves as psychotherapists or counsellors and ages noted ranged from 41 to 67 years (though three chose not to give their age). Five of the participants identified their ethnicity as 'white British', three as 'white other' and one as 'white Irish'. The participants either worked privately or for an organisation or a combination of the two. Each participant lived and worked in the UK and spoke English fluently.

The number of years post-qualification ranged from four to twenty years. All of the individuals in the sample had experience in more than one therapeutic modality. Primary therapeutic models used were: - Psychodynamic (1), Integrative (3), TA (1), Person-centred (1), Integrative and relational (1), CBT and EMDR (1) and Integrative and EMDR (1). Other therapeutic models described were: CAT, EMDR, Gestalt, Solution-focused therapy, Existential, Relational, DBT, psychodynamic, CBT and Mindfulness.

2.9.5 Interview and interview schedule

IPA studies employ various data collection methods including interviews, diaries, postal questionnaires, focus groups and observational studies (Smith et al., 2009). The interview technique of data collection remains the most preferred (Eatough & Smith, 2008) and has been employed in this study because it has the potential to encourage participants to open up novel and interesting areas of inquiry that can lead to fruitful interpretations, and the 'real-time' interaction allows some flexibility during the proceedings of the interview.

A semi-structured interview format was designed for this study as it is well-suited to an in-depth exploration and is consonant with IPA and the researcher's subjectivist epistemology. An interview schedule was constructed consisting of a small number of open-ended questions (Landridge, 2007) with the aim of guiding the content of the interview and helping respondents who may be more reserved and needing more structure. The opening question was: ‘What does connection in the therapeutic relationship mean to you?’ This question in itself provoked lengthy accounts which tended to address other potential questions and thus minimal prompting was required. I was mindful to allow the respondents to express their own understandings and strived to take a naive and curious stance where possible (Kvale, 1996) so generation of original thought is enhanced.

A semi-structured interview format was designed for this study as it is well-suited to an in-depth exploration and is consonant with IPA and the researcher's subjectivist epistemology. The overall purpose of the interview schedule was to allow the respondent to explore different facets of their personal lived experience of connection in the therapeutic relationship. In the development of the interview schedule my aim was to take a naive and curious stance where possible (Kvale, 1996) so generation of original thought is enhanced and respondents were encouraged to

express their own understandings. By assuming a naive stance I am encouraging the interviewee to state the obvious and give voice to otherwise implicit assumptions and expectations (Willig, 2008). To stimulate interviewees to elaborate further I asked for illustrations of events or experiences and this was particularly helpful considering the abstract nature of the research topic. The final interview schedule/topic guide consisted of a small number of open-ended questions (Landridge, 2007) which revolved around exploration of and eliciting information on respondents' perceptions, thoughts and feelings on the subject of 'connection' in the therapeutic relationship (see Appendix A). The opening question was: 'What does connection in the therapeutic relationship mean to you?' and this question in itself provoked lengthy accounts which tended to address other potential questions and thus minimal prompting was required. The interview schedule acted as prompt guide rather than a list of questions and was useful for those who were more reserved and in need of more guidance.

A one-off interview with each clinician was undertaken as opposed to collecting the data in multiple interviews and, as was anticipated, the participant group were used to using dialogue in their training and in supervision, so a single meeting was sufficient to explore their subjective reality and produce appropriately rich data. In addition it was foreseen that recruiting practitioners who were able to come to more than one meeting may have held up the data collection proceedings.

2.9.6 Interview process

Prior to the research proper a pilot study was conducted with a fellow trainee for the purposes of refining questions, developing confidence with interview style and clarifying the interview process. Interviewees were given a choice of where they would like the meeting to take place and the options were either in the participants' private clinic (within their home or in rented premises) or in a consulting room within the organisation they work for. For security protocol, a family member or friend of mine was told of the location of each interview and contacted by phone before and after each session. The interviews lasted between thirty-two and sixty-two minutes, with an average of fifty minutes and were recorded using two digital voice recorders, the second one used for back-up purposes.

Before starting the interview the practitioner was asked if they had read the participant information sheet which was attached to the research invitation email

(Appendix C) and if not were given a copy to read. Then they were asked to read through and sign a consent form **(**Appendix D) and complete a demographic questionnaire (Appendix E)**.** Finally they were advised that they could withdraw from the interview and the study at any time. The recorders were switched on and the interview proceeded.

From the moment of meeting the participant, to aid the flow of the data collection, I conscientiously built rapport by assuming the Rogerian core conditions (Rogers, 2007) of empathy, unconditional positive regard and congruence. I opened the interview with the core question and henceforth let the respondent direct the course. To aid the unfolding of the material I spoke minimally and essentially only when clarification or elaboration was required. This had the effect of producing a stream of raw discursive data that was largely free from being dominated by myself.

Immediately after the interviews the respondents were given a debriefing information sheet (Appendix F) and advised that, if the interview triggered any uncomfortable feelings, they need to take them to their supervisor, personal therapist or GP. In accord with Collins and Nicholson (2002) I allotted up to one hour after each interview to reflect on subjective experiences of the interviews and make notes on any changes in my understanding of connection.

2.9.7 Recording and transcription

IPA necessitates that the material is recorded verbatim and interviews were documented using two digital voice recorders (Olympus VN-732pc), one functioning as back-up. To deepen familiarity with the content of the interviews, and also avoid confidentiality, quality and anonymity issues with using an outsider (Poland, 2002), though time-consuming, the researcher opted to transcribe the verbatim interviews herself.

Potter and Hepburn (2005) suggest that transcripts should incorporate interactional elements like pauses, speech, pitch and volume, to exhibit co-construction of the discourse. However, Hollway (2005) stress that this approach interrupts the continuity of meaning when analysing and likewise Smith et al. (2009) contends that such detail could divert the focus of analysis. The transcription format of this research was based on the guidance of Smith et al. (2009) that the primary aim of transcription is to record the content of the respondents' accounts with the addition of a note of non-verbal articulations (such as laughter), significant pauses and

hesitations (represented by bracketed text in capitals). Indeed the importance of non-verbal communication is well documented in a variety of literature. To protect participant anonymity, whilst transcribing, identifying features such as names of people and places were removed or disguised.

2.10 Analysis

With regard to IPA data analysis Smith et al. (2009) draw on strategies employed by other IPA researchers (e.g., Osborn & Smith, 1998) and have produced a flexible and comprehensive analytic guide. This step-by-step framework has been adopted for this research as its explicit structure is appealing to a novice researcher and it also satisfies my commitment to systematic analysis (Henwood & Pidegon, 1992; Yardley, 2000).

The focus of IPA analysis is idiographic and each case is analysed in detail before moving on to the next case (Reid et al., 2005). It has been described as iterative (Landridge, 2007) as each account is repeatedly and meticulously encountered and also inductive (Smith, 2007) as the analysis of the set of cases produces theoretical explanations based on identified themes.

The analytic proceedings are shown in six steps, which reflect the protocol of Smith et al. (2009). A worked example and record of part of the analytical process is illustrated in Appendix G and this represents an audit trail as recommended by Yardley (2000). To prepare for analysis, transcriptions were formatted in landscape and a wide left hand margin was left for development of themes and the right hand margin for the commentary. The lines and pages were numbered for ease of reference.

2.10.1 Step one: Listening to recording whilst reading and re-reading

The first step began with becoming re-acquainted with the participant and their context (Morrow, 2005) by listening to the audio-recording while reading and re-reading the transcript several times, without coding. Ability to recall the participant's voice amid successive readings allows for a deeper analysis (Smith & Dunworth, 2003).

2.10.2 Step two: Exploratory commentary

The second stage of analysis involved examining the verbatim transcript in an inquisitive way and making initial notes on the phenomenal account of the participant's meaning. Coding was based on Smith et al. (2009) description of four exploratory categories: descriptive (content of conversation, paraphrase and condense what they say about their experience), linguistic (note choice of terminology and non-verbal elements such as pauses and repetitions), conceptual (participants understanding combined with researcher's interpretation) and decontextualisation (analysing a chunk of text out of context or reading it backward). Care at this stage was taken to stay close to the text and its meaning (Landridge, 2007). Exploratory comments were handwritten in the right hand margin using coloured pens as suggested by Starks and Trinidad (2007) to differentiate between descriptive (black), conceptual (green) and linguistic (red) commentary. The coding was done on a line-by-line basis.

2.10.3 Step three: Development of emerging themes

The next phase involved working principally with the initial notes instead of the transcript and identifying emergent themes. Smith et al. (2009) suggest that this stage reflects 'a synergistic process of description and interpretation' and the main task is to 'produce a concise and pithy statement of what was important in the various comments attached to a piece of transcript' (p.92). The aim was to create themes that reflect the essence of the participant's original words and thoughts but also to incorporate the investigator's interpretation.

2.10.4 Step four: Connections across emergent themes

In this step the chosen themes are clustered by linking them together according to their relationship with each other. In this way, the analysis identifies abstraction and subsumption (development of superordinate themes based on similarities); polarisation (differences); contextualisation (key life events); numeration (frequency of theme) and function (what is the participant doing by saying something). This process involved writing each emergent theme on a piece of card and laying them out on the floor to 'explore spatial representations of how emergent themes relate to each other' (Smith et al., 2009) with the result of refining clusters into superordinate overarching themes.

A summary table of themes and subthemes was created for each case and co-ordinated with quotations from the transcript. To enhance validity each superordinate theme and subtheme can be linked to the raw data via the inclusion of page and line numbers in the table (see Appendix H and J).

2.10.5 Step five: Moving to the next case

This stage is committed to repeating step one to four for each case, and care was taken to bracket off the ideas that were developed in previous cases to allow for new themes arising and to maintain uniqueness of each case. In cases where themes were evidently similar the same cluster labels were used.

2.10.6 Step six: Looking for patterns across the cases

The last step in the analysis concerned a search for repetition of themes across all cases in an attempt to identify superordinate themes (see Appendix H). Convergence, divergence, commonality and specificity (Smith et al, 2009) were factors referred to during this operation. Smith et al. (2009) recommend, for the findings to be credible and to enhance validity, that 'for an emergent, or superordinate theme to be classified as recurrent it must be present in at least a third' (p.107) of the entire participant interviews, which translates to three or more in this study (see Appendix Ifor theme frequency). Subsequently a full analysis of these results was written up.

2.11 Ethical Considerations

I took note of Brikman and Kvale's (2008) caution that ethical dilemmas may arise at any time during the course of the research. Accordingly, throughout, my ethical reasoning, decision-making and behaviour were guided by principles outlined by the following professional bodies:

- The British Psychological Society's Code of Ethics and Conduct (BPS, 2009): Core concerns constitute respect, competence, responsibility and integrity.
- The British Psychological Society's Code of Human Research Ethics (BPS, 2010): Principles are based upon respect for autonomy and dignity, scientific value, social responsibility and maximising benefit and minimising harm.

- The Health and Care Professions Council's Guidance on Conduct and Ethics for Students (2012): Criteria relate to respect, confidentiality, personal conduct, informed consent and data protection.
- The City, University of London Psychology Department granted full ethical approval of this research study after close inspection and provided an Ethics Release document (Appendix K).

In addition, throughout the period of the study, I maintained my awareness that 'no code can replace the need for psychologists to use their professional and ethical judgment', [Code of Ethics and Conduct (BPS, 2009, p.4)].

Specific procedures relating to key ethical considerations in this study are outlined below. The Participation Invitation sheet (Appendix B**)** conformed to BPS Ethics (p.18) that potential respondents are offered 'a clear statement of all aspects of the research that are relevant for their decisions about whether or not to agree to participate'. The sheet explained that participation is voluntary and withdrawal without giving a reason, at any stage, would not be penalised in any way, even after signing the consent form. This accommodates the Research Ethics (2010, p.6) advice to 'acknowledge the autonomy and agency of the individual'. The form also reassures the participant about confidentiality and offers contact details of the Research Ethics Committee, researcher and supervisor if any concerns arise regarding the study.

Before commencement of the research interview the respondent was asked to sign a written consent form **(**Appendix D**)** agreeing to be interviewed and permitting audio-recording of the interview. The form included permission to publish anonymous extracts from the interview and stated that all information obtained is stored in accordance with the Data Protection Act, 1998. The participant was given a copy of the signed consent form and for confidentiality purposes the researcher's copy was stored separately from the interview data.

It was deemed that the risk of psychological or physical harm would be unlikely due to the non-sensitive nature of the research; however, in case of any unanticipated issues of concern arising for the participant, a verbal and written debrief (Appendix F) took place immediately after the interview. The debrief sheet provided a list of therapeutic resources that could be contacted if difficult feelings or memories were triggered by the research process.

Protection of participants' anonymity was assured by adhering to data protection management guidelines. Participants' personal information such as consent and demographic forms were stored separately from the research data and all research material was kept in secure locations such as locked filing cabinets. For example original audio files were kept on the digital recorders. A copy of the recordings was also kept on a password- protected personal computer and an external hard drive which was locked in a filing cabinet. Each respondent was assigned a pseudonym and identifiable information within the transcripts was anonymised or deleted where appropriate.

1. Chapter Three: Analysis and Findings

3.1 Introduction to Analysis and Findings Chapter

This chapter begins with some of my reflections on the analysis process, which is followed by an outline of the findings in terms of final superordinate themes and respective subthemes. The main part of the chapter consists of detailed descriptions of the superordinate themes and ends with an integrated view of the analysis.

3.2 Reflections on the Analysis Process

Producing results which were both descriptive and interpretative was an intricate and demanding process. I observed that the initial drafts of my analysis write-up were too descriptive and superficial and recognised that as an unseasoned IPA researcher I was being too cautious. In my attempt to keep close to the respondents' experiences and not impose meaning from the outside (Smith et al, 2009), I was not including much of my own thinking.

However, after some practice I learnt to intertwine my own analytical narration with the raw data and subsequent draft versions ended up representing more refined and deeper layers of insight. Once initial themes representing all of the respondent cases had been identified, superordinate themes evolved, but this was only after many failed attempts to cluster the lower order themes in a way that felt congruent and meaningful. The more I immersed myself into the research material and became deeply familiar with it, however, the greater my clarity became regarding development of themes.

I noticed that when I was in the process of identifying emergent themes I felt unsettled about breaking up the participants' accounts into smaller units because I was concerned that the bigger picture of what the participant was expressing would get lost. However, I became aware that fragmentation is part of the hermeneutic process and found that a new 'whole' was created at the write-up stage when my interpretations were interwoven into the accounts and themes linked together.

Whilst I endeavoured to amplify the meaning implicit in the data and stay open to hearing the participant's own voice, I also attempted to uncover meaning that may be buried below the surface. I attended to non-verbal cues such as repetitions, metaphors, choice of words and phrases all of which might reveal meanings which are not obvious in the main body of the text. I was mindful of making my

interpretations explicit so the reader can be sure to discriminate them from the participants' comments, so for example I might have written: 'It appears that...' or 'there is a sense of...'

I was careful though, not to become too interpretative in my analysis as I was aware that imposing my own meaning on data and making higher level interpretations which are too distant from the content of the accounts can have significant ethical implications (Smith et al., 2009) as my results may misrepresent the respondents' voices. For example, I was heedful not to import my own version of what I think 'spiritual' or 'felt sense' means or to draw on related literature in reference to it, but instead dug deep into my perception of the participant's own meaning.

As an IPA researcher I am conscious not to claim that I know better than the respondent what their experience is as this assumes an 'expert' status which is contrary to my phenomenological epistemology. From a wider perspective and from an ethical principle of beneficence (Willig, 2013) I continually questioned how my analysis might impact on the participants and the larger group they represent, i.e., practitioner psychologists and therapists. For example, throughout my write–up I made certain that I relayed their views fairly and that my commentary was respectful of the profession.

3.3 Organisation of the Analysis

Before setting forth the detail of the analysis, I offer some background to the overall structure of the material. Following a lengthy analytical process, which endeavoured to capture and reflect participants' lived experiences of connection, I have created three superordinate themes. The titles of the superordinate themes represent my interpretation of the theme's content and the subthemes titles consist of respondent quotations (shown in italics and double quotation marks). This format means the labels honour the IPA ethos of marrying the subjectivities of researcher and participant. Use of quotes in titles allows the essence of respondents' understanding to be presented in a colourful way. To get an overview of the themes which represent the findings see Table 1.

Table 1: Research findings-Superordinate themes and respective subthemes

Foundational Connection	**Embodied Connection**	**Transcendent Connection**
"Space to grow"	*"Bodily felt stuff"*	*"Whole spiritual thing"*
"Two human beings"	*"Blending of energies"*	*"Stunning moments"*
"Feel safe"		
"Guard comes down"		

The first superordinate theme 'Foundational Connection' considers the dynamic nature of connection and encompasses communication processes which are seen to impact on the development of therapeutic connection. It comprises of four subthemes: *"Space to grow", "Two human beings", "Feel safe",* and *"Guard comes down"*. The second superordinate theme 'Embodied Connection' explores embodied descriptions of connective experiences in terms of felt-sense and energy transfer. It is made up of two themes: "*Bodily felt stuff*" and "*Blending of energies"*. The third superordinate theme 'Transcendent Connection' reflects deep and profound experiences of connection and comprises of two subthemes- "*Whole spiritual thing*" and "*Stunning moments*".

In keeping with the descriptive and interpretative components of IPA the write up is comprised of transcript extracts which ground the research, and analytical text

interpretations which show my thinking. I have selected material which represents the core experiences of the participant group and also reflects the essence of individual voices within the group. This analysis chapter excludes reference to theoretical literature, and saves this for the discussion section, so that focus on lived experiences takes prominence initially. There is occasional citation of extant literature with the purpose of clarifying and contextualising respondent quotes.

Analysis and Findings of this Research

3.4 Superordinate One: Foundational Connection

"Space to grow", considers elements of the therapeutic relationship that contribute to the development of connection. The theme "Two human beings" looks at the relationship between humanness and connection. The themes "Feel safe" and "Guard comes down" reflect upon the association between connection and trust and sense of relational security.

3.4.1 Foundational Connection: "Space to grow"

Even though there is no doubt among the respondents that connection exists and they have much to say much about it, the phenomenon itself is seen as elusive and obscure. For example Maureen declares "*it's difficult to put into words*" (3, 62) and her struggle is mirrored by other comments: "*connectedness or connection [ ] there aren't really words in our language that really describe it*" (Alison: 4, 95-97) and "*what the nature of connection is, I don't really know. It's quite hard to articulate*" (Louise: 1, 4-5). Caron describes connection as "*nameless*" (7,177) which embraces other respondents' difficulty in articulating its nature and emphasises that the notion of connection is hard to define. The challenge of naming connection is further exemplified by the common labelling of it as "*something*":

> *I suppose there is something there about something that we can't put a word on it. (Caron: 7,185-86)*
> *Something happens in the process that creates something. (Julia: 2, 42-43)*
> *Not quite sure what happened there but something did [ ] difficult to describe [ ]. (Sacha: 24,453-55)*

The choice of the word "*something*" not only indicates a phenomenon that cannot be easily pinned down but suggests that it has some value and consequence as well. Connection here is viewed as a process as "*something happens*", something takes place, an action directed to an end.

The lack of fluency in defining connection may be in part due to it being experienced as having many aspects:

> *So I think connectedness is multifaceted isn't it, it's not a simple thing, it is different for everybody, so can you quantify it, no you can't. (Julia: 28,753-55)*

The use of language here portrays connection as complex, multilayered, not easily measurable and subjective. Further analysis of transcripts however, revealed that connection can be discerned in respect to qualities of depth and transience. In particular, a popular topic among participants revolved around different depths of connection.

> *There are levels of connection maybe, some sort of depth of connection. [ ] you can connect with someone on a, on a relatively shallow level [ ] both working on a protocol together and that you have got some goals you are working on. So there's that kind of cognitive understanding [ ]. I guess you can get to deeper levels of connection which maybe more of a, um, a visceral sense [ ] you are deeply connecting with a client, there's lots of unsaid stuff [ ] just really getting each other perhaps [ ] (Brad: 1, 5-33)*

Brad conceptualises that distinct types of connection exist and defines them according to how deep they are. He compares a "*relatively shallow level*" of connecting, which is goal orientated and cerebral; to a "*depth of connection*" which seems to be instinctive and embodied. He elaborates that deeper connection involves mutuality where both parties have a broad understanding of each other and communication is largely non-verbal and may not be recognised on a conscious level. Louise also demarcates her encounters with clients.

> *So there is a different level of connection [ ] there is the everyday [ ] ongoing what I feel in the room with them [ ] and there's where it develops into something else, those moments, the Daniel Stern 'moments of meeting' [ ] which I think usually come through that whole kind of bodily felt stuff [ ] but they are less common. (Louise: 8-14, 190-369)*

Louise categorises levels of connection in a different way to Brad. For her, one level consists of what she calls the "*everyday"* connection which is more common place as it "*is ongoing*". Another kind actually evolves from these day-to-day interactions into something deeper and more profound, like Stern's (2004) notion of "*moments of meeting*" (discussed more in "*Stunning moments*") but arises infrequently and involves more of her "*whole*" self. This latter type of encounter involves "*bodily felt stuff*" indicating she is conscious of her physical response to the interaction and this aspect is looked at in more detail in the second superordinate theme. On reflection, Louise's experience here may be more on a par to Brad's than first envisaged, as her "*everyday*" connection is comparable to Brad's "*shallow*" connection and her portrayal of "*moments of meeting*" are congruent with Brad's "*deeper*" and "*visceral*" depictions of connection.

Analogous to Louise's narrative, Julia also points out that a shallow type of connection has the possibility of progressing into something else.

> *With the clients I meet who I do feel some sort of connection superficially, [ ] there is a potential for that connection to stay just that or for it to become deeper, more rounded, more meaningful, more useful in the therapeutic process because of all the stuff it brings with it, that ability to be really empathic, to sit in their shoes, to be engaged. Maybe when it doesn't happen it stays slightly superficial, it stops you doing really deep work. (Julia: 8, 203-211)*

When the connection shifts away from superficiality, it seems for Julia that it can transform into an encounter which is more encompassing, significant and therapeutically worthwhile. In addition this "*deeper*" connection helps her to appreciate her client's perspective, feel more compassion and she is drawn into a

closer relationship. Aligned to Julia, Caron considers that a relationship with more depth adds a therapeutic richness to the encounter.

> *When you feel that the session has been like a conversation; [ ] maybe we need to switch into something else, or perhaps that is it, but for me that is a marker that it is coming to an end. Well* {when there is connection} *there will be more depth, more insight, more feelings, more thoughts, more sharing [ ]. The person-to-person is a shallow conversation where you just can't go deeper. (Caron: 6-7, 152-167)*

Caron recognises that a superficial interaction, which she describes as "*like a conversation*", can indicate that the course of the therapeutic process needs to change gears, thus the connection is in a state of unsettledness and potentially transitional. Caron describes this type of connection as "*person-to-person*" which most likely refers to Clarkson's relational model (2003), though she does not make this link explicit. Martha also uses this phraseology, though she does specifically mention Clarkson's model (2003) earlier in her interview:

> *As far as I was concerned the meeting and we are talking about connecting, meeting, the transpersonal meeting is just, just an extension and deepening of the person-to-person meeting. (Martha: 20-26, 492-658).*

It is noted that the way that the person-to-person relationship is comprehended differs between the two practitioners. Caron seems to see it as static and fixed at a superficial level, as she says "*you can't go deeper*", whereas Martha perceives it as something which can expand and transform into a "*transpersonal"* relationship (see "*Whole spiritual thing*" for more on this).

Sacha also focuses on the dynamic nature of connection:

> *There's a sense of real movement when there is a very deep connection and that is a very difficult thing to put into words, really because that is not at a cognitive level, there are cognitive levels of connecting for sure,*

absolutely, definitely. But something about having a deep, emotional, and possibly spiritual connection. (Sacha: 15, 417-423)

She differentiates between a connection which is more cerebral and one which is "*very deep*", "*emotional*", and "*spiritual*" and involves "*real movement*". Even though she says vocalising what she means is challenging for her, her elected words clearly covey connection as something which can be profound and enigmatic (this is elaborated upon in the third superordinate theme). Like other respondents, Sacha also envisages that connection can embody different forms as she says it can be "*minimal and various*" (14, 387) and the following extract enlarges on her view.

I don't see it {connection} as one or the other, I think though it is a sliding scale that changes all the time, but I think it's impossible to, um, stay connected at that deep level for any length of time.[ ] it can be very fleeting [ ] it can be difficult to sustain that very deep connection. (Sacha: 15-21, 412-575)

Her account reiterates the fluctuating countenance of connection, already expressed by other interviewees, as she refers to a deep type of contact which "*changes all the time*" and is "*fleeting*". Her description of it moving along a "*sliding scale*" is apt as it helps to communicate her sense that connection is not fixed and can transform into different "*degrees*". Louise also alludes to the coming and going nature of connection when she says "*connection you have with people does ebb and flow*" (13, 342-43).

The notion that connection levels can alter is ratified by Caron as she posits that "*connection is on a spectrum*" (8, 195). Her meaning of this is exemplified by her comment that you need to have a minimum of five for the therapeutic work to progress and a ten is "*brilliant*". Julia also sees connection as a process which can be classified numerically: "*So it is a grade one connection, so it never moves out of grade two or three connection*" (23, 610). Thus, it is apparent that connection can progress in intensity as it moves from one level to another. The regularity of experiencing deep connection is remarked upon, for example, Brad says "*a really deep connection does not happen that often*" (3, 75-76); Sacha discloses "*it's something that sometimes happens*" (25, 477) and Daisy comments "*I don't think it happens much now these days*" (34, 682).

It is unanimous that connection is something that can be cultivated over time and this is highlighted by Sacha, "*I think a lot of the work I do is building that connection*" (3, 40-42) and Louise "*As time goes by, there is that connection that you build with each other*" (2, 51-54). Sacha's emphasis is that this process is key to her work and Louise's is that connection is co-created. Allowing time for connection to ripen is seen to be constructive as it "*deepens*" connection (Sacha: 4, 59-60; Maureen: 7, 161-62 and Louise 18,470-73) and Brad remarks that connection sometimes needs to be given a "*space to grow*" (15, 368). This conjures up images of connection, given the opportunity, expanding and flourishing and this analogy is further illuminated by Julia's metaphor about blossoming flowers: "*It {connection} will either germinate or not into something really big and beautiful like my roses out there*" (26, 708-709). Overall, it is generally construed that there is a strong correlation between time and depth of dyadic bonding; however Brad's comment that deep connection "*happens quite quickly, you know within the first one or two sessions"* (7/8, 78-181) indicates that this is not always the case and it can take place before the relationship has advanced.

A summary of words used to describe connection is represented in Table 2.

Table 2: Words/phrases used to describe connection

Superficial	**Deep**	**Changing**
"Shallow"	*"Deep"*	*"Sliding scale"*
"Like a conversation"	*"Moments"*	*"Various"*
"Everyday"	*"Transpersonal"*	*"Changes"*
"Person-to-person"	*"High degree"*	*"Ebb and flow"*
"Minimal"	*"Emotional"*	*"Fleeting"*
"Cognitive"	*"Spiritual"*	*"Difficult to sustain"*
"Superficial"	*"Movement"*	*"On a spectrum"*
	"Visceral"	*"Graded"*

In summary, the theme “space to grow” shows connection as a phenomenon which is complex, multifaceted and transient. Moreover connection levels can range from superficial to deep and connection intensity may build over time. Deep connection is perceived as something which is enduring or moment-based.

3.4.2 Foundational Connection: “Two human beings”

The previous subtheme shows that connection is built over time and in this section respondent narratives demonstrate that the development of connection is impacted by the human-to-human nature of the interaction.

> *From the client’s point of view experiencing that connection with another human being is really important [ ]. The human element of being accepted by another human being is very, very powerful [ ] and there’s something about the connection and a sense of belonging that feels really important. [ ] Some clients can feel very isolated and that connection is so important. Yeah, and how I experience this is extremely satisfying I guess, if I can help a person feel more connected to humanity, [ ] help build trust [ ] through having experienced a connection. (Sacha: 8,141-47)*

Sacha cites how valuable, influential and therapeutically healing it is for the client to have a ‘human’ connection with the practitioner. She communicates that this sort of connection helps the client to feel included, validated and embraced as a fellow human being. Her use of the words “*important*”, “*extremely*” and “*powerful*” reflect her passion that human connectivity is hugely significant in the therapeutic relationship. Her role in developing this type of connection is communicated as “*extremely satisfying*” for her, so overall it is highly rewarding for both parties. Others are also explicit about the importance of sharing a human ‘beingness’ in the connection process.

> *Because actually what you are in the end are two human beings discussing the human experience and even though I am not a thirty-year-old male who's being bullied at work, I am human and it's about me then*

trying to sit in his shoes [ ] So that you know it is the humanness that connects us. (Julia: 4, 102-12)

For Julia it is the human-to-human relationship that enables her to access her client's world view despite their dissimilarities. She suggests that, when you strip away the external differences between you, you are left with an affinity that comes from your shared humanness and all that that brings. Sacha expresses her understanding of a "*human*" kind of connection:

Um there is something about the connection that we have as humans, [ ] we hear a story and it touches us, even though we might not have met that person but it touches, there's a connection, I guess a common kind of experience, not a literal experience, but an experience of emotions, yeah. (Sacha: 19,516-522)

Like Julia, she infers that the "*human*" connection helps her to empathise more deeply with her client and she links this to a sharing of "*emotions*". She generalises that humans can easily be "*touched*" by another human's biography due to being kindred spirits and it is this tuning in to the other's humanity that creates the connection. Sacha's interpretation that human connection is about sharing universal emotions is echoed by Brad and Daisy, though they go one step further and specify that it is to do with understanding the others' suffering.

You know the kind of shared human understanding of suffering for example, that we all experience suffering and that is part of being a living creature on earth. (Brad: 2, 35-40)
*It's almost connecting on a level that almost says yeah the human condition can be challenging. (*Daisy: 35, 703-704)

Their narratives give voice to the fact that hardship is intrinsic to human life and they infer that it is the sharing of these inherent challenges that draw the practitioner and client together.

Practitioners are shown to foster and reinforce this human type of connectivity by practicing self-disclosure.

> *Self-disclosure can be useful [ ] I think that creates connection too doesn't it? Maybe your client goes away feeling more connected to me because she sees me not only as a professional hopefully, but also as a human being, who has been through stuff and isn't just sitting there; because I have done the training I can tell you how to fix this [ ]. It is actually; well she has been through this too. So maybe that brings about more connection, inevitably because they see you, there's another level in which they perceive you. (Julia: 7, 165-177)*

Julia sees self-disclosure as a tool, as she recognises it helps the client to "*see*" and "*perceive*" her on "*another level*". In other words she reflects that by removing her professional façade, showing her human side and revealing to her client that she has had life experiences beyond being a trained clinician, she is expediting the connection process. She infers that presenting herself as a 'real' person plays a central role in connectivity as it "*creates*" and "*brings about more connection*". Caron's narrative resonates with this view as she says self-disclosure "*shows that I am human*" and "*helps to build up the relationship*" as "*they like to know something about you*" (5: 112-117). So she also experiences that self-disclosure exhibits her humanness. Like the former two respondents, Martha also places value on showing her human side.

> *There is an awful lot of counselling and therapy I think that isn't very good and is probably when the person does not connect with the client. I think Rowan calls it using your 'instrumental self' rather than your 'authentic self'. I think being human is lacking [ ]... yes, you are winning me around to the word connectivity. (Martha: 25-26, 628-656)*

She associates displays of humanness within the therapy room as being "*authentic*" as opposed to being "*instrumental*" and relates this to Rowan's (2005) interpersonal model. She insinuates that relating to her client in a genuine and personal way, rather than being too clinical, enables connection. Alison has a different perspective on the subject of self-disclosure:

If the therapist tries too hard to be real they can come across as false and this can obstruct the connecting process. (Alison: 13, 335-337)

Contrary to others, who say that self-disclosure can build and develop connection, Alison cautions that self-disclosure can "*obstruct*" it. She asserts that striving "*too hard*" to show one's human side can have an adverse impact and can appear to be obsequious in the eyes of the client.

In the context of being real and transmitting this to the clients, there is reference to Rogers' core conditions (2007):

You have got all the Rogers core conditions that hopefully in time with your clients, it is just part of who you are really [ ]. You hope that the core conditions will become part of who you are, to be able to connect with your clients. (Maureen: 9/10, 235-40)

There is inference here that being authentic, which is one of the conditions, is integrated in the practitioner's way of being.

In summary, a prevailing aspect of connection in the therapeutic relationship revolves around a shared humanity. The practitioner and client are intrinsically bound by their mutual humanness and this plays a significant role in the process of connection. The individuals from the dyad are drawn into a tighter knit because they have a collective understanding of what it is to be human; a sharing of emotions, suffering and living in the same world which potentially is enough to create this human type of connectivity. If the practitioner is able to show glimpses of their authentic being in the therapy room connectivity is said to be augmented. A respondent's earlier comment that human-to-human connection helps to build trust introduces the notion that there is a relationship between connection and trust, which is elaborated upon in the following section.

3.4.3 Foundational Connection: "Feel safe"

Interpretation of respondents' experiences reveals that there is a close link between connection and trust. The nature of this relationship is epitomised by the quotes, "*building the connection involves building trust*" (Sacha: 6, 153-159); "*trust is very important*" (Sacha: 6, 159) and "*trust is absolutely vital*" (Louise: 7, 165). Evidently

trust is a fundamental feature of connection and it involves a process of building. Insight into what trust means to the practitioners is gained by the recurrent references to feeling "*safe*" in the relationship.

> *So, again there is something there about connection where they feel safe. (Alison: 9,209-211)*
> *I think for a first time client, I think they need to feel safe, so the connection has got to be about safety for them. (Julia: 27, 731-733)*

Alison and Julia point out that there is an affinity between connection and safety, and although the nature of this is not made explicit here it distinctly involves feeling something. Alison brings up this subject again later in her interview:

> *They don't ever allow that connectivity because they are so terrified [ ] allow some little glimpses to feel safe and maybe go back to before they had that armour in place or mask or whatever you want to call it. (Alison: 17-18,437-443)*

She explains that clients who are frightened are unable to connect and she suggests that she facilitates connection by getting in contact with their vulnerable side bit-by-bit so that they can "*feel safe*" in a gradual process. It is apparent that feeling shielded and free from harm is also necessary for the therapist for connection to take place:

> *An important element, yes of feeling a deep connection, that I am allowing my whole self [ ] to be part of that. Something about not holding back* **...** *and I guess that goes back to me having to feel safe in myself and secure and the other person feeling safe and secure enough. (Sacha: 18-19, 505-510)*

Sacha's account conveys that for "*deep*" connection to be felt she involves her "*whole*" being and makes herself open and willing, but to do this she needs to feel "*safe and secure*" in the relationship. She also points out the client needs to feel "*safe and secure*" too. Julia also homes in on the importance of feeling safe within herself in order to connect. She does this at the very beginning of her interview which

suggests, for her, safety is a subject of considerable importance in relation to connection.

> *Is this person safe [ ] am I okay with this person, do I need to watch my back with this person? It's that fight, fright, freeze thing that we are wired up to do, so we do make that judgement in that first moment. There is no doubt when I have met clients over my years of working I can feel connected, so it's about feeling comfortable, there is something about comfort, connection and comfort. (Julia: 1, 11-25)*

Her comments about being innately attuned to danger are linked to her wariness of clients. She is sensitive to her own responses to new clients and it is as if she measures how safe she is by noticing how at ease she feels. Her belief that comfort and connection are closely correlated is emphasised by word repetition and the way she uses the words "*comfort*" and "*connection*" interchangeably. This seems to be a meaningful subject for Julia, as her speech is animated and she continues to ponder on it again later:

> *It is maybe that the comfort is something about recognising a similarity or areas of common ground, [ ] so that creates a um, a connection, a framework for connection if you like, so maybe the discomfort or the lack of connection is about issues which I have not had any personal experience. (Julia, 3: 62-71)*

After some contemplation she recognises that feeling comfortable is about resonating with her client's experience and this process can "*create*" connection. This interrelationship between comfort and connection is also attended to by Alison and she addresses it in her first sentence of the interview, similar to Julia, which demonstrates it is a thought-provoking subject for her.

> *Um, connection in the therapeutic relationship...to me means [ ] there's a sense of comfort, both in terms of um, both being comfortable in the room and comfort with the relationship in terms of being able to talk about*

things that they might not otherwise be able to talk about. (Alison: 1, 3-11)

For Alison, connection is about "*both being comfortable*" with the relationship and the clinic room. She relates comfort to the client feeling relaxed enough to disclose important things. The relationship between these two variables is also explored by Daisy:

Where there is trauma, I am very comfortable and they might be frightened by the process and by the intensity, but I am so relaxed and matter of fact, caring and compassionate, it creates a sense of safety in the room. (Daisy: 6,123-127)

Daisy finds that by communicating she is calm and at ease with herself and transmitting warm-heartedness towards her client, the therapy room is experienced as a safe haven. So she is inferring that her disposition impacts directly on how secure her clients feel. Later she repeats that connection is influenced by "*our surroundings*" and she elaborates that this facilitates her "*ability to stay very connected*" (12, 244-247), so puts emphasis on the role the environment plays in maintaining connection.

Safety and comfort are evidently central to the connectivity process and this is enlarged upon by discourses relating to clients feeling cared for:

Vulnerability is about the connectedness as well, they feel connected enough. [ ] you know mother and baby, it's that attachment, it's that trust, it's all of that stuff; it's knowing they will be looked after and that takes a while to build up. [ ] So, again there is something there about connection where they feel safe. (Alison: 8-9, 190-210)

Alison compares the attachment between baby and mother to her client's connection with her. From her perspective the client needs to trust that they will be supported by her when they expose their "*vulnerability*". She conveys that the bond needs to be experienced as robust in order for the clients to feel secure enough to surrender their defences. She also contemplates the interrelationship between eye contact, trust and connection:

> *And I think, for me when I am working with really damaged people, they need to be able to look into my eyes and feel safe. For me that is something about the connection [ ] about seeing the fragility [ ] their vulnerability and their fear and you know in some ways that is an incredibly powerful place to be. (Alison: 5, 116-122)*

Alison suggests that if her "*damaged*" clients "*look into*" her eyes there is a transmission of something therapeutically valuable. She communicates that the eye gaze connects them, and there is a sense that the client feels soothed and encouraged whilst she witnesses their "*vulnerability*" and this process for her is "*incredibly powerful*". The personal nature of this encounter is highlighted by her repetition of "*for me*".

The parallel nature between mother/baby and therapist/client is also experienced by Maureen as she relates to a particular client. She "*helped her to trust and she really did develop maternal transference with me and there was a very deep connection*" (10, 250-254). It seems for her, that when the client feels secure in the relationship, a deep-seated therapeutic bond can evolve and this matches one that a child and mother may have. Her choice of the phrase "*maternal transference*" infers the strength of this connection. Interconnectedness between the maternal and therapeutic relationship is exemplified by Maureen's earlier reference to her finding the process of connection arduous if her client "*could not trust mum*" (5-6, 129-132).

Understanding the connective relationship with clients from a parent-child perspective is clearly central to Maureen's work as she points out near the beginning of her interview (1,18-25) that she draws on principles from Attachment theory (Ainsworth, 1973 and Bowlby, 1969). In her interview she comments that the connection process is influenced by both client and therapist "*attachment styles*" and she gives the example that clients who display "*avoidant*" patterns of relating may need a longer time before they can engage with her.

The therapist's role in protecting the client, helping them to feel safe and offering boundaries is illustrated by Sacha and Martha. Sacha remarks "*holding I think is important as we are getting to know each other*" (16, 304-306). This notion of 'holding' evokes an image of the client feeling held and reassured like a baby does in its mother's arms. Martha also refers to a 'holding' notion:

> *Even if I think we are meeting in a transpersonal way, somebody's got to be grounded... it is the working, the holding of clients, to hold, to keep the boundaries. (Martha: 24, 609-611)*

For Martha, "*holding*" helps the client feel anchored, particularly when their encounter has a "*transpersonal*" quality to it. Brad also sees his role as safekeeping and in his experience it involves an offering of himself as some sort of 'container' for his clients.

> *You are almost like a conduit for what the other person is feeling and saying. So allowing that person and their experience to flow through you in some sense and then you are able to then pick up on whatever is coming through. (Brad: 13, 334-338)*

This metaphorical sense of sheltering and at the same time channelling the client, for Brad, seems like an all-embracing experience. Whilst giving them boundaries and providing his clients with a vessel in which their emotions and thoughts can safely flow through, he can absorb their experience and attune to them at the same time.

In summary, this theme captures respondents' perspectives on trust, safety and comfort in the connectivity process. There is a sense that the client is more likely to trust and thus allow connection to take place if they feel "*contained*" and "*held*" by the practitioner. Some respondents link their role as practitioner to the mother's function of 'holding' their young and nurturing and providing a bond which creates a sense of security. Eye contact and ambience of surroundings can impact positively on client sense of security. In addition, practitioners themselves need to feel at ease and secure with their clients if connectivity is to be fostered.

3.4.4 Foundational Connection: "Guard comes down"

As displayed in the previous section feeling safe, comfortable and contained are attributes which engender connectivity and these were loosely linked to processes of opening up. This latter feature is explored in more detail in this subtheme.

> *Not much of a connection if the client is closed down and not able or willing for whatever to make a connection (Sacha: 10,195-97). Sometimes clients just let you in. (Maureen: 3, 65-67)*

These extracts highlight that the client plays an active role in the connection process in terms of being cooperative and in a state of openness to their practitioner. There is a sense that the client needs to open, accept and receive the other for connection to come into play. Alison's narrative uncovers more about this process:

> *Um I find that when I am well connected with a client and usually it is when I have got to know them better and they kind of allow that connection. Yes, I think for me there is a sense of people start to trust you, their guard comes down a little bit more so that connection is more flowing between you. (Alison: 3-4, 80-85)*

According to Alison, clients are more likely to concede to connection if they feel the practitioner's empathy. She attributes this to an increase in trust and a letting down of "*guard*" and she shares that when this happens connection is enhanced as it becomes more fluid and mutual. Daisy also brings up the subject of diminishing defensiveness in her narrative:

> *I would say they have trust issues, I have a trust issue, until it feels like there is something softening and I have got them on board and I feel a connectedness. (Daisy: 19, 375-378)*

Her description of "*something softening*" in the process of connecting conveys that there was a hardness there which may be related to self-protective walls and boundaries. She admits that she also has trust issues with some of her clients and in these cases she does not "*feel*" the connectivity until the relationship has "*softened*". It appears that she plays an active role in breaking down barriers as she talks about getting the client "*on board*". Due to the frequency of it being mentioned, it is transparent that respondents perceive their role as encompassing openness too. For example, Sacha says "*What certainly makes it {connection} easier for me is when I feel relaxed, able to be open, when my defences are down*" (12, 224-26). She relates

her openness to a letting down of her defences which infers being less watchful and restrained.

However, even though wariness in the relationship can hinder connection, it may have important functions. Alison says her clients "*veneer*" keeps them "*safe*" (17, 419-430) and Sacha's comment below expands on this notion:

> *Sometimes it is just too scary for the person to um, allow themselves to open up to a connection, to a deeper connection [ ] to allow somebody into more intimate parts of themselves, maybe more fragile. (Sacha: 20, 386-92)*

This narrative suggests that retaining defences and keeping the practitioner at some distance protects the client from being too vulnerable. This is something Brad also stresses when he explains that he deliberately avoids deeper connection with some clients to prevent risk, as it could put them in contact with emotions that they are not ready to face (11, 271-74).

Practitioners point out that connection is more difficult to achieve with certain client groups due to guardedness and Alison relates this to individuals with eating disorders.

> *Um, I do quite a lot of work with eating disorders and there is quite a lot of defensiveness [ ] so I have to work very hard to get the trust of those individuals and there is something about, within the connection, about being able to challenge without harming the relationship [ ] but I wouldn't challenge until I have got that sense of connection [ ] it's almost like you have to challenge in order to get that connection. (Alison: 1-2, 17-30)*

She finds that these clients struggle with trust issues and this impacts her ability to connect to them. Their guardedness means she has to put in extra effort to encourage them to open up. She indicates that her bond with these clients is fragile and she has to be careful not to impair it through the use of interventions like challenging. Alison contradicts herself as she says that challenge is necessary to achieve connection, but she also asserts that she would not confront a client until there is some connection.

This discrepancy highlights the potentially complex nature of the relationship between trust and connection. Daisy and Maureen also notice that the act of connecting can be precarious and they relate this to clients with personality disorder diagnosis and attachment issues.

> *But I am thinking of where the connection can be more difficult and where I am going to be more guarded and that will affect the connection too and that is with the personality disordered clients. (Daisy: 15, 300-303)*

In this case it is the practitioner's own wariness that interferes with the rapport. Daisy feels cautious with these clients and her restrained response to them makes the connection process unstable. Maureen construes that the relational styles of both client and therapist will influence ability to trust and thus impact capacity to cultivate connection:

> *I work with Attachment theory a lot, um and obviously I think certain types of attachment styles are more able to trust and develop that connection [ ]of course it does depend on the therapist and their attachment style [ ]clients who are very avoidant whose feelings are cut off, they, it sometimes takes longer to connect. (Maureen: 1, 18-25)*

From Maureen's experience trustworthiness in the relationship depends on attachment styles of both client and therapist. For her connection is slower to occur if the client is detached from their emotions and this notion is supported by Julia's experience that it is a struggle to get close to clients who do not possess the language necessary to engage with and articulate their feelings (*20/21, 544-582*).

In summary, this theme highlights the relationship between connection and guardedness. Factors such as client willingness to connect, openness and permission to "*let in*" the practitioner, impact on the connection process. It seems that when the client feels understood or empathised with, trust begins to develop, then defensiveness reduces and protective walls "*soften*". Defensive systems such as these are described as having a role to play as they can protect the client from facing overwhelming emotions which they are not ready to process. Practitioners,

themselves, sometimes can be wary of clients and this impinges on their level of guardedness too, which inevitably thwarts connectivity.

Both of the aforementioned themes ("feel safe" and "guard comes down"), show that the connection process is impacted by both of the client's and the therapist's sense of security and openness. The development of connection and trust involves mutuality and is influenced by relational factors such as holding/containing, attachment and eye gaze.

Overall, this first superordinate theme represents practitioners' understanding that a foundation of connection can be laid down by the development of trust, sense of security and openness between both dyadic individuals.

3.5 Superordinate Two: Embodied Connection

The second superordinate theme comprises two subthemes. "*Bodily felt stuff*", inquires into somatic sensations that practitioners perceive when connecting with clients. "*Blending of energies*", explores practitioners' perceptions of subtle communication experiences during therapeutic exchanges.

3.5.1 Embodied Connection: "Bodily felt stuff"

Practitioners appear to experience connection in the therapeutic relationship in a physical way. For example one respondent remarks, "*It is a powerful somatic feeling for me*" (Julia: 14,372) and another, "*I think I am quite kinaesthetic*" (Maureen: 3, 60). Another says "*I may have sensations in my body*" and goes on to report that by "*picking up*" things from her body she can gauge her own emotional reactions to client interactions and also get information about her client's subjective material by "*mirroring*" or "*echoing*" (Sacha: 4, 86-97).

Ways of describing bodily responses to interactions are evidently diverse and Brad is particularly descriptive:

> *I feel a lead weight in my sort of lungs or heart when I am with a client. [ ] we are sat together and there is the intersubjectivity and you can feel what the other person is feeling. [ ] when there is like a real connection sometimes I get like a, like a shiver, like down my spine, [ ] you just feel like you understood that person fully in that moment, you are together in some way. Or like a fuzzing of the head [ ] (Brad: 4/5, 92-114)*

He notices physical changes in his body in response to connecting with clients, as he makes reference to sensations of heaviness, shivers and head fuzziness. He explains that his body is absorbing and assimilating his client's feelings which assist him in achieving elevated levels of empathy. His choice of the word "*intersubjectivity"* and use of the phrases "*you are together in some way"* and "*we are sat together*" emphasises his perception of the mutuality of this interchange.

He describes his somatic experiences as "*real*" connections and interestingly this is consistent with other practitioners' reference to connection. Julia talks about "*real*" fusion (14,378); Caron describes a "*true*" type of connection and Louise makes remarks about "*absolute, utter connection*" (3, 64). These descriptions of what connection feels like have an embodied nature about them and it is as if the individuals can sense via bodily receptivity how authentic and honest these interactions are. Brad's sensitivity to subtleties within the connection process is further illustrated by this vignette:

> *You can get to deeper levels of connection which may be more of a, um, a visceral sense [ ] you know really resonating [ ] sense of understanding, a sense of shared emotion or physical sensation [ ] it's more like a dance. (Brad: 1, 13-24)*

It is as if his intuition comes to the fore when deeply connecting and this helps him to understand his client's world of experience. He sees this process as one which involves a sharing of each other's physical and emotional sensations and identifies this type of partnership as "*like a dance*". This comparison evokes an image of two individuals finely attuning and responding to each other in a harmonious and interdependent way.

He reflects that this somatic sensitivity is consonant to Gendlin's (1981) notion of 'felt sense': "*Yeah that {felt sense} seems to be fitting with what I have been describing*" (15, 377-380). The combination of these two words "*felt*" and "*sense*" seem to fit well with the kinaesthetic and tangible nature of Brad's description of his experience. Daisy also refers to a "*felt sense*" but she does not link it to any theories, so it seems she assumes I know what she means. Daisy introduces her notion of "*felt*

sense" at the very beginning of the research interview which suggests it is an important subject for her.

> *To me it {connection} means something really central to the efficacy of treatment and that is the client actually feeling that you are attuning to them, that you are hearing them and that you are sensing them on different levels as well. So, it involves being very present and um, for me it also involves a slightly intuitive way of working. [ ] I feel it is a felt-sense that guides me with that [ ]. (Daisy: 1, 3-19)*

Daisy considers that drawing on her "*felt-sense*" helps her to navigate connectivity with clients. Her dialogue shows that she senses her clients "*on different levels*" by "*attuning*" to them and if she is able to communicate how deeply she understands them, then the connection process is enhanced. Daisy's depiction of felt-sense is made richer here by her attributing characteristics to it such as immediacy and intuition. Her assertion that "*it involves being very present*" emphasises how important it is for her to be aware of her moment-by-moment response to the interaction. She brings up the topic of felt sense again much later in her interview, so she is obviously keen to share more of her thoughts about it:

> *We are connecting really with the whole felt sense of that person and in terms of being authentic. [ ] it certainly is not a head experience; it is very much a felt experience in that moment. So the feeling of connectedness too [ ] You feel something tighten in your throat, you feel that tear and instead of just pulling straight back I let myself feel it and they feel it, they see it and it does not necessarily need to be spoken about. [ ] But you have touched and I am feeling emotional talking about it. [ ] It's a really deep, deep experience. [ ] {She takes a tissue to wipe her eyes}. (Daisy: 33, 668-672)*

Daisy's experience of this bodily type of connection is strikingly compatible with Brad's: they both notice they have body sensations, particularly in the upper area of the body; it is predominantly a non-cognitive process which is characterised by non-

verbal communication; it is emotionally charged and they both perceive clients have some awareness of the connection taking place, albeit perhaps unconscious.

Daisy links her "*whole*" felt sense to the notion of authenticity which gives the impression that she experiences the contact as embodied and free from superficiality. She is aware that connecting with another can impact on her physically and also emotionally and it sounds like she makes the conscious choice of whether to be open emotionally. As she recounts what this heartfelt experience is like for her, she becomes visibly emotional in the interview and sheds tears. Her tearfulness remains for a while and after being asked if she is okay she replies "*yeah, absolutely, it caught me by surprise in a sense, I had not expected the feelings to come up so much*", so it is transparent that she is taken aback by the intensity of her reaction. She goes on to say that due to the external stimulation of modern technology, connecting in a deep and personal way is rare now (34,682-688). I was struck by the intensity of her impassioned response and sensed that she longed for deeper human contact, outside of the therapy room, and this view was supported by comments that she missed her home county and estranged friends.

Like Daisy, Sacha says she is "*moved*" emotionally when she has what she calls "*deep*" connection:

> *It can feel very profound [ ] it has a profound impact on me, as well as...I believe it has a profound impact on the client [ ] I feel really moved, moved, um, ... it may take me some time to go back to my normal day to day activities. [ ] it's a very special aspect of my life and that's very private to my relationship with that client. (Sacha: 18, 477-500)*

The impact that this embodied connectedness has on Sacha is discernible by her recurrent use of the word "*profound*". Her narrative presents connection as something which penetrates her emotional self powerfully and is unsettling, but in a positive way. This kind of encounter stands out for her and is experienced as intimate and something to be cherished in a quiet and personal way.

Body-sensitivity to clients' experience is shown to be quite subtle in many cases but can also be quite forceful. Louise remembers feeling "*stunned*" like a "*physical shock*" when she was connecting deeply with her client (8, 190-196). Her

communication accentuates the strength of the impact that the interaction had on her and it expresses that she felt bowled over and flabbergasted.

In contrast to connection feeling like a sudden jolt it is also experienced as flowing, Caron says "*What does it feel like when you are in that connection, it feels like you are in the flow*" (7,180-81) and later she elaborates on what she means by flow, "*the session just progresses really well, with very little effort*" (9, 216-21) and "*in the physical body connection feels quite easy I suppose, light, um and fulfilling, um you get a sort of sense of achievement from it, a nice warm feeling*" (13: 333-335). Her embodied sense of fluidity and movement is also hinted at by Brad when he likens deep connection to "*kind of same flow or in the same stream*" (7, 175-178) or "*like a dance*" (1, 20).

Martha talks about "*a sort of flow*" when she is experiencing connection where "*it's so flowing time almost stops*" (20,514-16), which she explains can feel like sailing a boat (21,542). Martha's sensation that time slows down can also be interpreted as her being in a state of presence where her sense of past or future is distant and she is absorbed in the present moment. The role that presence has on the connectivity process is elucidated elsewhere by Daisy and Louise:

> *"I am pausing at times and just being totally present for them to feel that connection". (Daisy: 1, 18-19)*
> "*I am utterly, totally there for them in those fifty minutes, that is, it is just me and them and maybe they pick up on that, maybe that helps them feel connected to me. (Louise: 12, 308-12)*

Both narratives infer that present awareness and working in the here-and-now awareness facilitates connection.

It has been seen that bodily responses can be used to gauge what is happening in the therapeutic process and it is also apparent that the body can be used to communicate to the client in a subtle and non-verbal way. Respondents often refer to employing non-verbal communication to help with connection, for example Maureen says she gets "*cues for connection*" through "*body language*" (9, 233-237) and Sacha mirrors her client's posture "*whether unconsciously or sometimes consciously*" which she says "*builds*" connection (6, 97-102). Brad refers to "*unsaid stuff*" taking place "*when you are deeply connecting*" and this may involve "*noises*" and "*facial*

expression" and his "*body shows that understanding*" and "*getting verbal, it can get in the way*" (1-2, 21-33). Alison remarks that it is the connection that communicates her empathy "*it would kind of be acknowledged without being spoken*" (5, 131-135) and Daisy uses an "*empathic look*" which she says helps the client to "*feel that connectedness*" (1, 17-22). So, it is evident that non-verbal communications through body language can transmit connectivity and help build it.

In summary, this theme illustrates that connection can incorporate the feelings and senses of the practitioner, particularly in relation to bodily perception. Respondents convey that by tuning into their somatic senses, they are drawing on their "*whole*" selves to understand their clients. Physical responsivity helps them to resonate with their client's material and then they can communicate empathy via their body language. This form of non-verbal communication is perceived as having qualities of authenticity, and emotionality, and the connection it generates is commonly experienced as flowing and present-centred. Overall, the notion of "*bodily felt stuff*" was difficult to articulate but it is evident that it is closely associated with relational concepts such as attunement, presence, empathy, countertransference and mutuality.

3.5.2 Embodied Connection: "Blending of energies"

Energy was a topic Caron frequently drew attention to in our meeting, so it became transparent that it is particularly meaningful to her.

> *We just clicked and I suppose there is [ ] some sort of spirituality, blending of the energies, when you just know you are singing from the same hymn sheet, wavelength. (Caron: 7/8, 184-188)*

She describes "*blending of the energies*" which presumably refers to an interactive and energetic exchange between herself and her client which she is sensitive to. She compares this interplay to "*singing from the same hymn sheet*" which conveys relational qualities of alliance and homogeneity. Reference to mutual attunement is also made by Alison: "*it is like we are on the same wavelength, talking the same language*" (3, 64-66) and Caron has more to say about this process:

I do strongly believe that there is a sort of, an all -round energy, [ ] can be blended and it's all about the mix, what goes on in the middle of the room. It's a true connection, isn't it when you are like a blending of the energies, um, together. (Caron: 13, 227-33)

There is some ambiguity in her explanation but it seems that "*in the middle of the room*" each person's energies mix with an "*all-round*" one or both energies mix and create an "*all-round*" energy. This depiction gives an impression that a new space, like a third space, is created between the client and therapist which contain an amalgamation of their combined energies. She describes this kind of merging as a "*true*" connection which, in this context, suggests she perceives it as something which is authentic and real.

Understanding of this energetic type of connection is broadened by comments made by Caron.

For me connection is about the spiritual side, energy to energy, the things that you can't identify, you can't put a name on, um a lot of people would just dismiss as mumbo jumbo. (Caron: 13,227-30)

The phrase "*energy to energy*" communicates that there is a meeting or a combining of each other's energies and for her this process has a "*spiritual*" quality about it. She infers this connective experience has esoteric features as she points out "*you can't put a name on it*" and it is "*mumbo jumbo*", so she perceives it as something which may not be taken seriously by others even though for her it merits our attention.

It is apparent that connecting on an "*energetic level*" (Daisy: 32/33,653) is a common experience across respondents.

Connection equals some sort of energy and when you have got energy there is movement. When there is no connection there is no energy. (Julia: 10/11, 271-273).

Julia talks about connection and energy as if they are one and the same and she equates connection with motion, which portrays it as having a life force of its own. Like Julia, Brad refers to connection and energy as if they are synonymous.

We are all, sort of connected in a sense although we have different physical bodies; we are actually all connected, sort of energy isn't it? Really that you tap into each other's energy and then somehow the energy levels resonate with each other, a kind of closeness. (Brad: 3, 57-62)

He believes that humans are connected by some sort of universal energy and when this reverberates alongside individual energies some sort of bonding takes place. Brad talks in more depth about this process.

"I think you become smaller in the room, I don't mean physically but becoming a receiver, in a sense, more than yourself. [ ]. You're almost allowing...your own ego is less present and you are almost like a conduit for what the other person is feeling and saying. So allowing that person and their experience to flow through you in some sense and then you are able to then pickup on whatever is coming through. I sound like a hippy". (Brad: 13,321-337)

He explains that his role during this energetic connection is to act as a "*receiver*" and "*conduit*". It is like his sensitivity and receptivity attunes him to his client's energy in a process resembling an antenna receiving electromagnetic waves. Seemingly, channelling and collecting his client's "*energies*" in this way enables him to empathise deeply with their inner life world. He says it is important to "*become smaller in the room*" and hold back his "*ego*" in order to facilitate the connection process, so it sounds like he is making room for his client's subtle energy field to expand. Brad's remark "*I sound like a hippy*" was said in a self-conscious way and I wonder if his awkwardness was linked to concern about providing a description which may be construed as arcane and beyond the realm of evidence-based practice.

Brad's experience of tapping into the other's energy fits in with Daisy's description: "*It is just that split second of plugging into each other*" (34, 686-87). The empathic nature of this connection experience is also expressed by others:

We are both getting the same thing so there is a real fusion; there is a real meeting of both feelings and thinking. (Julia: 14,378-82)

Julia experiences herself and her client as being on the same wavelength which creates a feeling of "*real fusion*" and conjures up images of integration and melding. The encounter seems to be all-encompassing as it involves an emotional as well as cognitive response. The reciprocal and interlinking nature of these kinds of interactions are reflected upon by Brad.

> *Allow what that person brings and once they have found a connection in you [ ] you have links between you and you can think of it in terms of the threads. Put threads into you so you can resonate and understand and once you have got a few of their threads you can start putting some threads back, so that's symbiosis, some kind of connection. (Brad: 15,368-376)*

Brad visualises the client depositing "*threads*" into him which he then responds to and he labels this connective exchange with "*symbiosis*". His narrative suggests that this process impacts on their relationship in several ways: helps his client connect to him; allows the client to communicate their inner experiences; increases the closeness of their relationship; and deepens his empathy towards his client. The ambience of this meeting is one of reciprocity, teamwork, unity and consolidation. His metaphor of threads tying him closer to his client is mirrored by another respondent: "*there was that thread that is weaving throughout work*" (Louise: 4, 97-102). A special moment of shared insight, which Louise had with her client, led to a common "*thread*" surfacing frequently during their work together, which helped to cement their therapeutic bond.

Depictions of a blending process between client and practitioner are mostly given an air of enjoyment, though something Martha says indicates otherwise. She talks about connective experiences "*where one person merges into another*" and are "*like being in love*" (24, 597-598) but admits that she is "*not sure*" and feels "*uncomfortable*" about them. She elaborates that being "*grounded*" and "*never letting go of the watchful eye*" is always essential "*so I would not lose myself*", which suggests her unease stems from fear of professional boundaries becoming blurred. In contradiction though, she also describes these intense meetings as "*wonderful*" (21, 536) so her feelings around this are clearly mixed and double- edged (21, 536).

In summary**,** respondents commonly experience connection as intermutual and energetic and convey this through phraseology such as "*we just clicked*", "*same wavelength*", "*real fusion*", "*symbiosis*", "*threads*", "*blending of energies*", and "*energy to energy*". This connective process which is signified by some sort of merging seems to be represented by practitioner receptivity, responsivity and attunement.

Overall, this second superordinate theme illustrates that encounters within the therapeutic relationship may be experienced in non-verbal and implicit ways, typically involving somatic and energetic responsivity. This superordinate theme has made inroads into understanding practitioners' embodied experiences of connecting within the therapeutic space. Oftentimes respondents notice that they have bodily responses to interactions with their clients, which can range from subtle to shocking, and these can help them attune and be more sensitive to their clients' inner processes.

3.6 Superordinate Three: Transcendent Connection

This final superordinate theme is represented by the themes of "*Whole spiritual thing*" and "*Stunning moments*" which focus on connection experiences that stand out as particularly significant.

3.6.1 Transcendent Connection: "Whole spiritual thing"

A majority of the respondents chose to use the word "*spiritual*" at some point during their interview when describing what connection in the therapeutic relationship means to them.

> *Even deeper level than that, there may be some sort of spiritual kind of connection.* (*Brad: 2, 35-36)*
> *Something about having a deep, emotional, and possibly, spiritual connection [ ]. It feels like it's um, this deep connection, it feels like I am totally absorbed into it.* (*Sacha: 22/23,422-36)*

Overall though, there was lack of detail on what spiritual means in this context and this is reflective of the ambiguity of the notion of spirituality beyond the therapy room. There was however a general agreement among the interviewees that a spiritual type of connection is linked to something which is "*deep*". As witnessed above,

spiritual connection for Brad is found on a "*deeper*" level, which he related earlier to accessing clients' emotions and for Sacha spiritual connection feels "*deep*" and has emotional undercurrents and she finds it absorbing. Other narratives give a wider meaning to spiritual connection:

> *The connectedness is almost feeling that kind of spiritual connection with that person's deeper essence of whom they are in that moment*. (Daisy: 32,659-61)
> *The spiritual side is important because it is about connecting with the very core of somebody. (Julia: 19,515-16)*

For Daisy and Julia spiritual connection is related to attuning with the innermost aspect of the client's being. There is a sense that spiritual connection involves penetrating the superficial layers of the client's self and gaining access into their subterranean world of subjective meaning. Later on Julia elaborates that the "*spiritual dimension*" to her work is "*about connecting with the pure bit of someone*" (20, 528) and she explains this is the bit of someone that has not been "*messed up*" by past relationships. Like Sacha, Daisy also indicates that spiritual connection is something to be felt and for her this feeling links to an encounter with the client's true self.

A third of respondents link connection to a "*transpersonal*" relationship, which in some cases is associated with Clarkson's relational model (Clarkson, 2003). Reference to the transpersonal appears to be synonymous with spiritual, for example Martha explains that the "*transpersonal*" relationship "*brings in the whole spiritual thing*" (20,494). In addition, Caron conceptualises the notion of transpersonal as a "*true connection*" which is "*nameless*" as "*you can't put a name to it*" (7,176-177) and Maureen relates it to a sense of herself:

> *I think I am quite kinaesthetic and spiritual [ ] it is difficult to put into words with some clients. Because you just know and the work is very deep and maybe if you look at Clarkson's work you get into the transpersonal. (Maureen: 3, 60-65)*

Martha's vignette illustrates her interpretation of transpersonal:

> *That is connectivity on what my model would probably call the transpersonal level. But it just, all I would say it is just connecting in a wonderful way, it's like we meet. It comes again and again, um, a sort of sense of it taking off, you know when a boat, it is going deeper, so like when you are sailing in the boat, what's it called , planning, when it goes up, it almost feels like that. (Martha: 21, 534-543)*

She characterises her personal experience of "*transpersonal*" connection by providing an illuminating metaphor. She compares the sensations of sailing a boat to the feelings she gets during these special "*meetings*" in the therapy room. Her "*planing*" analogy, which refers to skimming water speedily, elicits an ambience of weightlessness, effortlessness and exhilaration. The incongruence of the phrases "*uplifted*" and "*going deeper*" creates a sense of transcending beyond time and space.

A common topic during the interviews is that spiritual connection does not a have a religious basis or connotation.

> *"The whole spiritual thing; I am not religious, so for me, it is not about religion" (Martha: 20, 493-494)*
> *"There is a sense of a spiritual sense and I don't mean that in a sort of organised religion kind of way" (Brad: 2/3, 54-55)*
> *"I guess there is some kind of spiritual, for want of a better word, element to it, not in a religious way, I don't think" (Sacha: 19, 514-516)*

The frequency of this being mentioned implies that there is concern that their interpretations of spiritual connection could be misunderstood. Overall it seems that these practitioners are comfortable with relating connection to a spiritual experience and even though most of them wrestle with explaining what this means to them, they are clear that it is not attached to an institutionalised expression of belief. Julia does however go into some detail about what spiritual means to her in relation to connecting to clients, as well as asserting that "*it is not about faith or religion*" (17/18, 461-78):

> *I can't disconnect from that bigger journey we are on. In other words trying to find meaning in who we are, what we are doing and where we are going, that's about a connection too". (Julia: 18 475-478)*

For Julia spiritual connection comes into existence when the therapeutic work focuses on the client's existential questions. She says (17, 464) for her, "*the spiritual thing*" is "*about that dimension of us that is exploring the meaning of life*". She amplifies later that this spiritual realm can be reached by shifting from talking about relationships to moving into "*quite profound stuff*", "*into bigger stuff*", and she says "*it's kind of moved into deeper waters because we are exploring so much more than...we are exploring another dimension to them*" (18, 482-501). It seems here that Julia delineates spiritual connection as a process which takes the therapeutic relationship into an unfamiliar terrain which can lead to revelatory insights.

A fuller understanding of what spiritual means to respondents is gleaned from links made with more global aspects of being human. Brad refers to a "*spiritual kind of connection*" that is "*part of being a living creature on earth*" (2, 40) and explains "*we are all connected*" because "*everything is universal*" as when we die "*we become the earth*" *(3, 58-71).* Along the same lines Sacha posits "*there is some kind of spiritual [ ] there's a connection [ ] relationships, relatedness, being part of the world I guess*" (19, 514-523) and elaborates, "*on a very literal level we are all connected, [ ] when we die these particles in our body become part of the soil*" (19, 526-533). They both expand their perspectives beyond the therapy room and envisage a universal type of connectedness between humans and the world which is symbiotic and transcendental in nature.

To summarise, this subtheme considers a genre of connection in the therapeutic relationship which is symbolised as "*spiritual*" or "*transpersonal*". This type of connection is designated as an experience which is deep, meaningful, emotional and engrossing. Moreover, it is made clear that it is important for respondents to keep the description of this more ethereal connection as distinct from any religious overtones, and emphasis is on the interior life of the individual. This spiritual connection is seen to engage with the heart of clients' 'beingness' as it helps to connect with their "*very core*". On the whole practitioners have found spiritual connection difficult to define but understand that it is highly relational and about the individual client's journey.

3.6.2 Transcendent Connection: "Stunning moments"

According to interviewee accounts it is discernible that a special type of connection sometimes proclaims itself in the therapy room.

> *I think there is another kind of connection which is where I suppose there are moments of absolute; you know just, um, I don't know how to describe it. Um I guess it is what Daniel Stern calls 'the present moment', um, which is just that moment of absolute, utter connection where something happens between the two of you. (Louise: 3, 59-65)*

Louise grapples with communicating her understanding of this "*kind of connection*", but perseveres, which suggests it is a topic which she believes merits some unravelling and is important to her. She attempts to elaborate on her knowledge but finds it easier to make reference to something that has already been written about, 'a present moment' by Stern (2004). Her phraseology, "*moment of absolute, utter connection*", portrays it as a unique interpersonal process which is marked by here-and-now qualities and it is an encounter which cannot be ignored. She relates this to an incident with a client in a second session:

> *I have no idea why it popped into my head but it did and it felt to me like that was one of those moments where there was absolute connection, it was just there. I knew it, um, and, but at the same time I couldn't have known [ ]. (Louise: 3, 75-81)*

She elaborates that in this "*moment*" she is struck by intuitive thoughts about her client, of which she points out she could not have had any prior knowledge. She says that this insightful experience led to "*absolute connection*", so from her perspective it created an instant bond. Her portrayal, "*one of those moments*", marks it as memorable and remarkable.

Louise says more:

> *I don't know if he even noticed the change in me but it certainly helped me feel connected to him, particularly over the long term because there was*

that thread that's kind of weaving through our work [ ]. It is just something that is significant. (Louise: 4, 96-102)

Louise considers that her response to this encounter signified a shift in their relationship, as it drew her closer to her client and it impacted on the rest of their work together over a long period of time. It sounds like she is surprised that her client may not have been aware of the "*change*" in her, which accentuates how deeply she was impacted and draws attention to the potentially one-sided nature of the experience. Louise continued to ruminate about this incident:

I think that those, are those, kind of really deep almost quite stunning moments um, as in I think what I mean by stunning is that you are left feeling stunned and, or I am. As I say that almost physical shock of being for a moment, feeling like you are absolutely, utterly connected to the person opposite you, um, even if they don't realise it themselves.(Louise: 8, 190-196)

Louise is quite transparent about being blown away by this moment as she reports she is "*left feeling stunned*". Her memory of the moment feeling like a "*shock*" dramatises how sudden and unexpected the experience was for her and she was clearly shaken up and bewildered. Her reiteration that the client was probably unaware of this occurrence accentuates her incredulity that such an all-encompassing experience may not have been recognised by the other half of the relational duo.

Akin to Louise, Julia refers to discrete one-off experiences in the therapy room as "*moments in the meeting*" (1-2, 26-35) and she draws attention to them at the start of her interview, suggesting she also finds them compelling. The potential implications of these encounters are outlined in her extract:

[ ] so something germinates or not in that very first moment of connection. It will either germinate into something really big and beautiful like my roses out there and really big empowering, useful work, at which something has changed, shifted and the client takes something away that they integrate into their life or it may be like one of those roses

where it is the bud and it opens up a little bit but it never really fully blooms. (Julia: 26-27, 707-718)

Julia brings life to her narrative by using a simile which vividly and eloquently illustrates her interpretations of these moments. She compares the potential blossoming of connection to roses which can be seen through her clinic window. Her account conveys that within a moment something great may come into existence; conceivably there is something magnificent lying dormant and waiting to flourish. She implies that if the moment is born and prospers into something substantial and appealing the therapeutic process will profit with significant therapeutic movement. On the other hand, Julia relays that if limited unfurling occurs the moment may not evolve or move into deep connection. Julia offers embellished details about the impact that moments of connection have on the encounter:

Actually it is linked to those light bulb moments. When the client goes aha, God yeah that makes sense [ ]. So it is in that moment that we connect with each other, [ ] in that moment and it may last five seconds, it may last a minute, but it is a very powerful moment [ ] in that moment that I feel, I feel a huge empathy, I feel huge warmth, compassion, um , I almost want to get up and hug them sometimes. I mean it is amazingly powerful and for me, when you feel it [ ]. (Julia: 14-15, 372-399)

She transmits that during these special moments new light is shed on the therapeutic material. She experiences deep "*empathy*", "*compassion*" and "*warmth*" towards her client so feels more tender and caring. Her remark that these encounters take place in a few seconds or sometimes a minute helps to set the scene. Repeated announcement that these encounters are "*powerful*" reveals the potential omnipotence of them.

Martha describes experiences which can be seen to run parallel to Julia's as she also witnesses what she calls "*aha moments*" (10,245). Moreover, she links these to moments where her client feels deeply empathised with: "*His moment of going "yes, that's true"; it's that, it's the, "yes", that's the moment*" (10, 236-238). Martha's "*yes*" moment resembles Julia's notion "*because I get it and she gets it and in that moment we both get it, we are both getting the same thing*" (14-15, 372-399). It appears that during these phenomenal moments both parties realise that they are on

the same wavelength and together they discover new truths. Martha also talks about "*a moment there where we met*" and links it to feeling a "*click*" (2, 44-47) which signifies that the something in the therapeutic space has fallen into place.

Brad also experiences moments which have an extraordinary quality about them.

> *When there is like a real connection sometimes I get like a, like a shiver, like down my spine, that's like kind of, yeah just like a um what do you call it, like a special moment or something where you just feel like you understood that person fully in that moment, you are together in some way. (Brad: 4-5, 102-107)*

Brad perceives that a "*real*" connection can lead to a "*special moment*". Within that moment he experiences an intense fellowship with his client which involves heightened empathy. Like Louise, he responds to these "*moment*" events physically and this aspect was elucidated upon in the aforementioned theme "*Bodily felt stuff*". Brad extends his understanding of these moments of connection:

> *When you are connecting it is more like the observing part of yourself, the part that is just, I don't know if you practice meditation, [ ] you are resonating with that person in the moment then it is not your pre-frontal cortex that is involved, it is actually deeper parts of your brain that is resonating, so of course there is no judgement. (Brad: 12-13, 310-318)*

He makes a point that these moments of contact involve strong resonance with his client, where he is engaging a part of his brain which is more concerned with sensing and immediacy, rather than drawing on cognitive processes which involve making judgments. He says that when he is connecting in this way he "*just is*" and likens this to a meditative state which suggests that he becomes more aware of his whole being and his connection to his client moment by moment. He explains that "*deeper parts*" of his brain reverberate with the client and this infers that intuition plays a part in this process. Martha also associates moments of meeting with meditation:

I don't think by then I meditated but I do now, [ ] sense of groundedness, then it..., I think it encourages and enables that moment, to happen. (Martha: 4, 87-90)

For Martha it is important for her to be grounded when deeply connecting in the therapeutic relationship and she believes meditation facilitates this process. Her narrative suggests that being still, settled and stable in this way creates a setting which permits the moment to arise. Resonant with the others, Daisy experiences "*moments*" when she is in a state of being and presence:

It is to be very present and so the connectedness is almost feeling that kind of spiritual connection with that persons' deeper essence of who they are in that moment . [ ] so it certainly is not a head experience; it is very much a felt experience in that moment [ ]. (Daisy: 32-33, 657-665)

She discloses that in these moments her focus is sensation and emotion based and she distances herself from mental and more rational thought processes. Her narrative indicates that when she is mindful she is more likely to be sensitive to ethereal type connections which transpire in the moment and she gains insight into the heart of her client's core self.

In summary, this theme has delved into a collection of respondents' connective experiences that are described as taking place in a " *moment*". Something unique, profound and powerful is said to transpire during these encounters and they are characterised by heightened intuition, empathy and embodiment. There are observations that these moments are more likely to come into being when the practitioner is imbued with stillness and presence. Furthermore, it is apparent that there is a diversity of labels for "*moments*" of connection.

Overall, this superordinate theme portrays a deep kind of connection that is experienced as therapeutically meaningful. This is expressed as a spiritual or transpersonal connection which takes the therapeutic work to a deeper level either emotionally or in terms of having greater access to the client's "*true*" self. Additionally, impassioned descriptions of "*moments of meeting*" convey unique encounters with clients which are experienced as remarkable, profound and full of insight.

3.7 Drawing Together the Superordinate Themes: Foundational, Embodied and Transcendent Connection

When the superordinate themes are reflected upon in their entirety, to complete the hermeneutic circle of moving back to the whole (Smith et al., 2009), accumulative stages of depth of connection depth become visible. For example, 'Foundational Connection' conveys the beginnings of deeper connection by the development of a trusting and enduring therapeutic alliance based on communication of safety, empathy, acceptance and humanness. The creation of a safe space is fortified by provision of a 'containing/holding' environment and communicating in implicit and unconscious ways that it is safe to drop defences and open up to deeper connection. The second superordinate theme 'Embodied Connection' could represent a middle phase of deepening connection. Here the clinician attends inwardly to their bodily responses to the therapeutic process, by being open and receptive to client subjectivities. Through use of self as 'vessel', empathic attunement and fostering of presence, the dyadic bond is strengthened. The couple are drawn closer by a sense of energetic resonance and a new, 'third' dimension may emerge which further increases mutuality and connection. Lastly, 'Transcendent Connection' embodies very deep interpersonal communication, and it feels like going beyond the everyday aspects of the therapeutic relationship where profound insight prevails. The 'true' and core self of the other may be witnessed, a sense of universal connection felt and special moments may lead to flashes of insight and intuition.

2. Chapter Four: Discussion of Findings

4.1 Introduction to Discussion Chapter

This study's in-depth exploration of practitioners' experiences of connection in the therapeutic encounter took me into 'new and unanticipated territory' (Smith, Flowers & Larkin, 2009, p.113); as to be expected from an IPA methodology which heralds the uncovering of novel phenomena. The research findings reveal connection to be multifaceted and multilayered and centre on the three superordinate themes of foundational, embodied and transcendent connection. In essence, the first superordinate theme involves the creation of a connecting infrastructure based on authenticity, mutual trust and openness. The second superordinate theme is characterised by clinicians' embodied felt-sense and sensing of energy transfer. The third superordinate theme demonstrates that deep connection can be experienced as transcending the usual 'everyday' therapeutic encounter and may manifests in intuition and unique 'moments'. The first part of the chapter discusses these research findings in light of existing literature. Then, it moves onto a reflexive and critical evaluation of challenges, limitations and tensions. This is followed by consideration of the implications of the findings for Counselling Psychology and the wider psychotherapeutic arena, alongside suggestions for future research. The chapter closes with concluding thoughts.

Due to lack of empirical literature on subjective experiences of connection in the therapeutic encounter, I have had to read extensively and widely to contextualise my findings. I have drawn on theories, concepts and empirical research from the psychological field where possible and have also made reference to academic research and literature from other disciplines such as neuroscience and physical science to appraise this research. The implications of conceptualising the findings in light of different perspectives, in terms of epistemological tensions and associated limitations, are critically discussed later.

4.2. Foundational Connection

4.2.1. "Space to grow"

4.2.1.1 Superficial and deep connection

The finding that connection in the therapeutic relationship can manifest in varying intensities, ranging from "*superficial"* to "*very deep*" is congruent with relational frameworks put forward by Buber (1970); Clarkson (1995); Rowan (2005) and relational depth theorists (Mearns & Cooper, 2005/2018; Knox et al., 2013). Respondents' references to connection as "*cognitive*", "*shallow*", "*minimal*" and "*like a conversation*" convey interactions marked by one-dimensionality and lacking in affective components. Depictions such as these draw parallels to relating to the other as 'I-It' (Buber, 1970); 'instrumentally' (Rowan, 2005) and in a 'working alliance' mode (Clarkson, 1995); that is, remaining outside of the client's experiential world. In contrast, respondents' perceptions that deep connections have "*emotional*", "*spiritual*" and "*visceral*" undertones where interactions tend to be more personal and authentic and boundaries are looser, accords with relational concepts like 'I-Thou'(Buber,1970); 'authentic level' (Clarkson,1995 ; Rowan, 2005); 'person-to person' (Clarkson, 1995); 'transpersonal' (Clarkson,1995 ; Rowan, 2005) and 'relational depth' (Knox et al., 2013; Mearns & Cooper, 2005/2018). Empirical studies also demonstrate that therapeutic connection can be experienced in different degrees (Knox et al., 2013; Mearns & Cooper, 2005; Wiebe, 2001).

4.2.1.2 Deep connection is built and can be transient

Buber (1970) held the view that relating to others in an 'I-Thou' way cannot be done open-endedly because sustaining this level of engagement for long periods is unrealistic. This is supported by this research, shown by comments like: "*it's impossible to...stay connected at that deep level for any length of time*". Buber's (1970) emphasis that in any one encounter we may relate to others in both 'I-Thou' and 'I-It' attitudes, simultaneously, in a cyclical process, is echoed by respondent experience that connection does "*ebb and flow*". Interestingly, Buber (1970) proposes that an 'I-It' relationship is a precursor to relating in an 'I-Thou' manner. This is consistent with respondent narratives about initial connection "*developing into something*", "*switching into something else"*, "*needs a space to grow*" and may or may not "*germinate*".

4.2.1.3 Deep connection is enduring or moment-based

This study is comparable with relational depth studies (e.g., Knox et al., 2013; Mearns & Cooper, 2005/2018;) as both conclude that deeper relating comprises of two facets – ongoing aspects related to core conditions (Rogers, 2007) and 'specific moments of encounter' (Mearns & Cooper, 2005, p. xi).

4.2.2 "Two human beings"

4.2.2.1 Communication of self as 'human'

Respondents' reflections that showing themselves as 'human' promotes deep connection aligns with Roger's discourse on congruence, that it is important to be 'genuine and without 'front' or facade', openly being the feelings and attitudes which at the moment are flowing' (Rogers & Stevens, 1967, p. 90). The use of self-disclosure to develop deep connection, flagged up as significant in this research, is central to humanistic and existential psychotherapeutic thinking, as a means of building a trusting relationship (Rogers, 2007; Yalom, 2003). The therapist endeavours to come from a 'human' position or 'authentic self' (Rowan, 2005), thus relating to the client on more equal terms, that is, recognises their personal agency, akin to an 'I-Thou' stance (Buber, 1970). Disclosing of therapist 'self' is deemed as displaying congruence or transparency in the existing literature (e.g., Lietaer, 1993; Rogers, 2007). Empirical studies demonstrate that clients feel greater relational connection if their therapists appear to be congruent (Knox et al., 2013; Mearns & Cooper, 2005/2018).

Of particular note is that the three respondents in this project who do not use the word 'human' are all predominantly analytic/psychodynamic in their working approach. Moreover, one of these, Alison, explicitly disapproves of self-disclosure. This perspective is typical of traditional psychoanalysis in that self-disclosure can take the focus off the client's process (Hill & Knox, 2002). Nevertheless, Alison does aspire to be "*open*" with her clients which she refers to as important for emotional connection. Openness is often referred to in literature as being real and genuine (e.g., Wiebe, 2001), thus this attitude of hers sounds similar to that of contemporary relational psychoanalysis whereby authenticity is expressed via a 'real relationship' (e.g., Fonagy, 1998; Gelso & Hayes, 1998). Differing perspectives on authenticity and connection have been uncovered in this study due to the mix of respondent orientations.

4.2.2.2 Humanness of connection has a role to play

Respondents' experiences that the inherent familiarity, intrinsic to relating in a human-to–human way, leads to a heightened empathy, is an attitude revered as the cornerstone of humanistic counselling, highlighted by Rogers' (1986): 'It {empathy} is one of the most potent aspects of therapy...because it releases, it confirms, it brings even the most frightened client into the human race. If a person can be understood, he or she belongs' (p.129).

Rogers' reference to belongingness accords with Sacha's impassioned view that being affirmed by a fellow human being engenders "*a sense of belonging*". She elucidates that this is about "*the human element of being accepted by another human being*", an attitude endorsed by Rogers (2007) as one of the three core conditions, labelled as unconditional positive regard (UPR). Furthermore, she associates this human connectivity with building trust in the therapeutic relationship which is viewed as paramount across modalities (Dryden, 2008; Jacobs, 2010; Rogers, 2007).

Overall, this study suggests that relating therapeutically on a human–to-human basis and being more transparent deepens the therapeutic bond. This contributes to psychotherapeutic literature on the therapeutic relationship which is underpinned by both humanistic philosophy and relational psychoanalysis.

4.2.3 "Feel safe" and "Guard comes down"

This research unearthed a high level of practitioner interest in the critical role of safety and trust in terms of connecting with clients. This matches the opinions of therapists from a range of orientations, who advocate that the provision of a safe setting is fundamental to the quality of the healing relationship (e.g., Basch, 1980; Rogers, 2007; Yalom & Bugental, 1997). Respondents' narratives around this topic offer a rich basis on which to explore the association between connection and trust.

4.2.3.1 Both need to feel safe and open up to connect

Contemporary interpersonal neurobiology offers the psychotherapeutic field a compelling physiological framework for comprehending feelings of safety in the treatment room (Allison & Rossouw, 2013; Geller & Porges, 2014; Schore, 2012; Siegel, 2010) and helps to contextualise these research findings. It proposes that the therapist communicates safety through social engagement cues such as warm facial

expressions, friendly eye contact, open body posture, and soft vocalisations/prosodic voice. The client's nervous system picks up and gauges from such communication whether it is safe to be in this relationship and if so responds openly, which follows with a decrease in defensiveness (McHenry, Sikorski, & McHenry, 2014; Siegel, 2010). During this process it is suggested that the oxytocin hormone is released which encourages the client to become softer and more open, and feelings of connection, commitment and trust are enhanced (Porges, 1998). Applying this current study's findings to a neurobiological framework allows for a more advanced and holistic appreciation of the connection process. For instance, whilst connecting with a particular client Daisy talks about them both having "*trust issues*", she experiences her client as "*prickly*" (defensive) but responds to her with a "*change in tone of voice*" (her social engagement cues communicates warmth) and her client "*smiles*" and "*something softens*" (nervous system relaxes) and "*shifts*" take place (they both feel safe and can therapeutically progress).

Literature tends to focus on the importance of clients feeling safe (e.g., Watson & Greenberg, 1994) and little is said about clinicians' sense of security. However, findings from this current study extend this theory as they demonstrate that for deep connection to take place it is important for the therapist to feel safe too. Julia explains that she monitors how safe she feels with her client according to "*that fight, fright, freeze thing that we are wired up to do, so we do make that judgement in that first moment"*. This comment additionally confirms that there is some practitioner recognition of physiological processes taking place during therapeutic connection, with regards to implicit communication of safety.

4.2.3.2 Mutuality in the process of developing connection and trust

Thus, it is apparent that the process of creating a safe therapeutic connection maybe explained by implicit bidirectional communication between nervous systems (Geller & Greenberg, 2012) and non-verbal expressions between therapist and client. The prevalence of mutuality in building connection and trust is further reinforced by the following collection of respondent comments and inferences:

Clients play an active role - *co-operate, open, accept, receive, allow connection, drop guard, feel empathy, veneer keeps them safe, allow themselves to open up to deeper connection, allow someone into intimate parts of themselves, willingness to connect, openness, permission to let me in.*

Therapists play an active role - *need to get them on board, break down barriers, feel relaxed, able to open, defence down, deliberately not deeply connect to protect client, put in extra effort if they are very guarded.*

Process involves both - *something softens, boundaries shift, attachment relational styles influence ability to trust and ability to connect, client feels understood/empathised with and trust develops, defensiveness reduces.*

These findings that both the therapist and client participate in creating a trusting bond closely tie with Murphy's (2010) empirical findings that mutual and reciprocal dyadic exchanges are associated with positive therapeutic relationships.

4.2.3.3 Connection and holding/containing

Respondent stories about holding and containing, in relation to connecting with clients, mirror concepts used within psychoanalytic literature (Winnicott, 1960 and Bion, 1962, respectively). The underpinning of the psychodynamic/analytic alliance is based on an ethos of trust, which is communicated via a safe and boundaried relationship, where the other feels 'held' as an infant does by their caretaker (Winnicott, 1960). Bion's (1962) theory of 'containment' is based on the notion that the infant projects unbearable feelings onto mother, as she is more able to tolerate and contain them in a less reactive way, which she can then feedback constructively. This theoretical proposition around regulation is reinforced by Brad's description of being like a "*conduit*". Phenomenologically speaking, he "*takes in*" his client's emotions and thoughts, then digests and absorbs them, which he says allows him to attune and empathise. Adler (1979) suggests creating a 'vas beneclaudum (a benefit container) inside which transmutation takes place' also described as a 'sacred space' in the 'between' of the relationship (as cited in Clarkson, 1995, p.22). Sometimes Brad draws on psychodynamic theory in his work so, in this instance, he may be referring to this known notion of containment. Correspondingly, respondents from other

empirical explorations communicate something similar, one respondent feels like a "*vessel of information . . . sort of moving through me and connecting to me*" (Geller & Greenberg, 2002, p.78) and another notes that "*maybe connection needs some kind of container, somebody who knows what's happening*" (Wiebe, 2001, p.219).

4.2.3.4 Connection and attachment

As previously mentioned, several respondents allude to connection in their relationships with clients as running parallel to mother/infant bonds. Many authors from psychoanalytic and psychotherapeutic arenas have emphasised the resemblance between counsellor/client and caregiver/infant, based on the qualities of supportiveness and provision of a secure base (e.g., Beebe & Lachmann, 1998; Bowlby's, 1973; Clarkson, 1995; Schore, 2012). Alison, whose primary working modality is psychodynamic, links attachment to client capacity to trust that they will be looked after well enough, and allow themselves to be vulnerable. Maureen uses Attachment theory in her work, and reports that clients who show avoidant attachment styles take longer to connect to her. This hypothesis is augmented by empirical research, that clients with insecure patterns of relating may shun forming a connective bond with the therapist (Smith, Msetfi, & Golding, 2010).

Maureen identifies here that the connection process is impacted by the therapist's attachment styles, as well as the client's, which I find thought-provoking as I have not come across this interpretation before. This opinion is bolstered by research that therapists who have experienced negative care in early life may struggle to find a sense of security within the therapeutic space, and thus interpersonal therapeutic connection is inhibited (Black, Hardy, Turpin, & Parry, 2005; Bruck, Winston, Aderholt, & Muran,2006). Some academics, however, disagree that therapist attachment style influences the therapeutic relationship (e.g., Petrowski, Nowacki, Pokorny, & Buccheim, 2011).

4.2.3.5 Connection and eye gaze

Inferences from this study that eye contact encourages connection, as it fosters feelings of comfort and safety in the therapeutic relationship, can be contextualised within developmental, interpersonal neurobiological and mindfulness frameworks. Mother/infant research shows that during eye gaze chemicals are released which influence brain regions associated with social interactive skills, and thus dyadic

communication is enabled (Beebe & Lachman, 1998). Applied to clinical circumstances, eye contact is thought to stimulate endorphins in the client's brain that reduce cortisol levels, thus generating a sense of well-being and safety, and a decrease in personal guardedness (Cozolino, 2006; Schore 2012). Some specify that it is the conveyance of compassion through the eyes that has this impact (Porges, 2011). Alisons' account that, during eye gaze, her client experiences trust whilst she simultaneously attunes to them is akin to the description that eye contact involves one unconscious mind communicating with another unconscious mind, and reveals otherwise hidden states of mind (Schore, 2012). The way that Alison sees her client's "*fragility...vulnerability...fear*" during eye contact, can be viewed from the mindset of therapeutic presence, as eye gaze is said to signify the therapist's undivided attention so that the client feels safe and lets them in (Marci, Ham, Moran, & Orr, 2007).

4.3 Embodied Connection

4.3.1 "Bodily felt stuff"

4.3.1.1 Lack of unified description for "bodily felt stuff"

The range of labels used by participants in this research to express bodily responses to therapeutic connection, such as "*somatic*", "*kinaesthetic*", "*visceral*", "*body sensations*" and "*bodily felt stuff*" may indicate a lack of consensus among clinicians around this subject. This speculation is confirmed by the apparent wide variety of references to therapist bodily experiences within academic and empirical research. These are often used interchangeably despite conveying the same meaning, some of which I have grouped according to similarity and outlined below:

> **Embodied**: embodied self-awareness (Fogal, 2009; Geller & Greenberg, 2002; Stern, 1985); embodied empathy (Cooper, 2001; Sletvold, 2014); embodied countertransference (Samuels, 1985); embodied subjectivity (Aron, 1996; Sletvold, 2014) and embodied reflexivity (Aron, 1996).
> **Attunement**: embodied attunement (Kykyri, Karvonen, Wahlström, Kaartinen, Penttonen. & Seikkula 2017); and affective attunement (Erskine, Moursund, and Trautmann ,1999; Stern 1985).
> **Empathy**: affective empathy (Watson, 2016) and visceral empathy (Tudor, 2011).

Somatic: somatic awareness (Geller & Greenberg, 2012; Silsbee, 2008) and somatic resonance (Cornell & Landaiche, 2007).
Miscellaneous: Felt-sense (Gendlin, 1981; Peace & Smith-Adcock, 2018); Bodily receptivity (Geller & Greenberg, 2012); Proprioception (Kabat-Zin, 2018; Sachs, 1982) and Interoception (Geller & Greenberg, 2012).

Fundamentally, all of these concepts focus on the holistic ways in which clinicians understand their inner sensory responses. It is evident that, currently across psychotherapeutic domains, a unified framework for the phenomenon of therapist bodily responses does not exist. Some of these descriptions may lean more towards certain aspects of the experience, for example: emotional (e.g., affect attunement; affective empathy), sensory/physical (e.g., somatic awareness, somatic resonance; visceral empathy; interoception) or emotional/sensory/physical (e.g., embodied empathy; felt-sense), but in essence they are analogous.

4.3.1.2 Felt-sense fits well

Despite disparate conceptualisations of sensory receptivity within literature, a couple of respondents refer to the notion of 'felt-sense', which is a term coined by existential philosopher, Gendlin (1981). He offers the psychotherapeutic community a relatively detailed and comprehensive description of 'felt-sense' phenomena, which also helps to appraise these research respondents' bodily experiences. He chronicles 'a special kind of internal bodily awareness' (p.10), which involves a 'deep-down level of awareness' (p.33) that has emotional, physical and factual components to it. He postulates that over the years data relating to things 'felt', 'seen' and 'lived' (p.34) is stored in the body's 'biological computer' (p. 34) as opposed to the mind . He envisages that data is delivered 'in one great, rich, complex experience of recognition' (p.34) in the form of 'one whole felt- sense' (p.34). He views felt-sense as 'body and mind before they are split apart' (p.165).

4.3.1.3 "Bodily felt stuff" processes

Gendlin's (1981) philosophy on the body's inner wisdom certainly provides a framework which is congruent with respondent experiences of bodily connection, however it omits reference to how the data is picked up. I propose that a richer

understanding of the lived experiences of connection can be promoted by a brief consideration of potential neurobiological influences. I suggest that mirror neuron activity (Gallese, 2009) offers an insightful frame of reference for interpersonal connection. Geller and Greenberg (2012) offer a cohesive description of the mirror neuron system as applicable to clinical settings. They propose that when the therapist is in a receptive mode they take in the therapeutic experience on a neurobiological level, via the body, brain stem and limbic zones, which allows them to access a 'bodily-centred' sensing of the client's subjective world. They call this intersubjective neuronal sharing which is expressed as a deep connection. They elaborate that, through a process called interoception (sensory awareness), interior data from the therapist's heart, lungs, muscles and facial expressions transmit messages to their brain and body that influence their responsivity to the relationship. This interpretation of bodily interactivity can readily be applied to respondent reports. For instance, Brad is acutely sensitive to the other's inner world as he feels a "*lead weight in my sort of lungs or heart and there is the intersubjectivity and you can feel what the other person is feeling"*. A therapist from a different empirical study tells a similar story: "*I'll feel that in my chest... I am looking for a sense in my body of the emotion that they are experiencing*" (Geller & Greenberg, 2002). Remarks made by Sacha, another perceptive respondent, also link well to Geller and Greenberg's (2012) theory. Sacha shares that her "*body sensations*" help her "*pick up*" information about her clients' personal worlds through "*mirroring*" or "*echoing*"; so it appears she is aware of some kind of mirroring or implicit empathic attunement taking place.

4.3.1.4 Bodily attunement has a role to play

Comments made in research interviews about somatic experiencing being "*profound*" and "*powerful*" and therapeutically beneficial contribute to the wealth of literature that reports that the body provides valuable information about the client's subjective state (e.g., Geller & Greenberg, 2012; Leijssen, 2006; Peace & Smith-Adcock, 2018; Tannen, Daniels, & Koro-Ljungber, 2017). Daisy's, Sacha's and Brad's experiences that felt-sense guides them, helps them to gauge their reactions and cultivates the therapeutic relationship, links in with research that shows that the inner body resources of the therapist can be used as a barometer and navigational tool to foster deeper connection (Gendlin,1981; Omylinska-Thurston & James, 2011).

4.3.1.5 "Bodily felt stuff" feels like a flow and being present

Research participants' embodied perceptions of deep connection feeling like a "*flow*", "*dance*", "*planing in a boat*" and also "*effortless*" corresponds to in-depth phenomenological research into states of flow (Csikszentmihalyi, 1996) . Csikszentmihalyi (1996) describes the subjective experience of 'flow' as 'almost automatic, effortless, yet highly focused' (p. 110). Indeed, Csikszentmihalyi's (1996) depiction of 'flow' imbuing a sense of timelessness and absorption in the present moment, is also illustrated by one research respondent's perception, "*it's so flowing time almost stops*", and comments about feeling "*present*" when in a felt-sense mode. In fact, some researchers specify that a sense of 'flow' in the therapy process can be characteristic of working in 'therapeutic presence' (Geller, 2017). Therapists' subjective embodied awareness of flow during therapeutic interaction is also reported in empirical studies (e.g., Siegel, 2013; Wiebe, 2001).

Geller and Greenberg (2012) assert that an attitude of presence, which is talked about by participants in this research, is fundamental to the therapist noticing inner bodily responses to their client's process and say that deep relational contact is only possible with presence. The idea of 'mindful presence' has also been put forward as an attitude which helps one become more aware of self and others and is described as 'paying attention in a particular way: on purpose, in the present-moment' (Kabat-Zinn, 1994, p. 4). As mentioned earlier, being present or mindful is a stance adopted by some of this study's respondents to help them focus on their inner responses. Similarly, respondents talk about assuming a meditative state during therapeutic exchanges with the intention of facilitating connection and bonding.

4.3.1.6 "Bodily felt stuff" and empathy

Respondent narratives that "*bodily felt stuff*" allows for heightened insight and empathy into the client's internal world, resonates with much literature and research that associates empathy with mirror neurons (e.g., Baldini, Parker, Nelson, & Siegel, 2014; Stern, 2004*).* The physiological activity of mirror neurons is said to underlie the individual's ability to empathise and enter into another's perceptual world (De Vignemont & Singer, 2006) and the empathic brain is viewed as a result of 'shared affective neural networks' (De Vignemont & Singer, 2006, p. 440). A greater understanding of mirror neurons in the last two decades has led to definitions of empathy shifting from an attitudinal state, to one that embraces subconscious

processes. One such definition of empathy is 'an emotional simulation process that mirrors the emotional elements of the other's bodily experience with brain activation centering in the limbic system and elsewhere' (Elliott, Bohart, Watson & Murphy, 2018, p.3). Sacha's account correlates with this notion of empathic mirroring, as she says "*there can be a kind of mirroring or echoing of what's going on for the client*", and she recognises it can be implicit: "*I think that is also part of whether unconsciously or sometimes consciously building a connection*".

Rogers (2007) wrote that empathy is an accurate perception of the cognitive and also emotional aspects of the other 'as if' (p. 243) they were one's own. In light of this description, respondents' experiences of feeling things in their body can be linked to a process of empathy as they facilitate insight into their client's frame of reference. Bohart, Greenberg, Elliott and Watson (2002) describe a mode of therapeutic empathy as communicative attunement which involves moment-to-moment experiencing, also called process empathy. This fits in with respondents' experiences of attuning to and understanding their clients via bodily sensitivity. Thus, despite the complex and mutifactorial nature of the theoretical construct of empathy (Elliott et al., 2018) too detailed to cover in this thesis, it would appear from this study that it may be closely tied to bodily receptivity in the therapy room.

4.3.1.7 "Bodily felt stuff" and countertransference

Interestingly, the one respondent who did not address bodily sensations in her interview is the only practitioner whose primary modality is exclusively psychodynamic. Such an omission could be a reflection of her not coming across the concept in her training or simply that she is not sensitive to somatic reactions or does not think they are relevant to the connection phenomenon. Direction of attention to inner responses is involved in psychodynamic work in terms of countertransference, but this typically includes thoughts, feelings, images, fantasies and dreams (Stone, 2006) and not necessarily bodily sensations. I am aware though, that some contemporary analysts do consider bodily responses, for example Samuels (1985) talks about embodied countertransference and also Kahn (1997) defines countertransference as '*all* of the therapist's responses to the client'(p.139) (my italics for emphasis). Geller and Greenberg (2012) report that some view bodily responses as a muddle of therapist unresolved difficulties and client processes, but

they believe that therapists who are therapeutically present can distinguish between the two.

4.3.1.8 "Bodily felt stuff" and mutuality

Schore (2012) talks about mutuality within the therapeutic relationship and emphasises that interpersonal communication is not only on a cognitive level but also bodily-based: 'The intersubjective field co-constructed by two individuals includes not just two minds but two bodies' (p.40). The significance of mutuality in the co-connection process is also alluded to by participants from this study. Brad is particularly expressive about this and explains that when he feels things in his body he can "*feel what the other person is feeling*", a process he recognises as "*intersubjectivity*". He elaborates "*you are together in some way*" and confirms that his "*visceral*" impressions are "*a sense of shared emotion of physical sensation*". Other respondent narratives about embodied receptivity also allude to the presence of mutuality. For example comments like *"I let myself feel it and they feel it, they see it"*, "*the client feels you are attuning to them*" and "*in the same stream*" convey an encounter which is perceived by the therapist as jointly experienced by both parties where both are affected by the other. Indeed, mutuality is seen by some researchers as an integral foundation for relational depth (Murphy, 2013; Mearns & Cooper, 2005/2018; Knox et al., 2013) as they perceive that clinicians would be unable to create relational depth on their own. What is more, empirical studies establish that high levels of mutuality promote clients' therapeutic growth (Murphy & Cramer, 2014).

4.3.2 "Blending of energies"

As seen from the analysis, connection is perceived as closely associated with "*energy*". The notion of relational energy is not one that is discussed much within psychological or psychotherapeutic literature, although occasional reference is made within the transpersonal arena, so I was surprised about the level of attention it received from the participant clinicians. It may be that the growing acceptance and establishment of approaches like mindfulness within the mental health field have paved the way for more open discussion on such enigmatic subjects. As it is an unusual topic, I explored potential ways of grounding it within a therapeutic frame

and came across ideas from the disciplines of physics and neurobiology, which link well and help to extend understanding of connective processes in the therapy room.

4.3.2.1 Energy to energy

There is a growing body of evidence that humans have an electromagnetic energy field, which is measurable by electroencephalogram (McCraty, Atkinson, & Tomasino (1998); Mccrafty & Childre, 2010; Smith, 2002). Increasingly, academics are writing about energy exchanges between people (Kossak, 2009**;** Laszlo, 2009; Siegel, 2010). Indeed, the therapeutic relationship sometimes is referred to in terms of transmitting, receiving and resonating (Cortright, 2007; Smith, 2002). A small amount of empirical research also exists, specifically on counsellors' experience of healing energies (Siegel, 2013; West, 1997).

Early theorists, also, have mentioned energies in relation to the therapeutic setting. Buber (1970) described an energetic merging between people when they relate to each other authentically and Rogers spoke about the presence of 'healing energies' in his psychotherapeutic work (Kirschenbaum & Henderson, 1989, p. 137). With regard to blending of energies, Mahrer (1983) says that 'the personhood and identity of one can assimilate or fuse with that of the other; the therapist can become a part of the personality of the patient' (as cited in Rowan, 2005, p.164). Mahrer (1996) also talks about the two being joined, the therapist being 'plugged into, merged or fused with the patient' (as cited in Rowan, 2005, p.164). These descriptions are comparable to research participants' experiences of "*fusion*", "*symbiosis*", "*blending*" and "*plugging into*" when interacting with their clients. Furthermore, an empirical study suggests that in an environment of presence, one can experience a merging with oneself at the same time as melding with another, which can create a larger field (Geller & Greenberg, 2002).

The human body has also been referred to as an aerial transmitting and receiving energy (Smith, 2002) and this matches Brad's sense of "*becoming a receiver*" when connecting deeply with his client. What's more, therapists from some research studies understand energetic interaction as bodies impacting each other at a vibrational and energetic frequency (Siegel, 2013) which ties in with this study's findings that clinicians experience connection as involving some sort of energetic movement.

There is a body of psychotherapeutic practitioners who subscribe to working with modalities in 'energy psychotherapy' or 'energy psychology' whereby they hypothesise that energetic resistances held in the body impact on mental wellbeing and vice versa (accessed from http://www.energypsych.org). Combining experiential and empirical understanding about the body's energy system and psychological knowledge about the mind creates an approach which is thought to enable therapeutic recovery in terms of de-stressing and reducing emotional disturbance. Interventions such as body tapping, muscle testing and acupressure applied to specific areas on the body are employed in this approach. There are now various branches of energy psychology including Advanced Integrative Therapy (AIT), Emotional Freedom technique (EFT), Psychoanalytic Energy Therapy (PEP) and Dynamic Energetic Healing (DEH) (accessed from http:// energypsychthepayworks.co.uk).

A central premise of energy psychotherapy is that the human brain and body consists of electrical impulses, electromagnetic fields and subtle energy fields (accessed from http://www.energypsych.org). Such a perspective aligns with the findings in this research that some practitioners are aware of energy systems being activated during interactions in the therapeutic relationship. Whilst participants of this research do not specifically mention clinical approaches like energy psychotherapy, it is apparent that they have experienced energetic processes in the therapy room. Unless they have had clinical training which specialises in energy medicine it is unlikely that practitioners are conversant with this area so it is not surprising that clinical techniques in energy psychology are not alluded to.

4.3.2.2 Connection and entrainment/resonance

Energetic merging is conceptualised in scientific literature as 'entrainment', also known as resonance (Behrends, Müller, & Dziobek, 2012; Geller, 2017; Koole & Tschacher, 2016). It is said to manifest when independent rhythms (or oscillating bodies) join in synchronized movement (Geller, 2017). This phenomenon is apparent when proximity leads to rhythmic synchronisation or moving in unison, for example pendulums or second hands of clocks and pianos, violin or harp strings (physical entrainment) or roommates' menstrual cycles or attunement between caregiver and infant, (relational entrainment). Along these lines participants in this study experience being resonant and in synch with clients during connective encounters, reflected in references to being on the *"same wavelength"*, *"same stream"* and *"same flow"*.

Geller (2017) suggests that in order to resonate with another individual we need to be in synch with them, like two people dancing together where they coordinate and engage in each other's experience through what he calls 'neural synchrony'. Respondents in this research project refer to 'resonating' with their clients when they experience what they define as personal and deep levels of connection. Some researchers point out that when there is shared intentionality there can be a subjective feeling of synchrony, resonance and deep connection (Geller, 2017; Lindenberger, Gruber, & Müller, 2009). This explains the experience of synchronous connection between therapist and client who have the shared aim of therapeutic movement. Geller (2017) envisages that neurophysiological resonance takes place in the therapy room through entrainment of practitioner's and client's breathing, speech and body movement which leads to feelings of well-being and connection. Brad's experience of energetically connecting with his clients in a manner which feels "*like a dance*" can be seen to embrace these notions of synchrony, resonance and entrainment. From an evolutionary perspective, Siegel (2010) explains that the human nervous system craves resonance with others from early life as a means of survival. He adds that this resonance or connection experience brings with it a sense of safety which leads to a state of openness and trust.

4.3.2.3 Connection and third space

Respondent practitioners observe an energetic phenomenon taking place in their clinic rooms, expressed as "*what goes on in the middle of the room*" and "*what I feel in the room*". Existentially speaking this can be interpreted in light of literature which describes a new space created as a result of the interaction, a shared dimension that is separate from the individual energies of practitioner and client. This notion is touched upon by academics from different psychotherapeutic domains, though not explored in much depth.

For instance, analytic psychotherapist, Field (1996, p.71) describes this phenomenon as the 'fourth dimension' whereby 'a totally new Gestalt has come into being where separateness and togetherness are simultaneously experienced in all their depth and richness' and 'we are not lost in the other, as in fusion but found' . He explains that 'it is to acknowledge a relationship beyond the therapeutic alliance...something which...transcends the ego' (p. 71). This impression is reminiscent of a research respondent's view that depth of connection is increased by,

metaphorically speaking, becoming "*smaller*" and minimising "*ego*". It is also backed up by empirical research that therapists experience detaching from ego during energetic interaction (Siegel, 2013). In addition, Field's (1996) comment about not being lost in the other resonates with Martha's concern to "*not loose myself*" and retain professional boundaries when "*one person merges into another*". Her discernment here may relate to the psychotherapeutic concept of 'overidentification' (Dryden, 2008) where the clinician becomes unduly enmeshed in the client's process and struggles to adequately distance themselves from it.

Similarly, the term 'analytic third' (Gerson, 2004; Ogden, 1994), adopted by relational psychoanalysts, refers to an analytic, reflective and transitional space which 'belongs to neither therapist nor client, but rather to both of them simultaneously' (Gilbert & Orlans, 2011, p.153). This space is also considered to be a co-created unconscious which is co-constructed by the dyadic interaction, also referred to as the 'relational unconscious' and 'intersubjectivity' (Gerson, 2004, p. 83), meaning communication without awareness. This relates to comments made by research respondents about a form of connective interaction which encompasses "*lots of unsaid stuff*" and a connectedness that "*does not necessarily need to be spoken about*".

An intersubjective therapeutic perspective deems that if the analysand and analyst are working together in a common enterprise, a phenomenon is generated which is greater than the sum of the two (Stolorow & Atwood, 1992). Geller (2017) calls it 'the between' and says it feels as if you are sharing the same space, particularly when, in a relational presence stance, the experience of one can stimulate the same experience in another. She explains that this third state creates a multilayered connection called intersubjective consciousness (Stern, 2004). Along these lines, existentialist Van Deurzen (2002) talks about a 'third level' which she describes as a 'perfect merging of two beings who totally identify with each other...that transcends their separateness and thus binds them together'(p.187). James and Savary (1977) perceive that when inner core energies between two merge, a 'third self' (p. 325) evolves which is composed of self-awareness, other-awareness and together-awareness. This conceptualisation is summed up aptly in the phrase, 'me and thee make we' (Polster & Polster, 1974, p.99). Likewise, Scott (2013) gives an account of a 'we-space', which he says is created when the relational dynamic exudes a sense of safety and sustained empathic attunement, primarily by implicit non-verbal

channels as opposed to words and interpretations. Malhotra and Sahooo (2017) add that the 'we-space' is in essence experienced as deep connection to the other, and is an embodied simulation activity produced by mirror neurons (Gallese, 2009).

4.4 Transcendent Connection

4.4.1 "Whole spiritual thing"

4.4.1.1 Spiritual connection is difficult to define

Vagueness from respondents about what transpersonal/spiritual means to them within the therapeutic setting is reflective of the lack of definitional consensus within academic literature (Crossley & Salter 2005; Hartelius, Caplan, & Rardin, 2007; Watts, 2018). Rowan (1993) ponders about the reasons for difficulty in articulating transpersonal experiences and concludes that everyday language cannot fully capture its essence, which is echoed by Caron's comment, *"you can't put a name to it...its nameless*". He views that societal ambivalence towards transpersonal/spirituality issues makes it a non-legitimate subject within professional circles, which is something that is hinted at in Brad's self-conscious comment that *"I sound like a hippy*". Furthermore, Sacha's declaration that she does not want to elaborate on what takes place during these close encounters, as it is personal to herself and her client, resonates with Rowan's (1993) point that the act of vocalising special spiritual experiences may belittle them and cause loss of mystery.

The quest to aptly describe and construe the transpersonal/spiritual still absorbs the interest of modern day psychologists (Cunningham, 2007; Daniels, 2013; Hartelius et al., 2007). Daniels (2013) points out that 'there is no universally accepted position' (p.31) in this field and he suggests that this could be why the American Psychological Association (APA) does not yet have a Division of Transpersonal Psychology (even though the British Psychological Society has done since 1996, as well as other European countries). Moreover, the difficulties in describing transpersonal/spiritual experiences in accord with psychology's traditional positivist and causal assumptions (Braud & Anderson, 1998) will only serve to make the subject less approachable among clinicians.

Respondents' overt references to spirituality "*not being about religion*" and the need to make this distinction, maybe their way of counterbalancing widespread common confusion between the two terms, made apparent in the interchangeable use of the terms in literature (Eliason, Hanley, & Leventis 2000; Schnoll, Harlow &

Brower, 2000). Also, some researchers point out that the term 'transpersonal' is often preferred over 'spiritual' as it has less religious connotations, and may be seen as more neutral and scholarly (Daniels, 2013; Rowan 2005).

4.4.1.2 Spiritual connection is relational

Respondent emphasis on the relational nature of spiritual connection epitomised by expressions like "*relatedness, being part of the world*", and "*everything is universal*", fits in with Heidegger's (1927, p.113) philosophical stance that human beings exist in relation to others: 'everyone is the other, and no one is himself'. Likewise, respondents' narratives, "*we are all connected*" as humans and to the "*earth*" or "*universe*", resonate with this view, as well as with existentialists Husserl and Merleau-Ponty who argued humans should not be considered in isolation but in interaction with others and also the environment. Additionally, respondent comments that spiritual connection is about clients needing to feel connected in terms of feeling "*accepted*", "*understood*" and "*belonging*" are reminiscent of writings that convey that the human desire for contact is for ontological stability, identity and self-confirmation (Frankl, 1984; Friedman, 1975; Gerhardt, 2004).

4.4.1.3 Spiritual connection is about the individual client's journey

Respondent narrative that spiritual connection emerges in the clinic room when the client is focused on existential questions such as "*finding meaning in who we are, what we are doing and where we are going*" correlates with literature. For example, different authors refer to spirituality as a human search for ultimate meaning (McLeod, 1998; Walter, 2002) and a wish to answer big life questions (Wright, 2002). The suggestion that connection to spirituality involves a 'search for something beyond everyday experience' (Murdin, 2008, p.469) is reflected in Julia's experience of shifting from a "*conversational*" level to "*deeper waters*" and then "*exploring another dimension*" with her clients. Finding meaning in life can be seen as transcendence beyond everyday existing (Frankl, 1984; Puchalski & Romer, 2000; Wright, 2002).

It seems that, by guiding the client to explore existential matters, the practitioner is not only connecting with the client and their relationship but she/he is also helping the client to connect to their own self on a deeper level. This is congruent with research that regards spirituality as relationship with the self, which can lead to

an awareness of inner dimensions (Chiu, Clark, & Daroszewki, 2000). Spiritual connection to self has also been referred to as self-actualisation (Maslow, 1968; Standard, Sandhu &Painter, 2000). Maslow (1968) put forth the notion of transcendent self-actualisation which signifies the highest level of human development where the sacred in life is appreciated. From some of the research practitioners' perspectives, spiritual connection means they make contact with their client's "*essence*", "*core*" or "*pure bit*", in other words they meet and witness their clients' authentic self (Rowan, 2005). This reminds me of Buber's (1970) notion of interacting in a spiritual 'I-Thou' way with another from a stance of honesty and realness.

4.4.2 "Stunning moments"

4.4.2.1 Diversity of labels for 'moments' in therapy

As seen in the analysis, practitioners experience remarkable moments in therapy which significantly impact on the connectedness and bonding of the therapeutic relationship (also observed in another qualitative study- Wiebe, 2001). They describe these encounters in many ways, for example: "*aha moments*", "*special moments*", "*moments in the meeting*", "*stunning moments*", "*one of those moments*" and "*light bulb moments*". References to moments like these are made widely across literature and are also labelled in a variety of ways, for example: 'moments of transcendence ' (Thorne, 1991); 'moments of eternity' (O'Hara, 1999); 'moments of movement' (Rogers, 1959a);'moments of meeting' (Stern, 2004); 'profound moments' or 'striking moments' (Geller, 2017; Geller & Greenberg, 2012); 'special moment' (Jacobs, 2010; Baker, 2016); 'moment of union' (Polster & Polster, 1974); 'I-Thou moment' (Buber,1970); 'moments of empowerment' (Timulak & Lietaer, 2001); 'vulnerable moments' (Livingston, 2015); and 'moments'(Cooper, 2005; Knox, et al., 2013; Mearns & Cooper, 2005; Wiebe, 2001).

Characteristics most attributed to the phenomenon of 'moments' within literature and empirical studies are quite wide ranging but tend to revolve around: feelings of joy, love and empathy within either or both therapist and client (e.g. Maslow, 1968; O'Hara, 1999; Thorne, 1991); therapeutic changes such as integration, wholeness, personality change (e.g. Geller, 2017; Geller & Greenberg, 2012); presence and sense of timelessness (e.g. Baker, 2016; Csikszentmihalyi, 1996; Knox et al., 2013; Geller, 2017) and intuition (e.g. Lieberman, 2000 ; Marks-Tarlow, 2014)

. Most of these aforementioned features of moments are also talked about among research respondents in this study, as witnessed in the analysis chapter and within this discussion.

4.4.2.2 Underpinnings of 'moments'

Rogers (1959a) dedicated a paper to the exploration of 'moments' in therapy. He called these therapeutic events 'moments of movement' and conceived them as subjective molecules of units which comprise of clients' conscious acceptance of previously 'unacceptable facets of experience' (p.53). Comparable to the findings in this research, Rogers explains that these moments are experienced viscerally, help the client to therapeutically integrate, enable the provision of acceptance and empathy and can lead to clinical intuition.

Something which stands out is Roger's (1959a) comment that these moments involve 'definite physiological changes, which in time we may be able to measure' (p.55). I envisage that his vision has, in fact, manifested in recent years in the form of contemporary developments in brain scanning and advances in neurobiological understanding of interpersonal relationships. Indeed, the psychoanalytic psychiatrist, Stern (2004), has conducted extensive investigations into the underlying neurobiological aspects of moments in therapy. His detailed neurobiological discourse around moment-by-moment interpersonal connection offers insightful contributions to psychology. He characterises 'moments of meeting' (p.220) as implicit sharing of inner states between therapist-client dyads, where intersubjective connection allows the therapist to share the same perceptions, cognitions and affect as the client via the mirror neuron system. He explains that a special moment can 'suddenly arise' (p.220) and 'can dramatically change a relationship or the course of a therapy' (p. 220) but the experience need not be verbalised. This interpretation is backed up by Louise's experience of what she calls a "*stunning moment"* where she feels physically shocked by the suddenness and accuracy of a piece of information she senses about her client, which creates an instant deep bond that "*weaves*" through their future therapeutic process.

In the context of Stern's (2004) hypothesis, it is feasible to attribute Louise's experience to mirror neuron activity, in other words she has picked up information from her client via nervous system interpersonal communication. Her surprised reaction is most likely caused by the unconscious nature of this process, as it tends to

operate outside of conscious verbal experience (Stern, 2004). Stern (2004) explains that in one of these moments a 'mutual interpenetration of minds' (p.75) allows us to say 'I know that you know that I know' (p.75), as the client's non-verbal communication transmits to the therapist what they are thinking and feeling and the therapist's mirror neuron system attunes to this moment-by-moment. This perspective is also illustrated by a respondent's experience, from this study, "*I get it and she gets it and in that moment we both get it, we are both getting the same thing*".

4.4.2.3 'Moments' in therapy and clinical intuition

This study's analysis reveals that moments of connection in therapy can provide clinicians with intuition and insight into their clients' inner worlds. One particular study shows that psychologists recognise clinical intuition as one of the most influential components of practice (Lucock, Hall, & Noble, 2006). It is evident from literature that there are multiple definitions of intuition and lack of agreement on its meaning (Shirley & Langan-Fox, 1996). However, generally it is known as an experience or knowledge which comes to awareness without rational processing (Jeffrey, 2011). Many studies suggest that clinical intuition is experienced bodily (e.g. Geller, 2017; Schore, 2012*;* Tantia, 2014), as well as sensed via non-verbal influences like images and metaphors (Schore, 2012). This fits with the findings from this current study that participants experience bodily sensations when connecting in a 'moment', and is particularly apparent with Brad's report that he gets "*a shiver, like down my spine...like a special moment ... where you just feel like you understood that person fully in that moment"*.

Some researchers understand clinical intuition from the perspective of neurobiology (e.g., Geller, 2017; Marks-Tarlow, 2014; Schore, 2012). For example, Marks-Tarlow (2014) writes that the clinician unconsciously and automatically picks up intuitive data by attending more to paralinguistic cues and less to speech. This is a process known as implicit relational knowing (Lyons-Ruth, 1998; Seligman, 2012). He says that the intuitive process operates in the right brain mode where implicit knowledge, which is emotional, relational and body-based, is accessed. This is contrasted with a left brain focus on explicit cognitive and verbal faculties. This study's findings link to his theory as respondents are seen to put aside their more rational modus operandi and instead assume a meditative state (Brad and Martha) when experiencing therapeutic moments. They report that moments are enabled,

flashes of insight are more likely and relational connection is deepened, when they adopt a meditation stance. Of further note is that some researchers hypothesise that such implicit processes of intuition tie in with Freud's concept of the unconscious, because cues are processed below the threshold of awareness (Marks-Tarlow, 2014; Schore, 2012).

4.5 Brief Overview

Overall, I consider that my findings offer a rich, detailed and in-depth exploration of clinicians' experience of connection in the therapeutic encounter. I have linked my research to much relevant literature which has allowed for a comprehensive synthesis and given me the opportunity to explore my own meaning-making. Additionally, discussion of findings in light of contemporary ideas from disciplines outside of the psychotherapeutic arena, I believe, broadens the scope for understanding human interpersonal relating and fosters openness to new thinking.

4.6 Evaluation of Challenges and Issues to Consider

Having already reflected in previous chapters upon research challenges related to language, quality, reliability and analysis, I now turn to other issues which I believe require some consideration.

4.6.1 Different ways in which respondents may understand the phenomenon of connection in terms of their theoretical orientation and the impact of this on the research

It is important to reflect upon the contrasting ways in which the respondents, as practitioners, might interpret the nature of human relatedness and how this is communicated in their interviews and impact on the research findings. As described in the first chapter practitioners aligning to humanistic therapies are interested in the holism and totality of the therapeutic encounter with the client rather than focusing on the presenting issue. For example a practitioner who works in an experiential person-centred way believes that both their own and their client's essence will inevitably touch each other so they welcome mutual relating. Epistemologically speaking a practitioner from this ilk is keen to know the client's internal subjective phenomenological experiencing and this knowing is facilitated by observing their own cognitive, affective and physical responses to the encounter. Underpinning this

philosophical stance is the belief that the inherent social dimension of the person looks for relationship. This viewpoint is reflected in the research findings as it is expressed in practitioners' meaning–making around their experiences of mutuality and can be seen in themes which feature concepts such as attunement, felt-sense, and resonance. Furthermore, from an ontological perspective the humanistic therapist believes that the individual has an inherent potential for self-actualisation if exposed to the right therapeutic conditions. This outlook is apparent in this research as many of the respondents' descriptions emphasise the significance of providing authenticity, empathy and acceptance in the therapeutic relationship.

Eventhough these aforementioned respondents, as do a majority of the research participants, self-identify as integrative practitioners it is apparent from their interpretation of the therapeutic meeting that they adopt humanistic principles in their work. It is evident that these practitioners are curious about intersubjective processes and the whole of the client's person and this is particularly noticeable in the respondent narratives around the spiritual/transpersonal aspects of the therapeutic encounter and also experiences of intuition; both areas of interest central to the realm of transpersonal therapy.

As can be seen in chapter one practitioners from the psychodynamic tradition, particularly those affiliated to relational schools, focus on understanding clients' current relational patterns in light of past relational experiences and early environment. They attend to clients' learned defences, resistance to change and early patterns repeated in the therapeutic relationship. This particular view that individuals' current relationships are shaped and moulded by past interactions is expressed by research respondents' narratives relating to attachment, provision of a maternal-type containing/holding framework and transference. This is most apparent among respondents whose primary model of working is psychodynamic, but also true for those that self-identify as primarily working integratively.

As might be expected, research respondents appear to have a tendency to construe connection in the therapeutic relationship in the framework of their philosophical understanding of the phenomenon of human relatedness. Furthermore, their meaning–making around their own experiences of the therapeutic relationship is evidently shaped by learnt concepts/constructs which are orientation specific. Interestingly, a couple of the respondents who self identify as integrative, such as Brad and Louise, refer to both humanistic and psychodynamic principles when

describing their experience of encounters in the clinic room. I am intrigued to know what their epistemological and ontological understanding is of human relatedness and how they reconcile, if they do, differences in philosophical underpinnings of these two schools of thought and how this manifests in the way they work. This discussion magnifies the idea that the phenomenon of connection is hard to measure and its interpretation is understandably impacted by theoretical approach and orientation, which indicates a need for replication of the research among single orientation practitioners in the future.

4.6.2 My influence on the research and vice versa

Despite adopting a reflexive attitude throughout the research process and following a designated analytical procedure during analysis (Smith et al., 2009), it is important to acknowledge that the context of myself and my lifeworld and the many micro-decisions I made will have influenced the final findings (Finlay, 2003; Wilig, 2008). For instance, my choice of quotes and development of superordinate themes will have been influenced by my own unique view on what represents the phenomenon of connection. The interpretative nature of IPA implies that another researcher may have emphasised different aspects of the same data so will have created their own distinct findings (Finlay, 2003; Wilig, 2008). Also, I am aware that my role as interviewer will have had an impact on participants' dialogue. For instance I may have unconsciously communicated more interest in certain topics which could have swayed respondents' attention and focus.

Also, regardless of how rich my findings may be, they will inescapably be 'incomplete, partial, tentative...and uncertain' (Finlay, 2008, p.6), as lived experience cannot be accessed directly because it is inherently changed by interpretation. The most I can hope for is that I have captured something unique in terms of the essence of practitioners' experiential world of therapeutic connection.

My engagement with this research project has meant that not only have I shaped its outcome, but my identity as a Counselling Psychologist trainee has fundamentally changed too. Immersing myself in the analysis of lived experiences and, delving extensively into unfamiliar literature, has broadened my understanding of therapeutic encounters, and uncovered a new world of meanings and possibilities. The way that I work and interact with my clients has taken on a different hue with my new-found insight into implicit processes. I am armed with the knowledge that by

being more present, authentic, embodied, and spontaneous I am paving the way for deep therapeutic connection. My mindfulness practice has matured and I have noticed my therapeutic relationships changing in light of my developing attitude of stillness and openness. My clients seem to be more trusting of me, and me of them, and our interactions are increasingly marked by mutuality and therapeutic movement. I now have the confidence to embrace my encounters in the therapy room holistically, that is, be open to cognitive, embodied, energetic, emotional, spiritual and transcendental perspectives.

4.6.3 Pluralistic perspective on drawing from other fields of study

I deliberated at length over whether to link my findings with other fields of study as such a prospect felt overwhelming. It was not only the enormity of the task of orientating myself around such unfamiliar knowledge and being able to home in on relevant aspects, but also the fear of not having the academic prowess to justify in a scholarly fashion the joining of knowledge from differing epistemologies . After reflecting on the stance of my own practice and worldview and, also, the perspectives of Counselling Psychology and wider psychotherapeutic circles, I decided to go ahead with this approach.

My pluralistic clinical ethos and worldview fit congruently with drawing on different knowledge bases. Pluralism embraces the belief that 'there can be many answers to scientific, moral, psychological questions which are not reducible down to any one, single truth' (Cooper & McLeod, 2011, p.7) . Pluralism is a way of thinking about therapy that has evolved in the last few years (Cooper & McLeod**,** 2011; Cooper & McLeod, 2012) and the pluralistic framework (Cooper & McLeod, 2007), a model of therapy from which I work clinically, offers a rationale for holding together different epistemologies. It proposes that practitioners can make use of information from 'multiple domains', for instance 'politics, physiology and economics' (Cooper & McLeod, 2007, p.9), without having to claim 'universal truth' (p.157). Cooper and McLeod (2007), proponents of pluralistic counselling, explain that combining diverse worldviews is only precarious if they are deemed as 'fixed and mutually exclusive truths' (p.157).

Some contend that drawing on knowledge from reductionist disciplines such as neuroscience, reduces the human to its fundamental constituents, and is thus incongruent with the humanistic philosophy of Counselling Psychology which

espouses subjectivity and holism**.** However, many argue that, due to Counselling Psychology's mission to understand human nature, as a profession it is actually well placed to embrace novel ideas from neuroscience (Canestri, 2015; Fairfax, 2007; Goss, 2016; Goss & Parnell, 2017; Rizq, 2007). Goss (2015), conversely, proposes that being closed to contributions from neuroscience could be seen as 'slightly reductionist' (p.59) and 'may go against the holistic underpinnings of Counselling Psychology' (p.59). The benefits of including neuroscience are emphasised by many. For example endorsements include: 'it provides a positive extensive model of human change' (Jordan, 2017, p. 240); 'neuroscience is paving the way for a renewed appreciation of humanistic psychology' (DeRobertis, 2015, p.323) and it 'could help to develop new and novel ways to further understand and support our species' mental health' (Goss & Parnell, 2017, p.6). Indeed, it is pointed out that certain areas of neuroscience, particularly cognitive neuroscience, encompass subjectivity and intersubjectivity, and thus are compatible with the interests of Counselling Psychology (Rizq, 2007).

4.6.4 Pluralistic stance versus realist ontology that humans are inherently relational

In terms of my clinical stance I position myself as pluralist as I draw from different schools of thought when working with my clients so that I can individually tailor the therapy to the clients' needs at any one time. For example, I may focus on providing person-centred core conditions of empathy, acceptance and authenticity at the beginnings of a course of therapy, in order to establish a trusting relationship. Once this has been instigated I may use cognitive behavioural interventions such as mindfulness and social skills training to address social anxiety and later on in the work refer to psychodynamic principles around identification of repeating relational patterns to help the client form more effective ways of relating. I reconcile working with differing epistemologies by working within a pluralistic framework (Cooper & McLeod, 2007) which provides a hypothesis for working in this way.

However, it needs to be addressed that my allegiance to holding a pluralistic position requires me to accommodate notions and practices that are external to my assumptions and may be contrary to my wordview. As a pluralist I hold that no one person can claim to have a superior or more true vision of what is real or not real. This stance implies that there are no right or wrong answers to questions as they are

not reducible to any one single truth. Each individual is regarded as having their own unique insight into what is there and I recognise that we can exist in a world represented by multiple and plausible ontologies.

Thus, I come across a dilemma on how to reconcile the tension created by my sense that humans are inherently social with the knowledge that I may sometimes be working alongside clients or colleagues that have a different view. For example, a client or colleague of mine may perceive that humans are born tabula rasa and need for connection is learnt behaviour as opposed to inherent or they may reject the idea that relational-based therapy is necessary for healing. The best answer I can provide to this, currently, is that my humanistic leanings and commitment to pluralism mean that I would continue to respect others opinions, am open to their diverse world views, and seek to understand and know their world view and remain non-judgmental towards their beliefs, regardless of them conflicting with my own. I recognise that neither view is more valid than the other and that together we can respectfully co-create a shared meaning making. Moreover, I would strive to remain authentic in the presentation of my professional self which may mean disclosing that my belief is different from theirs and emphasise that I further hold that no one belief is more correct than the other.

My pluralistic stance has developed organically over the years of my psychological training, initiated by my course requirements to having a working knowledge of at least two psychotherapeutic orientations. The complexities and challenges inherent in aligning to a pluralistic philosophy have become more apparent to me in recent months. Realistically, I expect that in time, with more clinical practice, I will become more proficient at living with this ambiguity that comes with being a pluralist psychologist and I will be able to argue my position with more confidence and clarity. Overall, I do not expect to find readymade solutions to the contradictions of competing ontologies but instead I will continue to aspire to develop my competence in managing such tensions in a professionally mature manner.

4.6.5 Sample limitations

A reasonable level of homogeneity is present in this study's sample in terms of all respondents are psychotherapeutic practitioners, and all have over two years post-training clinical experience, which allows for access into lived experiences and some transferability of findings (Smith et al., 2009). The sample is also heterogeneous as it

consists of a mix of psychologists and therapists with varying theoretical orientations and a mix of male and female individuals, albeit one male and eight females, which means diversity of perspectives is captured (Smith & Osborn, 2003). Thus, typical of IPA, the participants in this research tend to 'represent' a perspective rather than a sample (Smith et al., 2009) and the goal of this qualitative research is not to generalise but to provide a rich and contextualised understanding of human experience.

However, it needs to be pointed out that there are some limitations associated with the structure of this study's sample. For example all of the respondents identified as white (white-Irish, white African, white –German, and white British) and for ease of recruitment all lived and worked in South of England. Extra caution needs to be made in this respect in terms of applicability of the findings. It may be that black or North England practitioners have different experiences and perspectives on the therapeutic relationship so the findings would be misrepresentative of the wider psychotherapeutic community. Also, the same could be said in respect to gender, because a vast majority of participants were female. It is possible that female practitioners make sense of the phenomenon of connection in a different way to male practitioners. Furthermore, as a female researcher I may personally identify more strongly with female participants than male participants and vice versa and this dynamic may influence the outcome of the research interview and consequently the overall findings. It is interesting that despite even numbers of male and female practitioners being targeted for recruitment that a disproportionate number of females responded. This may indicate, from a stereotypical viewpoint, that females are generally more comfortable with discussing topics like relationships, which suggests accessing male practitioner lived experiences could reveal different themes so is something to consider for future research.

Moreover, follow-up studies related to the topic of connection in the therapeutic relationship, with specific sample groups could facilitate building a picture for larger populations. Samples could consist of more uniform groups consisting of gender, theoretical orientation and additionally the topic could be explored from the client perspectives. Then examination in more detail of psychological variability could take place and overall understanding of the topic would be broadened. Insight into the phenomenon of connection could be increased by obtaining multifaceted perspectives. For instance, research indicates that the theoretical backgrounds and

epistemological attitudes of clinicians significantly influence their relational styles (Arthur, 2001). As mentioned at various points in the discussion chapter, there were some subtle differences in accounts from psychodynamic practitioners compared to others, but the small sample limits scope to explore this aspect in a more detailed way.

4.7 Implications for Counselling Psychology and Other Psychotherapeutic Disciplines and Suggestions for Further Research

Participant recruitment was not limited by therapeutic orientation, professional identity or gender so transferability of findings is increased. Nevertheless, the application of more homogenous samples consisting of single orientations, specific professions and single gender could be considered for future research into connection to explore diversity in lived experiences. For instance, research indicates that the theoretical backgrounds and epistemological attitudes of clinicians significantly influence their relational styles (Arthur, 2001). As mentioned at various points in the discussion chapter, there were some subtle differences in accounts from psychodynamic practitioners compared to others, but the small sample limits scope to explore this aspect in a more detailed way. Additionally, to obtain multifaceted perspectives on the topic of connection and to gain further insight into the phenomenon, it would be compelling to replicate the research among the client population and also alongside specialist practitioners, who work for instance in trauma or autism fields.

I was particularly struck by the proportion of the interviews that attended to esoteric concepts such as spiritual/transpersonal, energies, resonance, and intuition, as I have not previously heard practitioners voicing these thoughts in either psychotherapy or Counselling Psychology circles that I have been party to. It may be that the scope and in-depth nature of this qualitative study gave practitioners a valuable opportunity to discuss aspects of their therapeutic relationship normally kept under wrap due to fear of sounding unscholarly. Another thought, as mentioned previously, is that the growing acceptability and documenting of mindfulness as an approach to therapeutic relationships may have encouraged the respondents to share their experiences around more subtle and obscure aspects of interaction.

The findings from this research could be educationally disseminated to practitioners though their training bodies, supervisors or as continuing professional development components. The holistic nature of therapeutic connection makes it particularly applicable to pluralistic, integrative or eclectic practices that draw on multiple disciplines but is equally significant for any practitioners who value working relationally. This later aspiration is hopefully one which continues to grow among the whole of the psychotherapeutic community.

Seemingly, the capacity to develop deep therapeutic connection will be affected by level of professional experience and maturity, but some theoretical teaching and experiential practice on this subject will help to lay foundations for trainees or encourage more experienced practitioners to build onto existing relational expertise. An educational framework on therapeutic connection could comprise of 'Foundational Connection', 'Embodied Connection' and 'Transcendent Connection' and incorporate topics developed from the research findings.

I am inspired by the British Psychological Society (BPS) Guidelines (2018) to 'produce doctoral research with impact' (p.1) and the BPS Counselling Psychology divisional objectives (2018) to 'promote the advancement in psychological knowledge and practice' (p.2) . So in disseminating my findings I will passionately advocate the importance of relationship as opposed to technique and emphasise the holistic nature of therapeutic interaction. Any contributions I make in terms of professional workshops and seminars, academic papers, and popular media could potentially extend and advance knowledge on the psychology of relationships. On a wider level, as a member of the profession of Counselling Psychology I have some leverage in working towards change within the health care system. For example, future professional engagement with organisations and institutions may afford me the circumstances to influence models of care and client literature.

4.8 Concluding Thoughts

In the last two decades convergence of empirical findings and theory from a multitude of disciplines such as biology, physics, neurobiology, developmental psychology, psychotherapy, body psychotherapy and counselling psychology has led to deeper insight into the world of therapeutic relationships. Integration of knowledge from these fields contributes to a narrowing of the mind-brain-body gap which allows for a more complete and whole picture of interactivity between clinician and client.

Counselling Psychology is well placed to embrace this holistic exploration into human nature, exemplified by Van Deurzen's (1990) assertion, 'What about...the impossible, the unknown: what about the mystery of life and of mankind? Aren't those the themes that Counselling Psychology has got to grapple with? (p. 10). By maintaining this stance of curiosity Counselling Psychology can continue to establish itself as a pioneering profession that champions advancing knowledge about the human relationship.

Indeed, findings from this present academic exploration make a significant contribution to this changing and contemporary body of knowledge. They provide a rich and informative source of material around practitioners' feelings, thoughts and meaning-making regarding therapeutic connection, and touch upon the less expressed realms of embodied attunement, energetic communication, and relational transcendence, among others. These topics are infrequently seen in psychological literature but I suspect over time, due to increasing scholarly curiosity into relational processes, and growing acceptance of qualitative research, will be incorporated into psychotherapeutic theory from an interdisciplinary perspective. Such knowledge may help us broaden our conceptualisations of human interrelations, enable decoding of social interaction and offer valuable insight into the intricacies of implicit relational processes. A move in this direction may be viewed as a welcome diversion from the prevalent emphasis on technical and task-orientated facets of clinical practice. Emerging knowledge in this field of human interaction could also be attributed to the more general study of interpersonal relationships and thus may help pave the way towards knowing how to reduce the growing trend of disconnected relationships and loneliness in today's society.

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6. Appendices

6.1 Appendix A: Interview schedule/topic guide

Please feel free to illustrate your responses to the following questions with examples of events or experiences.

1. **What does connection in the therapeutic relationship mean to you?**
2. **How do you experience connection in the therapeutic relationship?**
3. **How do you perceive connection in the therapeutic relationship?**
4. **What are your thoughts about connection in the therapeutic relationship?**
5. **What does connection in the therapeutic relationship feel like to you?**
6. **What do you believe about connection in the therapeutic relationship?**
7. **If I am observing you in a therapeutic relationship what does it look like?**
8. **To you, what does connection look like in the therapeutic relationship?**
9. **Are you aware of connection in the therapeutic relationship?**
10. **If you had to describe 'connection' in the therapeutic relationship to someone what would you say?**

6.2 Appendix B: Participant Invitation letter

Participant Invitation letter

Date:

Dear ……,

My name is Rosalind Vesey and I am a trainee Counselling Psychologist at City University, London.
As part of my doctorate (2014-2016) I am currently undertaking a research study on:
Practitioners' experience of connection in the therapeutic relationship: An interpretative phenomenological analysis study.

I am looking for practitioners[2] to talk about their experiences of connection with their clients, in a one hour audio recorded, one to one interview with me at a convenient location for them. I will be interviewing between 8-10 participants in total. As a token of appreciation for their time participants will be given a £15 book voucher.
Benefits of taking part in this research study include:-

- A valuable opportunity to reflect upon, explore and share your own sense of how you connect with your clients.
- The phenomenon of 'connection' is under researched so your contribution will provide valuable insight into this fascinating aspect of the relationship.
- In addition, data produced from this research may enrich practitioners understanding of their working relationships which could potentially benefit future clients.
- Results of this research could potentially enlighten the wider psychotherapeutic community by increasing knowledge about the therapeutic process.

If you are interested in participating or would like further information, then please contact me. If I do not hear from you I will telephone you in the next two weeks to get your feedback. Thank you for taking the time to read this letter, your participation would be greatly valued.
Yours sincerely,
Rosalind Vesey
Trainee Counselling Psychologist
Email: xxxxxxxxxxxxxxxxxx
Tel: xxxxxxxxxxxxxxxxxxxx

Research supervised by Dr Susan Strauss, Chartered Counselling Psychologist

Department of Psychology,City University, Northampton Square London,EC1V 0HB

[redacted]

[2] Practitioners- Qualified psychologists, psychotherapists, accredited counsellors, and therapists who are practising members of relevant professional bodies such as BPS, UKCP and BACP.

6.3 Appendix C: Participant Information Sheet

PARTICIPATION INFORMATION SHEET

Title of study: Practitioners'[3] experience of connection in the therapeutic relationship: an interpretative phenomenological analysis study.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study? T

his study is part of my doctorate in counselling psychology at City Uni, London. The purpose of it is to explore practitioners' experience connection with their clients.

Eight to ten professionals will be asked to take part in a one to one interview with me which will take approximately one hour (including briefing and debriefing) and will be audio recorded. At a later date I will then transcribe and analyse the data using Interpretative Phenomenological Analysis. Anonymous extracts of the interview may be included in the final thesis and future publications.

Why have I been invited?

You have been invited to take part in this study because you fit the criteria that are required: a qualified practitioner who is a psychologist, psychotherapist or accredited counsellor and registered with an appropriate professional body such as the BPS, UKPC or BACP.

Do I have to take part?

Participation in the project is voluntary, and you can choose not to participate in part or the entire project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

- You will attend a one hour audio recorded interview.
- The interview is loosely structured so we can collect data on your own experiences.
- The interview will take place at a location convenient to you.
- As an expression of my appreciation for your time you will be given a £15 book token at the end of the interview.

What do I have to do?

You will be expected to share your experiences, opinions, thoughts and feelings about connection in your therapeutic relationships.

What are the possible disadvantages and risks of taking part?
I cannot foresee any risks of harm or possible side effects to you. If however the interview brings up any uncomfortable feelings or memories for you I can advice you on where you can get relevant support.

What are the possible benefits of taking part?
Taking part in this study provides you with the opportunity to explore and share your experiences relating to your therapeutic relationships in a non-judgmental space. Also, your contribution will provide valuable insight into this under researched phenomenon of connection and will increase knowledge about the therapeutic process. In addition, data produced from this research may enrich practitioners understanding of their working relationships which could potentially benefit future clients.

What will happen when the research study stops?
If the project is stopped your audio recordings and any transcripts will be destroyed.

Will my taking part in the study be kept confidential?

- Other than me the only person who will have access to your data will be my research supervisor who is also bound by confidentiality guidelines. We are bound by confidentiality unless you say anything which suggests harm to yourself or others or criminal activity.
- Storage and management of the data you provide will comply with the Data Protection Act 1998. Myself and my research supervisor will have access to your data, which otherwise is held in a locked cabinet or locked case when in transit. As soon as the academic work is completed, the tapes will be destroyed.
- Any information that you provide will be treated confidentially and will be anonymised and if published, will not be identifiable as yours.
- Your personal data or any data provided by you will be used only for this research or future publications and it will be anonymised.
- If requested you can view the transcript of your interview.

What will happen to the results of the research study?
The results of this research study will be used in my doctoral thesis entitled: Practitioners' experience of connection in the therapeutic relationship: an interpretative phenomenological analysis study. Anonymised extracts of your data may be used in future publications relating to psychotherapeutic knowledge such as academic and professional journals. If you would like any copies of the results or publications where your data has been used you need to inform me during the research.

What will happen if I don't want to carry on with the study?
You are free to withdraw from the study without an explanation or penalty at any time.

What if there is a problem?
If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Practitioners experience of connection in the therapeutic relationship: an interpretative phenomenological analysis study.

You could also write to the Secretary at:
[redacted]
Secretary to Senate Research Ethics Committee [redacted]
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
[redacted]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?
This study has been approved by City University London [insert which committee here] Research Ethics Committee, [insert ethics approval code here].

Further information and contact details
Researcher contact details:
Rosalind Vesey
City University, School of Social Sciences, Psychology Department, City University,
Northampton Square, London, EC1V 0HB
[redacted]

Research Supervisor contact details:
Dr Susan Strauss
City University, School of Social Sciences, Psychology Department, City University,
Northampton Square, London, EC1V 0HB
[redacted]

Thank you for taking the time to read this information sheet.

6.4 Appendix D: Consent Form

CITY UNIVERSITY LONDON

Consent Form

Title of Study: **Practitioners' experience of connection in the therapeutic relationship: An interpretative phenomenological analysis study**

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • being interviewed by the researcher • allowing the interview to be audio taped	
2.	This information will be held and processed for the following purpose(s): The researcher will transcribe and analyse the interview data using Interpretative Phenomenological Analysis. Anonymous extracts of the interview may be included in the final thesis and in future publications. I understand that any information I provide is confidential, and that no information that could lead to the identification of me will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I understand that I will be given a transcript of data concerning me for my approval before it is included in the write-up of the research if I request it.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

Name of Participant Signature Date

_____ _____ _____

Name of Researcher Signature Date

When completed, 1 copy for participant; 1 copy for researcher file. Note to researcher: to ensure anonymity, consent forms should NOT include participant numbers and should be stored separately from data.

6.5 Appendix E: Demographic questionnaire

DEMOGRAPHIC QUESTIONNNAIRE

Please note that this information is confidential and your answers will be kept anonymous. You are not obliged to answer all of the questions if you prefer not to.

Date of interview:.....

Name:.....

Gender (please tick):

Male	
Female	
Transgender	
Intersex	

Age (Please write in):.....

Please describe your **ethnicity** (please tick):

White British	
White other	
White Irish	
Mixed race	
Indian	
Pakistani	
Other Asian (non-Chinese)	
Black Caribbean	
Black African	
Black (other)	

Chinese	
Other(please describe)	

Professional membership (please tick):

BACP	
UKCP	
BPS	

Number of years post- qualification.....
Main therapeutic model used :.....
Preferred therapeutic model:.....
Other therapeutic models used:.....
Client groups (for example adult, children, mental health specialism etc):.....
Place/s worked (for example Private, NHS, Charity):.....
Current place of work:.....

6.6 Appendix F: Debrief Sheet

DEBRIEF INFORMATION

Title of study: Practitioners* experience of connection in the therapeutic relationship: An interpretative phenomenological analysis study

Thank you for taking part in this study! Now that it's finished I'd like to confirm with you the rationale behind the work.

The aim of the study is to collect information about practitioners' experiences of connection with their clients. Because the phenomenon of 'connection' is a novel area of research the interview was semi- structured so that your experiences could be explored in a spontaneous way.

If the research might have raised concerns for you or bought up some difficult feelings or memories I am unable to offer you counselling support, but I advice that you take this to your supervisor, personal therapist, or GP as you feel relevant or you can use the following contacts:

British Psychological Society (BPS)
http://www.bps.org.uk/bps/e-services/find-a-psychologist/directory.cfm
0116 254 9568

British Association for Counselling and Psychotherapy (BACP)
http://wam.bacp.co.uk/wam/SeekTherapist.exe?NEWSEARCH
0870 443 5252 or 01455 883300

United Kingdom Council of Psychotherapists (UKCP)
http://www.psychotherapy.org.uk/find_a_therapist.html
020 7014 9955

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Researcher contact details:

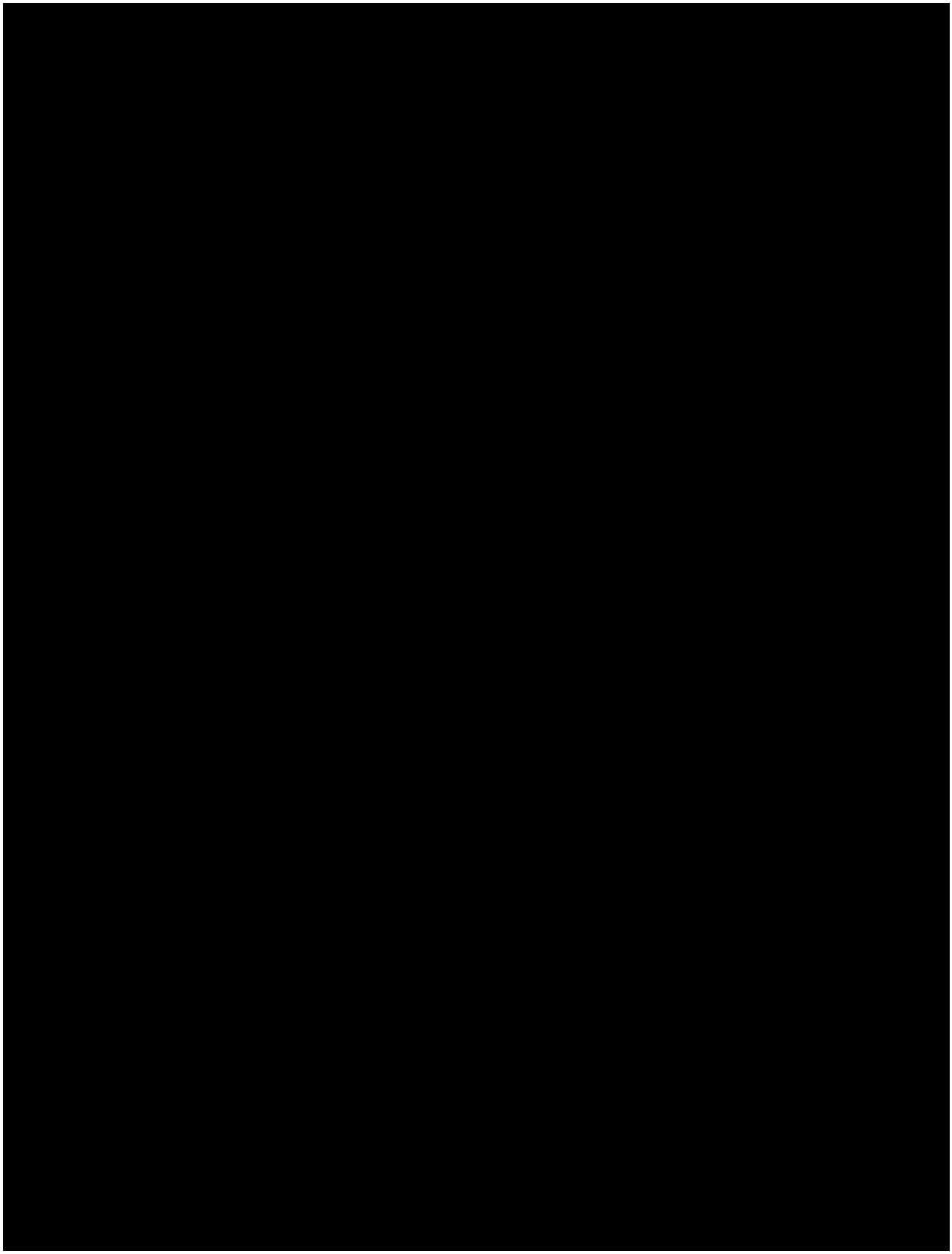
Rosalind Vesey
City University, School of Social Sciences, Psychology Department, City University,
Northampton Square, London, EC1V 0HB
[redacted]

Research Supervisor contact details:

Dr Susan Strauss
City University, School of Social Sciences, Psychology Department, City University,
Northampton Square, London, EC1V 0HB
[redacted]

Ethics approval code: *[Insert ethics approval code here.]*

6.7 Appendix G: Example of Analysis in Progress



6.8 Appendix H: Table of Examples of Quotes

Table of examples of quotes for superordinate themes across all respondents

		Transcript Page, Line
Foundational Connection		
Space to grow		
Brad	There are levels of connection maybe, some sort of depth of connection	1, 5
Daisy	I don't think it happens much now these days	34, 682
Julia	With the clients I meet who I do feel some sort of connection superficially	8, 203-211
Sacha	I don't see it {connection} as one or the other, I think though it is a sliding scale that changes all the time	15, 412
Louise	That connection you have with people does ebb and flow	13, 342
Caron	The session has been like a conversation[ ] ... maybe we need to switch into something else	6, 152
Martha	The transpersonal meeting is just, just an extension and deepening of the person-	20, 492

	to- person meeting	
Maureen	There are different levels of connection	5, 114
Alison	There are obviously different degrees	1, 16
Need to feel safe		
Brad	If we really connected with the loss that he has had in his life [ ] it would bring him to the point of feeling suicidal	11, 269-271
Daisy	They might be frightened by the process and by the intensity but I am so relaxed and matter of fact , caring and compassionate but it creates a sense of safety in the room	6, 123-127
Julia	I think they need to feel safe, so the connection has got to be about safety for them	27, 730-734
Sacha	I guess that goes back to me having to feel safe in myself and secure and the other person feeling safe and secure enough	18/19, 505-510
Louise	That is the most important thing for her, that she was able to trust me	7, 174-176
Martha	Is the working the holding of clients	24, 609-611
Maureen	We helped her to trust and she really did develop maternal transference with me and there was a very deep connection with us	10, 250-254
Alison	They need to be able to look into my eyes and feel safe	5, 116-118

Guard comes down		
Brad	So allowing that person and their experience to flow through you	13, 332-333
Daisy	it feels like there is something softening and I have get them on board and I feel a connectedness	19, 375-378
Julia	Do I need to watch my back with this person	1, 11-26
Sacha	Yeah, trust is very important, I feel like I am being clichéd, building the connection involves building trust	6, 153-159
Louise	Time to build the relationship, for them to build trust and for you to have that connection	2-3, 51-56
Maureen	We helped her to trust	10, 250-254
Alison	Yes, I think for me there is a sense of people start to trust you, their guard comes down a little bit more so that connection	3/4, 80-85
Two human beings		
Brad	Kind of shared human understanding of suffering for example, that we all experience suffering and that is part of being a living creature on earth	2, 35-40
Daisy	It's almost connecting on a level that almost says yeah the human condition can be challenging	35 , 704-705

Julia	What you are in the end are two human beings discussing the human experience	4/5, 102-12
Sacha	From the client's point of view experiencing that connection with another human being is really important	8,141-47
Caron	I do quite a bit of self-disclosure, a lot more than I used to do and I find that as well to their benefit as it shows that I am human	5, 112-117
Martha	I think Rowan calls it using your 'instrumental self' rather than your authentic self. I think being human is lacking in not just therapeutic relationships	25, 628-638
Embodied Connection		
Bodily felt stuff		
Brad	When there is like a real connection sometimes I get like a, like a shiver, like down my spine	4, 92-93
Daisy	So the feeling of connectedness too [ ] You feel something tighten in your throat, you feel that tear	33, 671-672
Julia	It is a powerful somatic feeling for me	14,372
Sacha	I may have sensations in my body	4, 87
Louise	Those moments [ ] come through that whole kind of bodily felt stuff for me	10, 257
Caron	In the physical body connection feels	13, 333-

	quite easy I suppose, light, um and fulfilling	335
Martha	There is a sort of flow which happens which while it is happening I am not very aware of what we are talking about	20,514-16
Maureen	I think I am quite kinaesthetic	3, 60
Blending of energies		
Brad	We are all, sort of connected in a sense although we have different physical bodies, we are actually all connected, the sort of energy	3, 57-60
Daisy	Connected in an energetic level and as part of that we are connecting really with the whole felt sense	32, 653-657
Julia	Until you start putting that energy out there people won't pick up on it so you have got to put it out there[ ] maybe it floats out there and people pick it up	25/26, 678-689
Caron	You are like a blending of the energies	7,176-180
Martha	Connectivity which is almost like in love where one person merges into another	24, 597-598
Alison	Um, a sense maybe of energy coming from me to them, energy is not the right word	10, 239-242
Louise	Which is just that moment of absolute utter connection where something happens between the two of you	3, 59-65
Martha	That's my feeling and his moment of going "yes, that's true", it's that it's the "yes", that's the moment	10,263-245

Maureen	You will get some moments with clients where...[ ] I had one lovely experience	7, 163
Alison	She nodded and within that exchange she knew that I knew and understood something	6, 137-138
Transcendent Connection		
Whole spiritual thing		
Brad	I suppose an even deeper level than that there may be some sort of spiritual kind of connection that you might have	2, 35-37
Daisy	The connectedness is almost feeling that kind of spiritual connection with that persons deeper essence of who they are in that moment	32, 659-663
Julia	The spiritual side is important because it is about connecting with the very core of somebody	19, 515-516
Sacha	But something about having a deep emotional, and possibly spiritual connection	22,421-423
Caron	For me connection is about the spiritual side	13, 327-330
Martha	Transpersonal, that fifth relationship, um, in that particular model, is the whole, brings in the whole spiritual thing. I am not religious, so for me, it is not about religion	20, 492-495

Maureen	I think it was something that was quite special and spiritual which is always difficult to verbalise	7, 174-176
Stunning moments		
Brad	That's like kind of, yeah just like a um what do you call it, like a special moment or something	4, 102-107
Daisy	The stuff around it is the stuff around it, so it certainly is not a head experience; it is very much a felt experience in that moment	32, 657-665
Julia	So something germinates or not in that very first moment of connection	26, 707
Sacha	It can feel like you are the only people in the world sometimes, like a, like everything else kind of recedes into the background somewhat	22, 431-433
Louise	Which is just that moment of absolute utter connection where something happens between the two of you	3, 59-65
Martha	That's my feeling and his moment of going "yes, that's true", it's that it's the "yes", that's the moment	10,263-245
Maureen	You will get some moments with clients where...[ ] I had one lovely experience	7, 163
Susan	She nodded and within that exchange she knew that I knew and understood something	6, 137-138

6.9 Appendix I: Table of Theme Frequency

Table of frequency of occurrence of themes across respondents

Participants	Brad	Daisy	Julia	Sacha	Louise	Caron	Martha	Maureen	Alison
Foundational Connection									
Space to grow	✓	✓	✓	✓	✓	✓	✓	✓	✓
Two Human	✓	✓	✓	✓		✓	✓		

beings									
Need to feel safe	✓	✓	✓	✓	✓		✓	✓	✓
Guard comes down	✓	✓	✓	✓	✓			✓	✓
Embodied Connection									
Bodily felt stuff	✓	✓	✓	✓	✓	✓	✓	✓	
Blending of energies	✓	✓	✓			✓	✓	✓	✓
Transcendent Connection									
Whole spiritual thing	✓	✓	✓	✓		✓	✓	✓	
Stunning moments	✓	✓	✓	✓	✓		✓	✓	✓

6.10 Appendix J: Table of Emerging Superordinate Themes

Table of emerging superordinate themes for Sacha –analysis in progress

	Transcript Page, Line	Quote
Foundational Connection		
Subject areas emerging: ambiguous; some sort of process; movement and deep connection; cognitive versus emotional; superficial versus deep; variety;	17,453-55	Or rather not quite sure what happened there but something did.Um, well I think you can feel sure in it but cant, but um, difficult to describe, there's a knowing without words.
	15, 417-423	There's a sense of real movement when there is a very deep connection and that is a very difficult thing to put into words, really because that is not at a cognitive level, there are

Subject areas emerging: changeable; scale; deep connection fleeting; connection is built.		cognitive levels of connecting for sure, absolutely, definitely. But something about having a deep, emotional, and possibly spiritual connection.
Subject areas emerging: language barriers hinder connection; difficult to achieve versus easy	14, 387	But sometimes a connection can be very minimal and various
	15-21, 412-575	I don't see it {connection} as one or the other, I think though it is a sliding scale that changes all the time, but I think it's impossible to, um, stay connected at that deep level for any length of time.[ ] it can be very fleeting [ ] it can be difficult to sustain that very deep connection.
	3, 40-42	I think a lot of the work I do is building that connection

	13, 242-244	Language, not having a shared language, can make a difference to connection
	13, 342	at the same time it is even harder work to connect
	8, 214	Yes, they did not want to make the effort, but I guess the connection does not necessarily take effort. Sometimes it feels very easy and sometimes it is something to work at.
Subject areas emerging: building connection and trust; trust is significant ; permit self to move forward; whole self versus part self; both need to feel safe and secure; holding especially at beginning	6, 153-159	building the connection involves building trust
	6, 159	trust is very important
	18-19, 505-510	An important element, yes of feeling a deep connection, that I am allowing my whole self [ ] to be part of that. Something about not holding back **...** and I guess that goes back to me having to feel safe in

		myself and secure and the other person feeling safe and secure enough.
	16:304-306	holding I think is important as we are getting to know each other
Subject areas emerging: client open and willing necessary for connection; practitioner needs to be unguarded; client not ready to open up due to fear	10,195-97	Not much of a connection if the client is closed down and not able or willing for whatever to make a connection
	12,224-26	What certainly makes it {connection} easier for me is... um...um... when I feel relaxed, able to be open, when my defences are down
	20, 386-92	Sometimes it is just too scary for the person to um, allow themselves to open up to a connection, to a deeper connection [ ] to allow somebody into more intimate parts of themselves, maybe more

		fragile.
Subject areas emerging: human connection-acceptance, belonging, loneliness, building trust; rewarding developing this connection.	8,141-47	From the client's point of view experiencing that connection with another human being is really important [ ]. The human element of being accepted by another human being is very, very powerful [ ] and there's something about the connection and a sense of belonging that feels really important. [ ] Some clients can feel very isolated and that connection is so important. Yeah, and how I experience this is extremely satisfying I guess, if I can help a person feel more connected to humanity, [ ] help build trust [ ] through having experienced a connection.

Subject areas emerging: human connection based on shared emotions	19,516-522	Um there is something about the connection that we have as humans, [ ] we hear a story and it touches us, even though we might not have met that person but it touches, there's a connection, I guess a common kind of experience, not a literal experience, but an experience of emotions, yeah.
Embodied and Transcendent Connection		
Subject areas emerging: moving emotionally; feels profound ;impact on practitioner; unsettling; private; non-verbal communication	18, 477-500	It can feel very profound [ ] it has a profound impact on me, as well as...I believe it has a profound impact on the client [ ] I feel really moved, moved, um, ... it may take me sometime to go back to my normal day to day activities. [ ] it's a very

Subject areas emerging: spiritual connection is emotional and deep; feels deep; feels immersive, absorbing; presence; not religious; universal connection; connected to nature and everything		special aspect of my life and that's very private to my relationship with that client.
	4, 100-102	Um, and I think that is also part of whether unconsciously or sometimes consciously building a connection.
	22/23,422-36	Something about having a deep, emotional, and possibly, spiritual connection [ ]. It feels like it's um, this deep connection, it feels like I am totally absorbed into it.
	19, 514-516	I guess there is some kind of spiritual, for want of a better word, element to it, not in a religious way, I don't think
	19, 514-523	there is some kind of spiritual [ ] there's a connection [ ] relationships, relatedness,

		being part of the world I guess
	19, 526-533	on a very literal level we are all connected, [ ] when we die these particles in our body become part of the soil

6.11 Appendix K: Research Ethics Approval

Psychology Research Ethics Committee
School of Social Sciences
City University London
London EC1R 0JD

2 March 2015

Dear Rosalind Vesey,

Reference: PSYCH(P/L) 14/15 121
Project title: Practitioners' experience of connection in the therapeutic relationship: an interpretative phenomenological analysis study.

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval
Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments
You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants
(b) Change, or add to, the research method employed
(c) Collect additional types of data
(d) Change the researchers involved in the project

Adverse events
You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee (anna.ramberg.1@city.ac.uk), in the event of any of the following:

(a) Adverse events
(b) Breaches of confidentiality
(c) Safeguarding issues relating to children and vulnerable adults
(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

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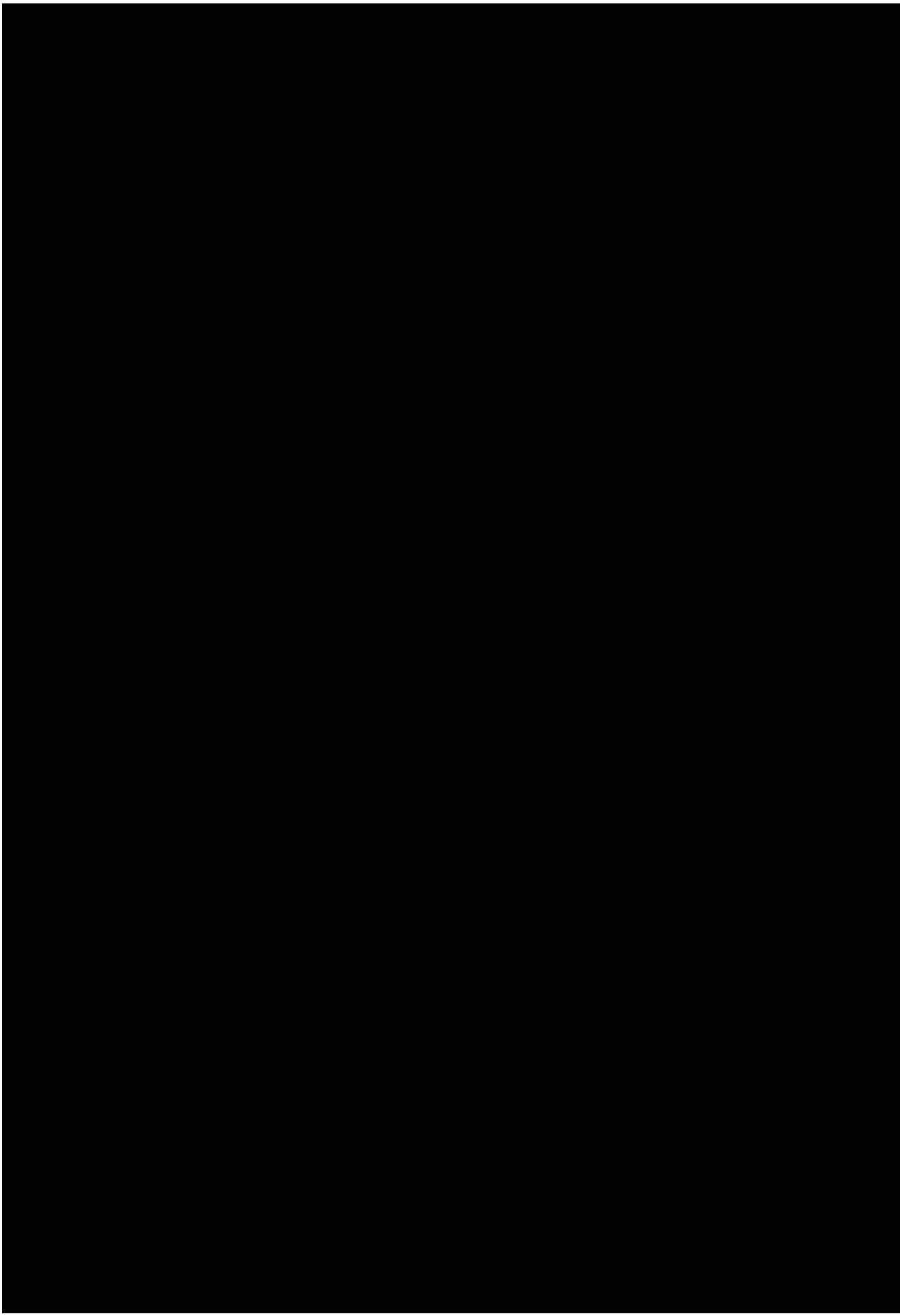
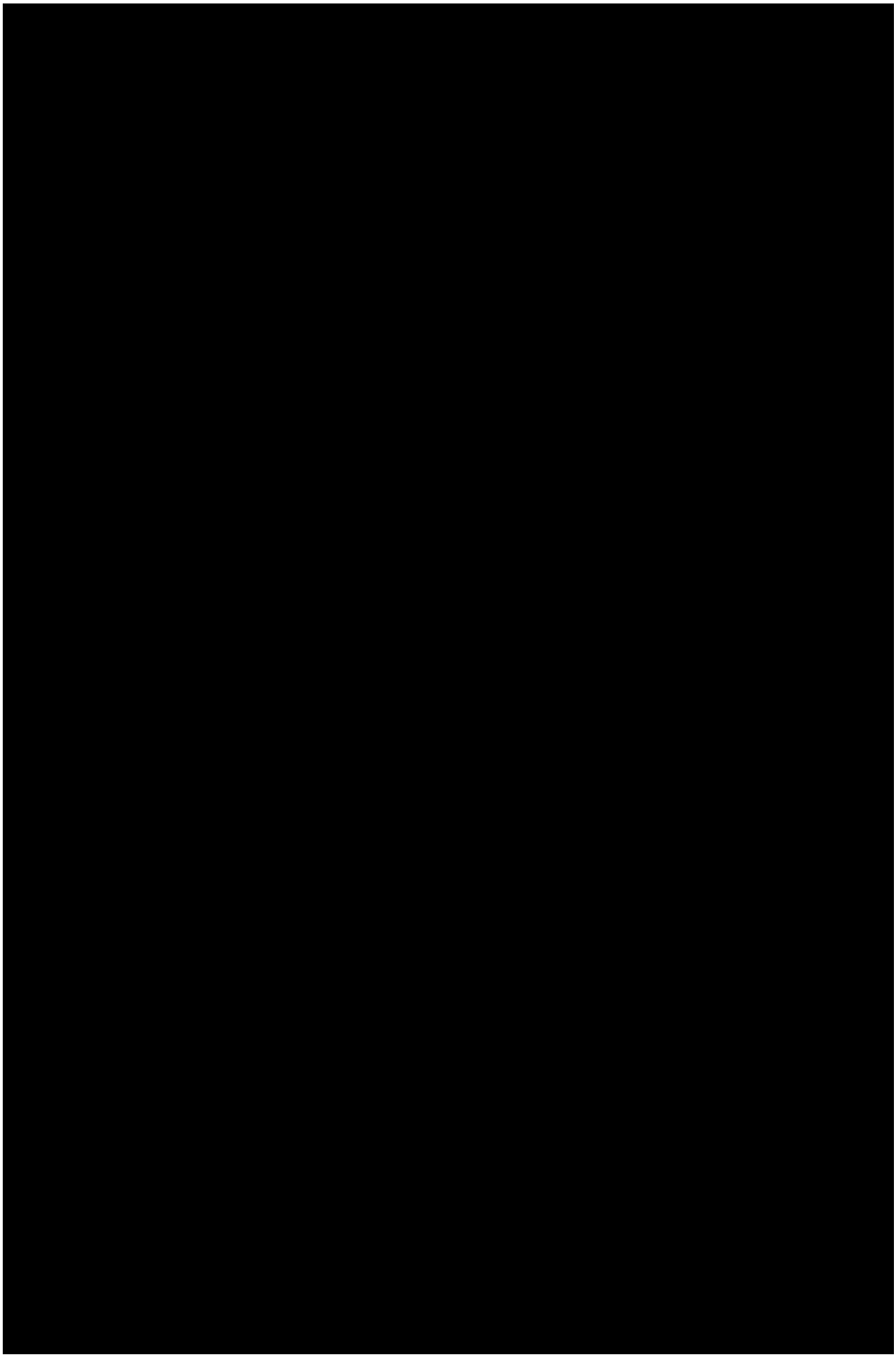
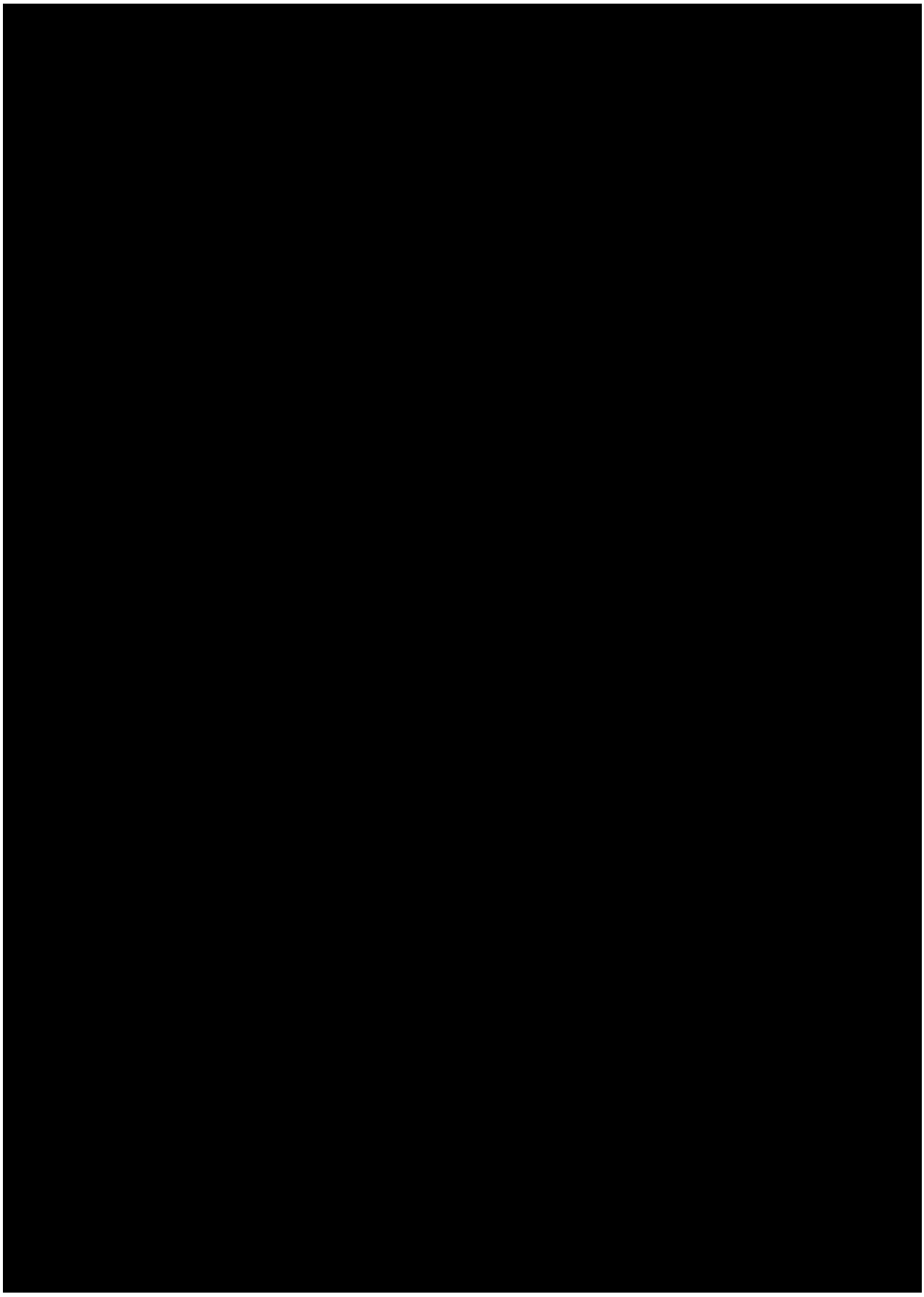
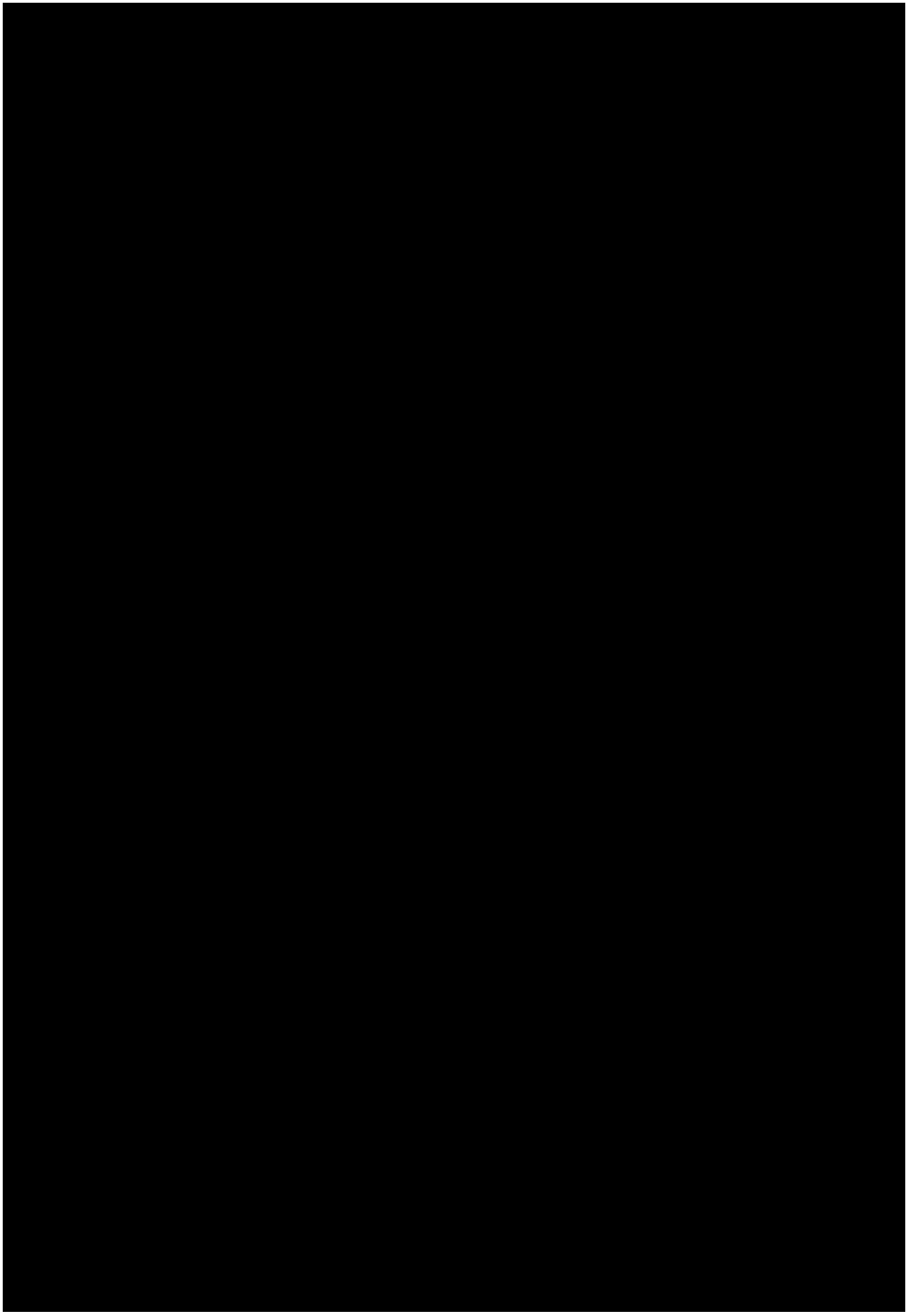
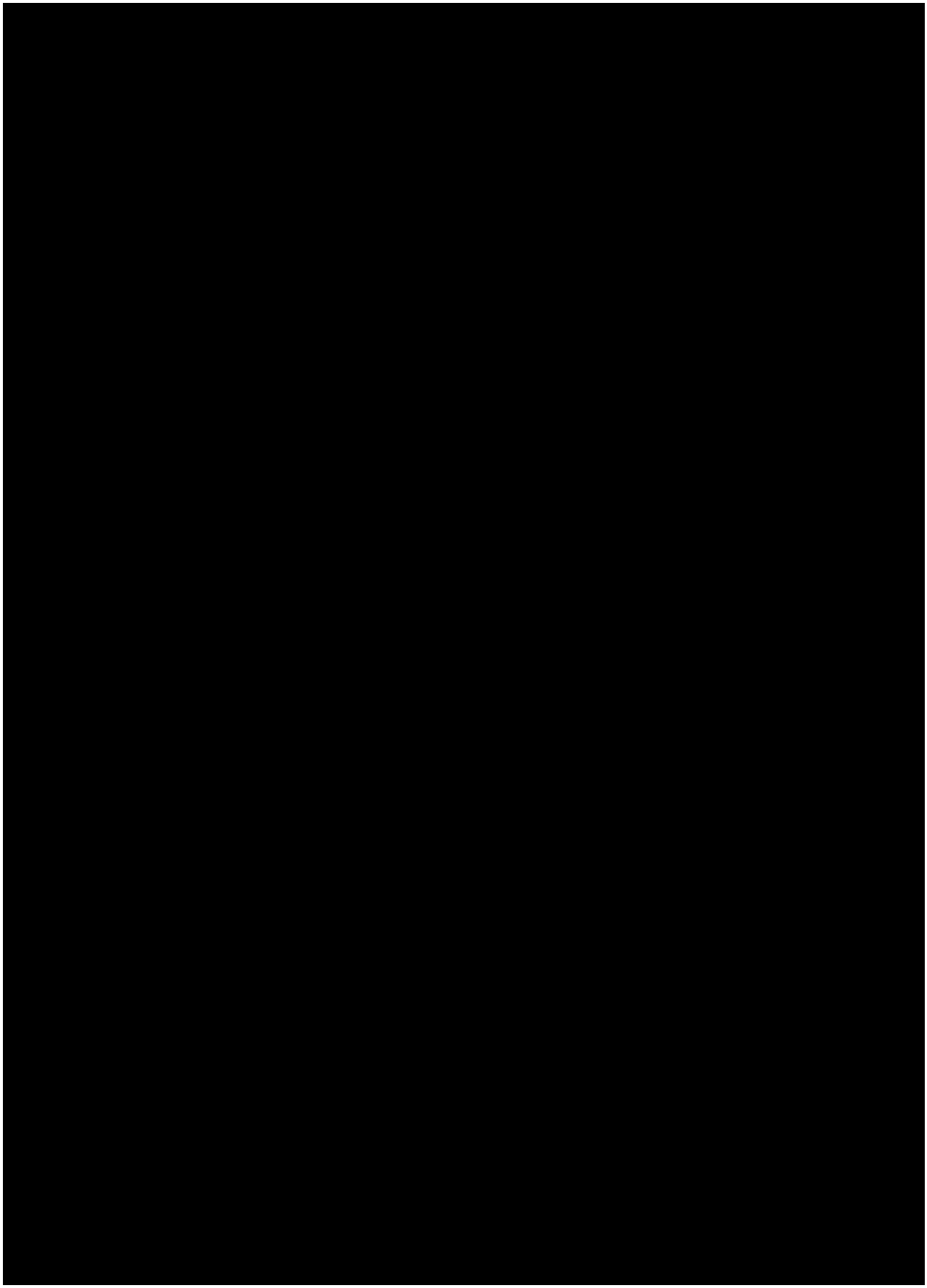
Part B: publishable paper.....218-242

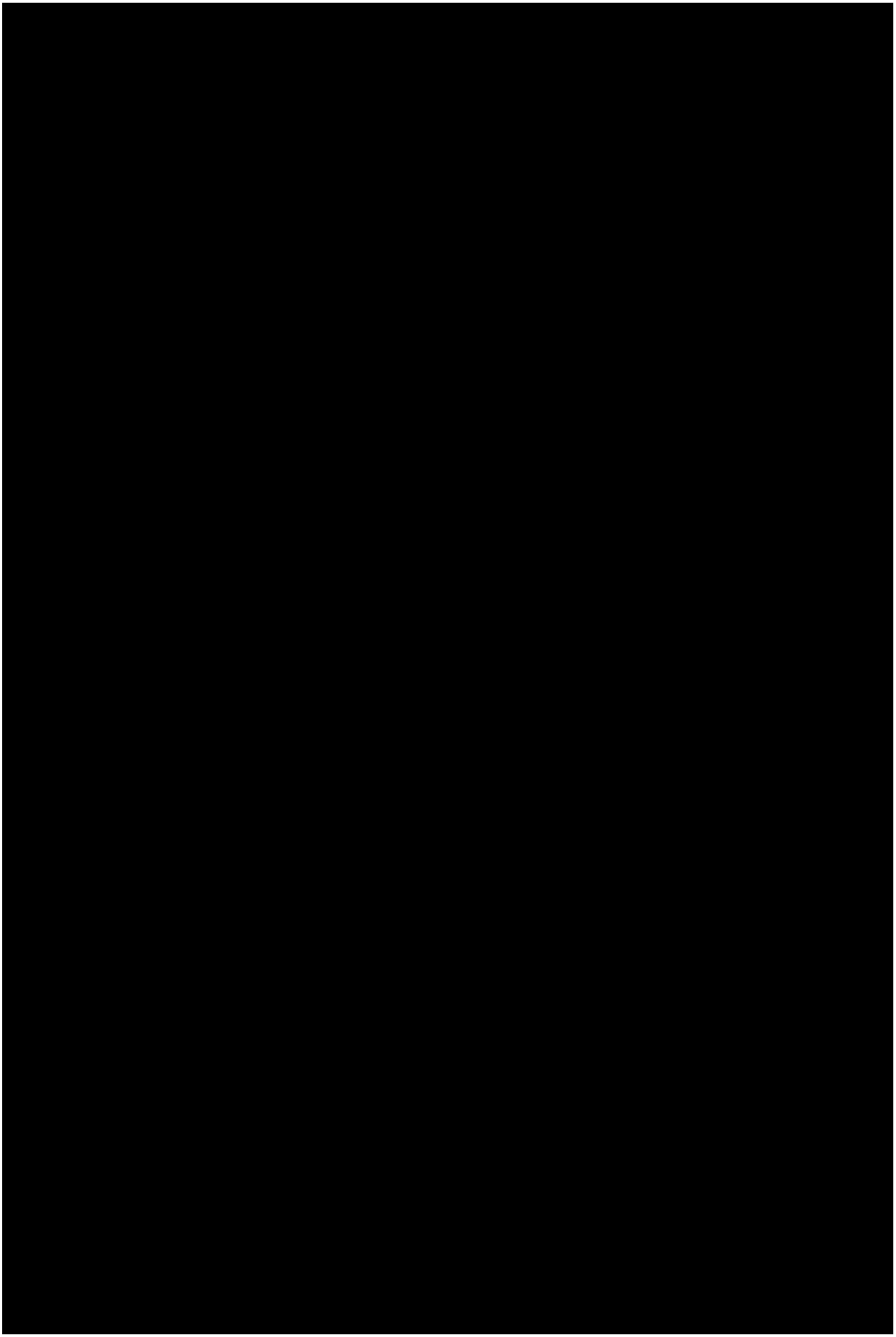


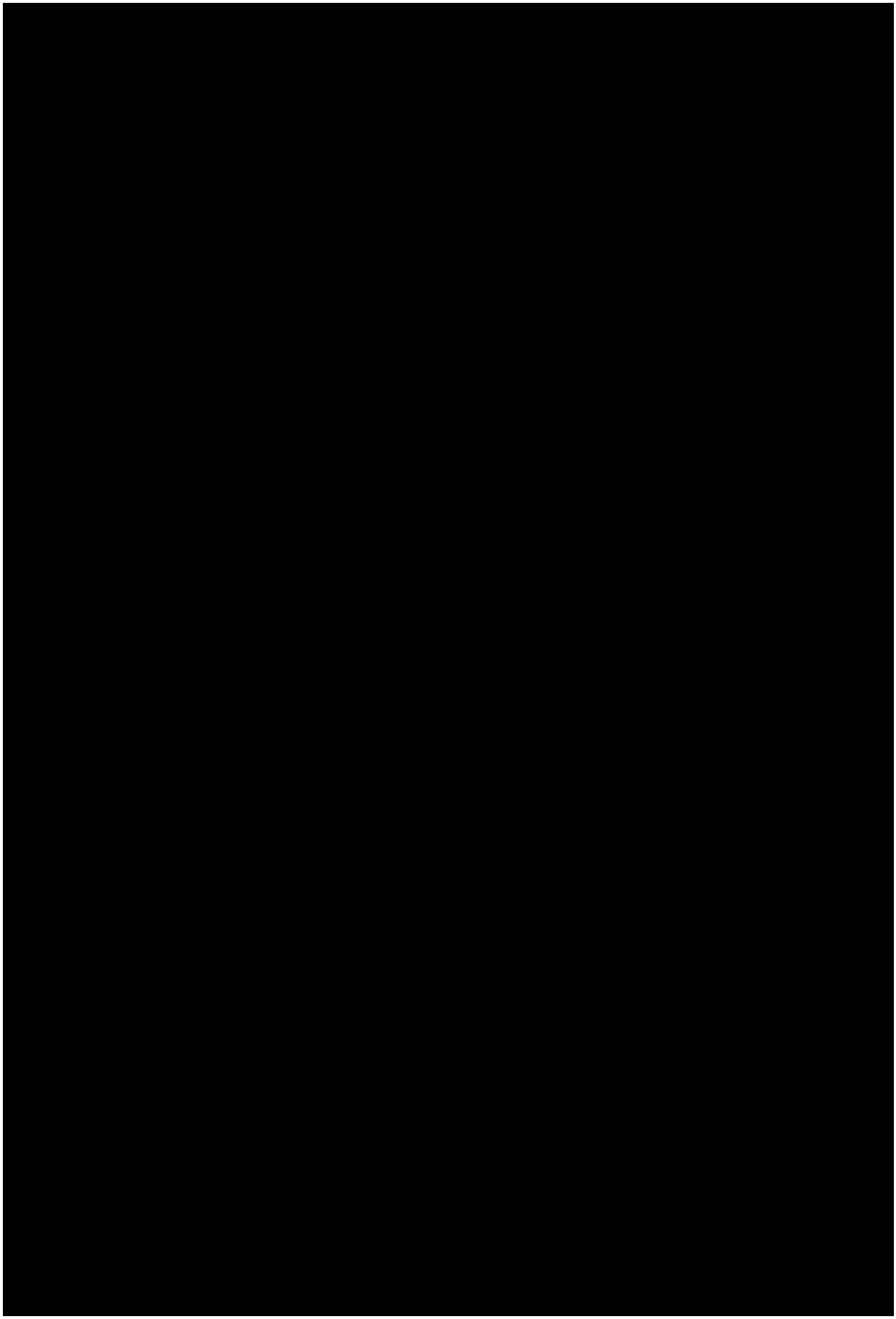


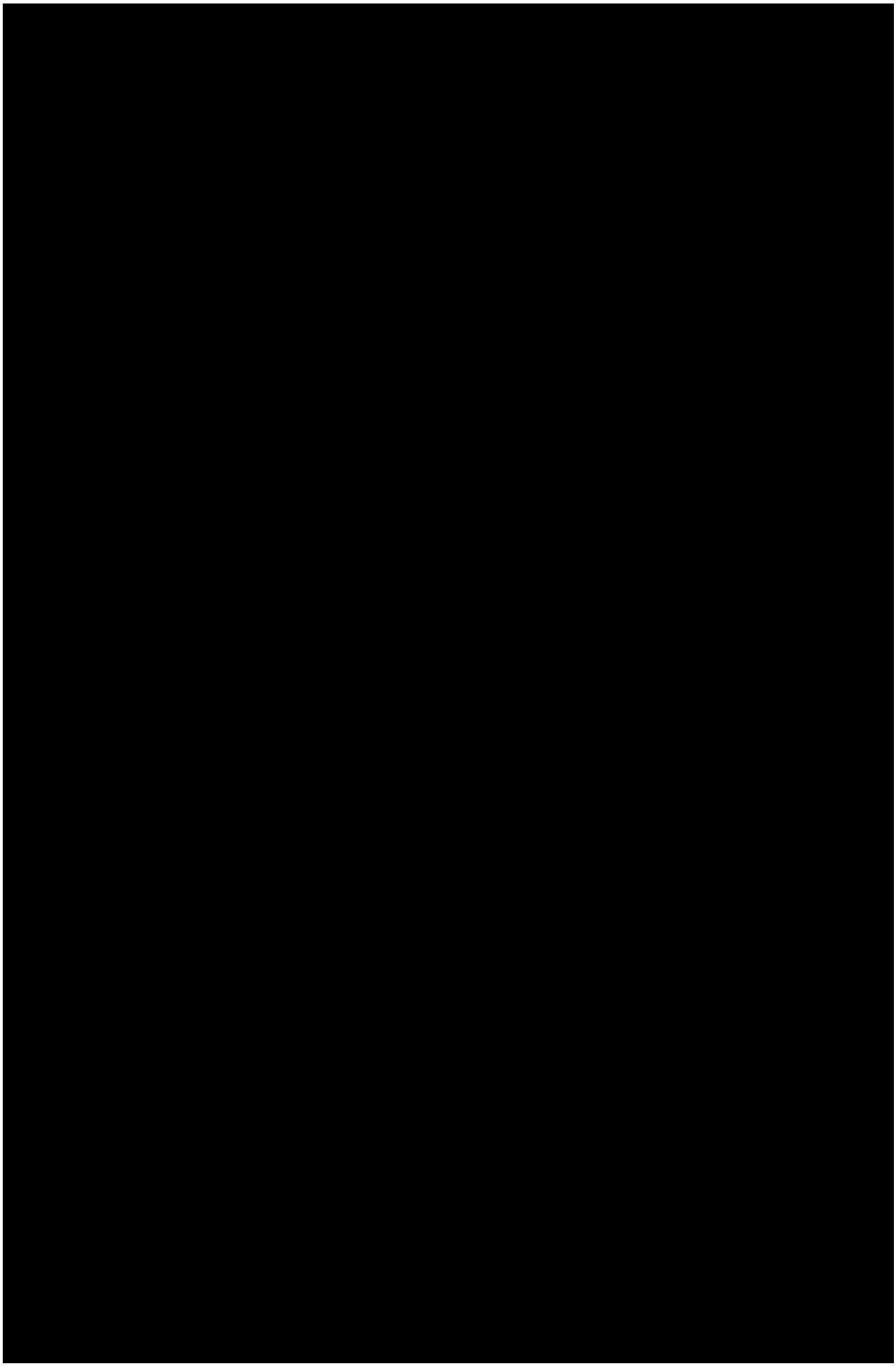


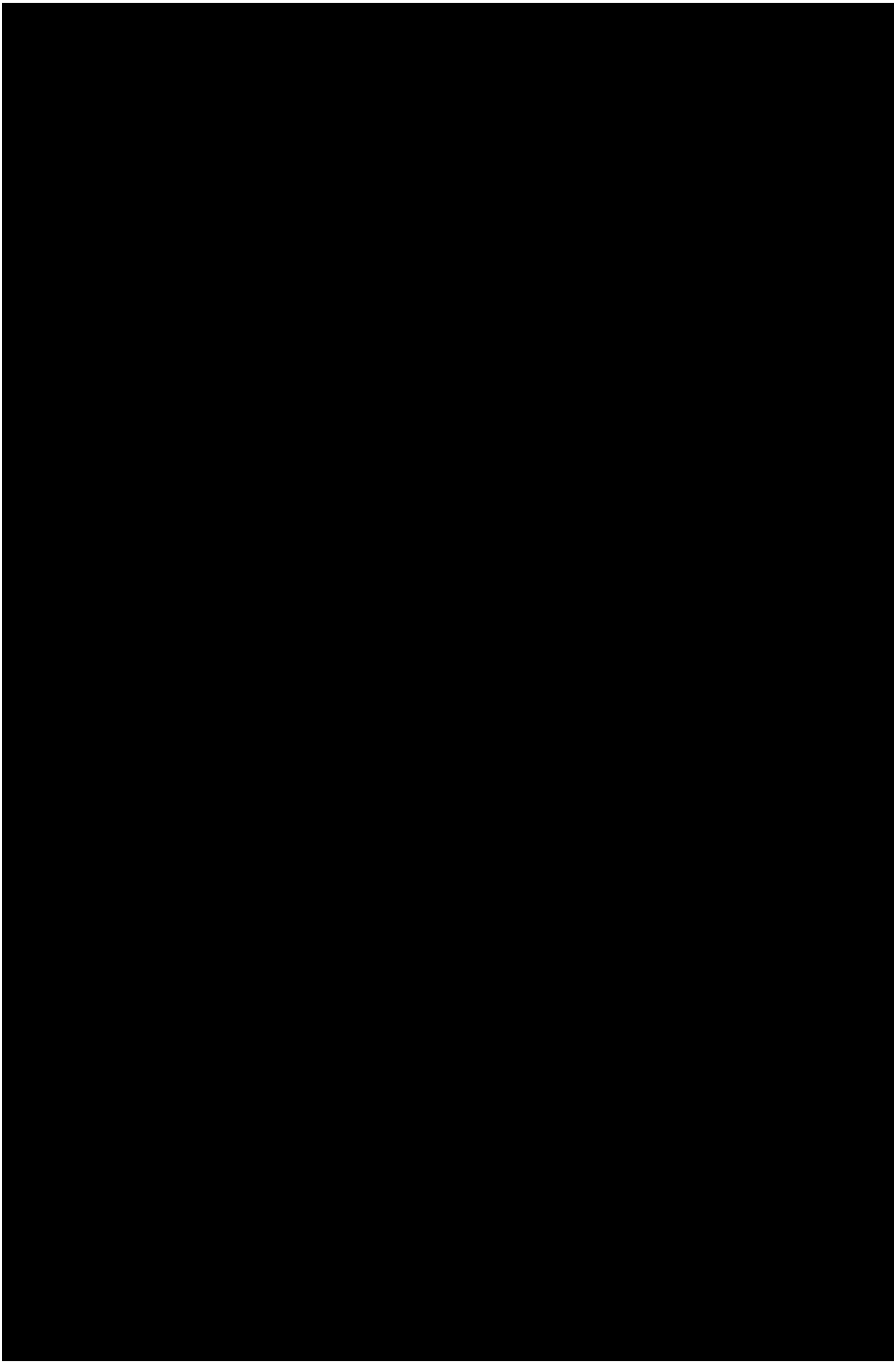


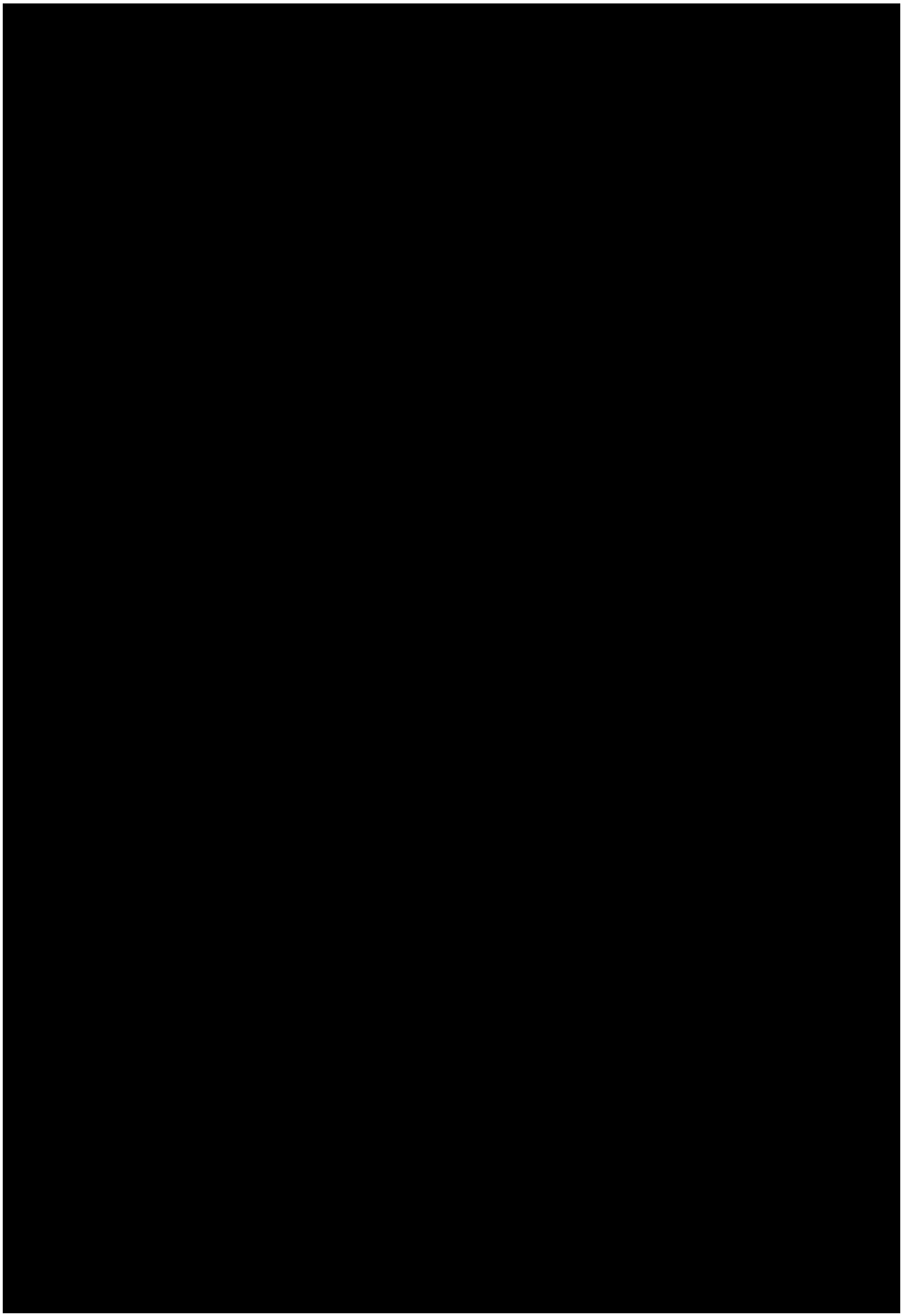


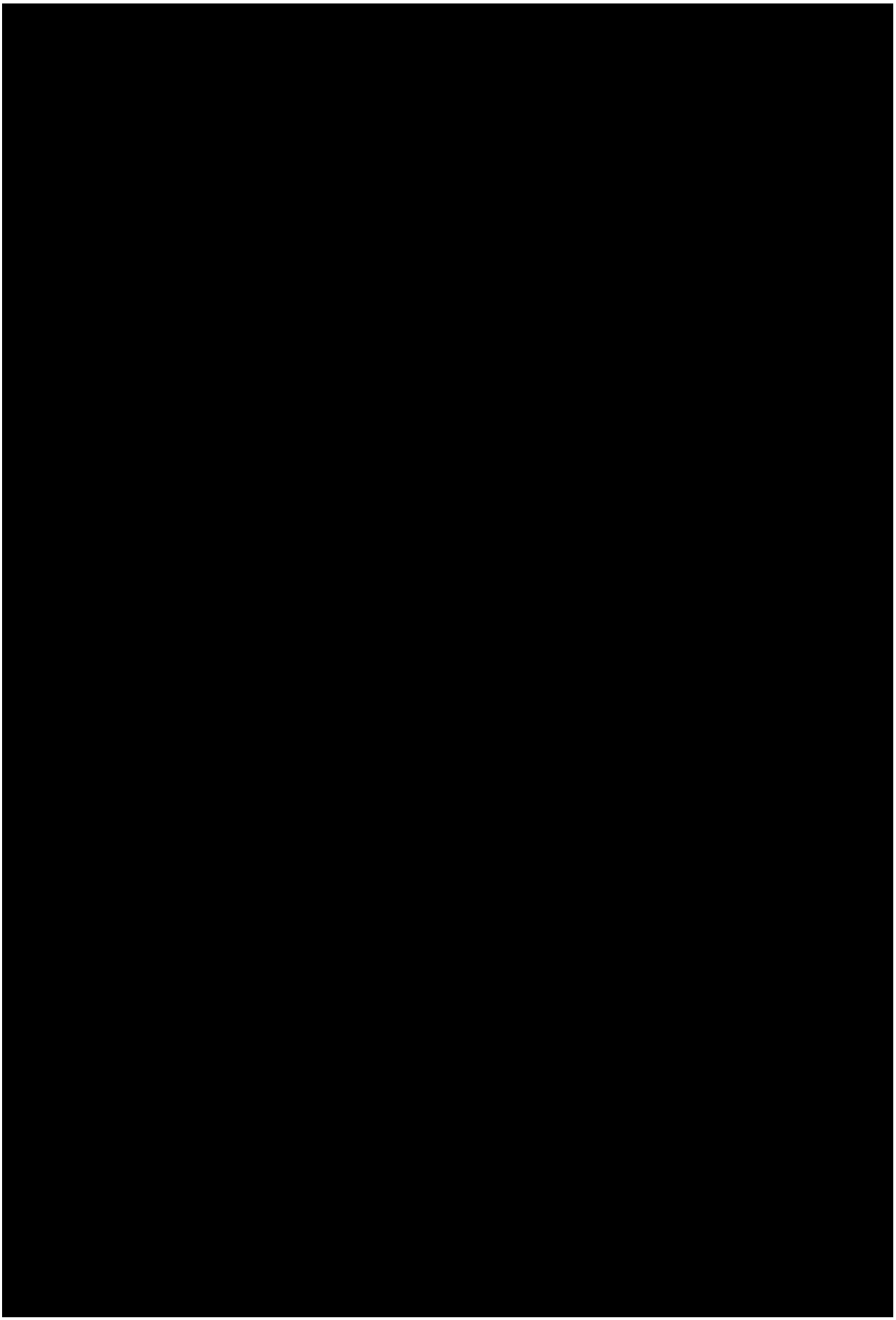


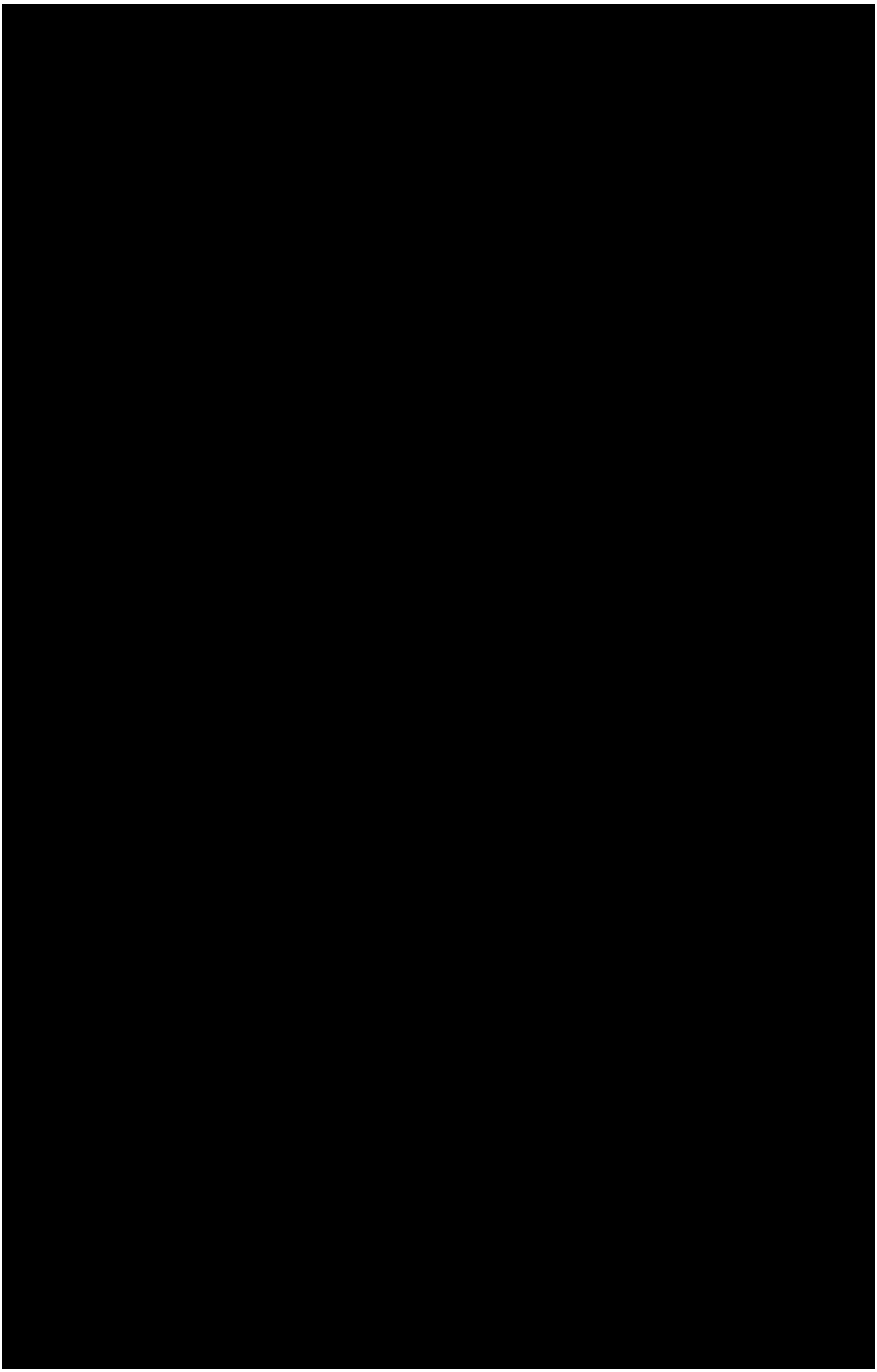


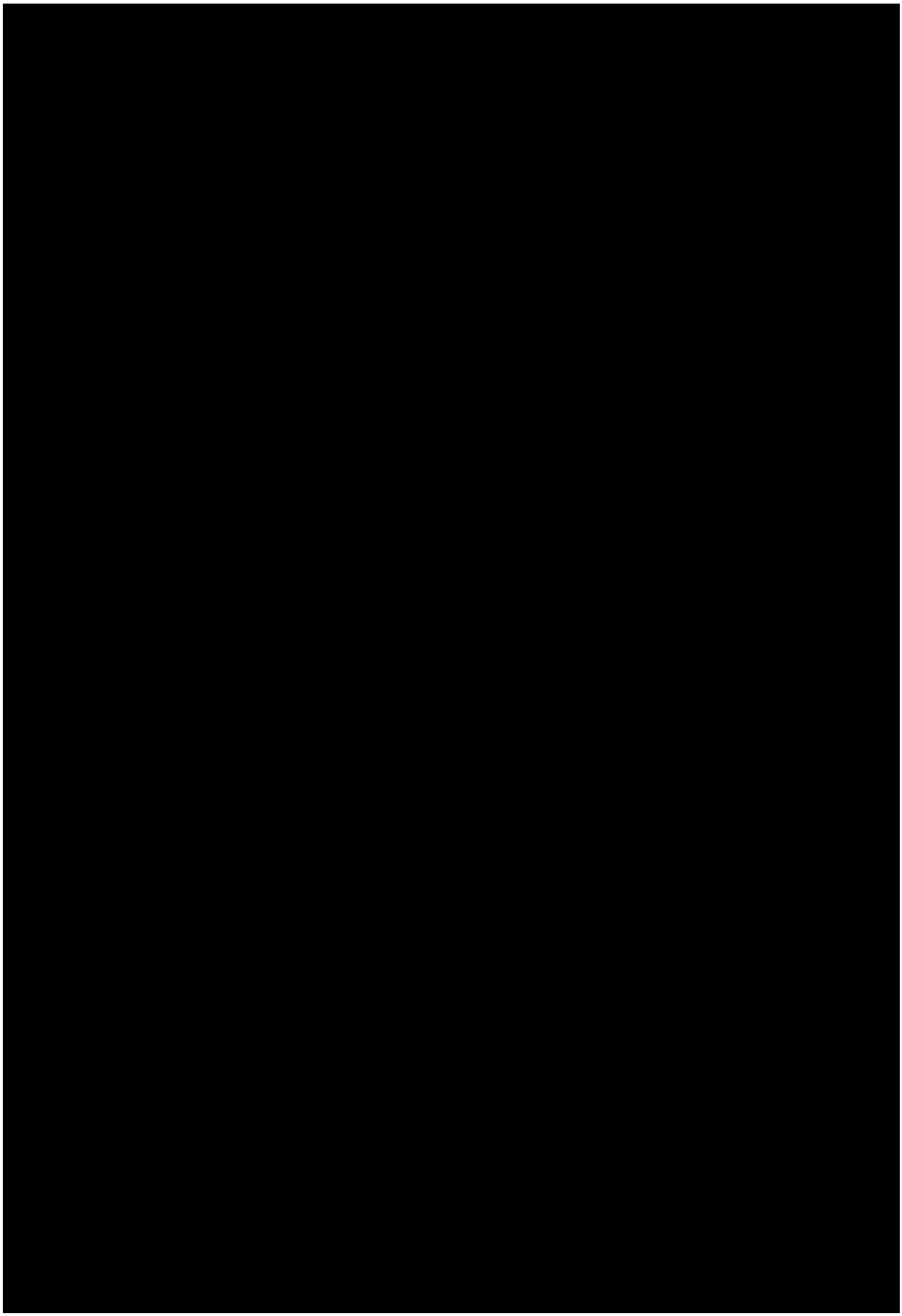


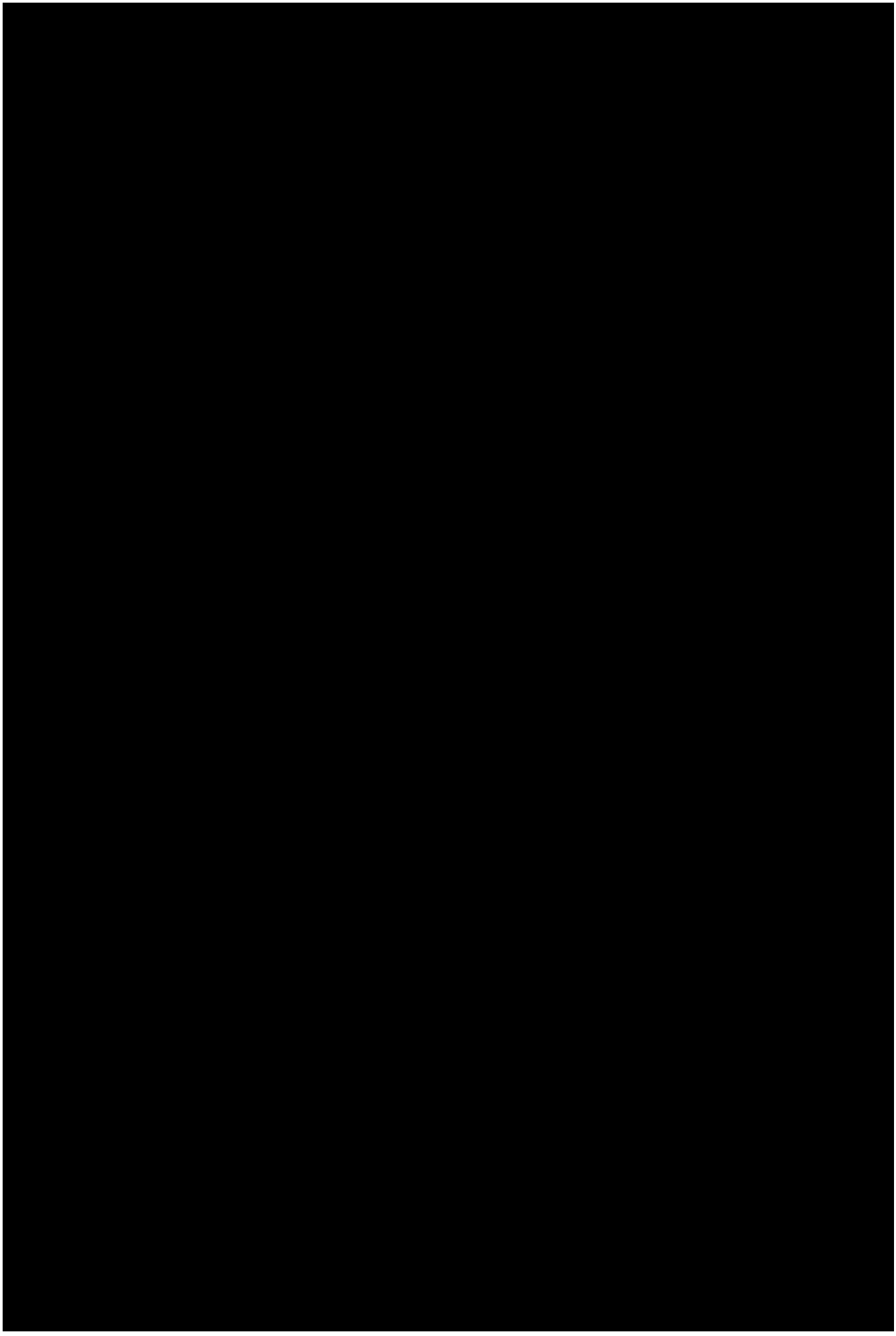


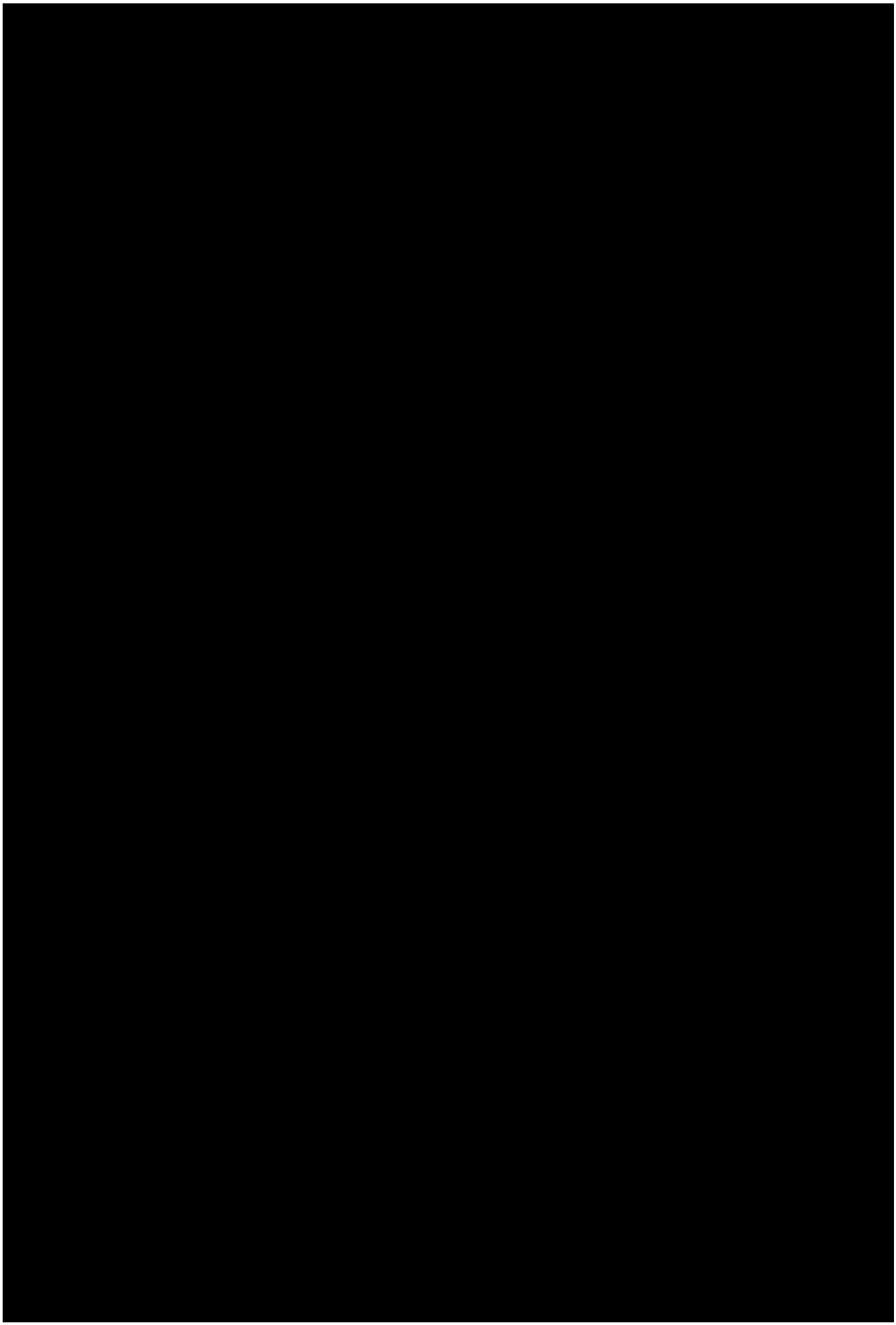


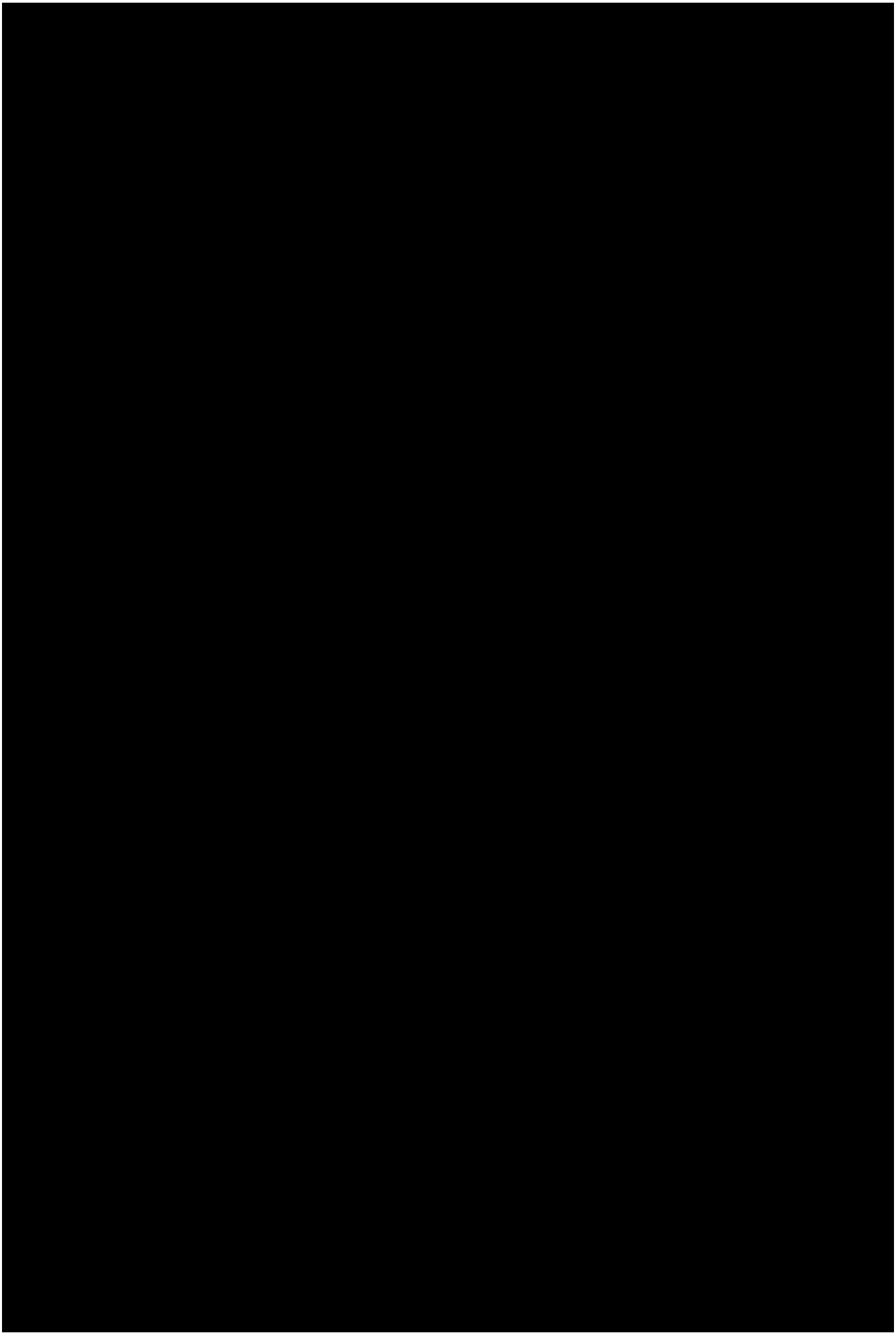


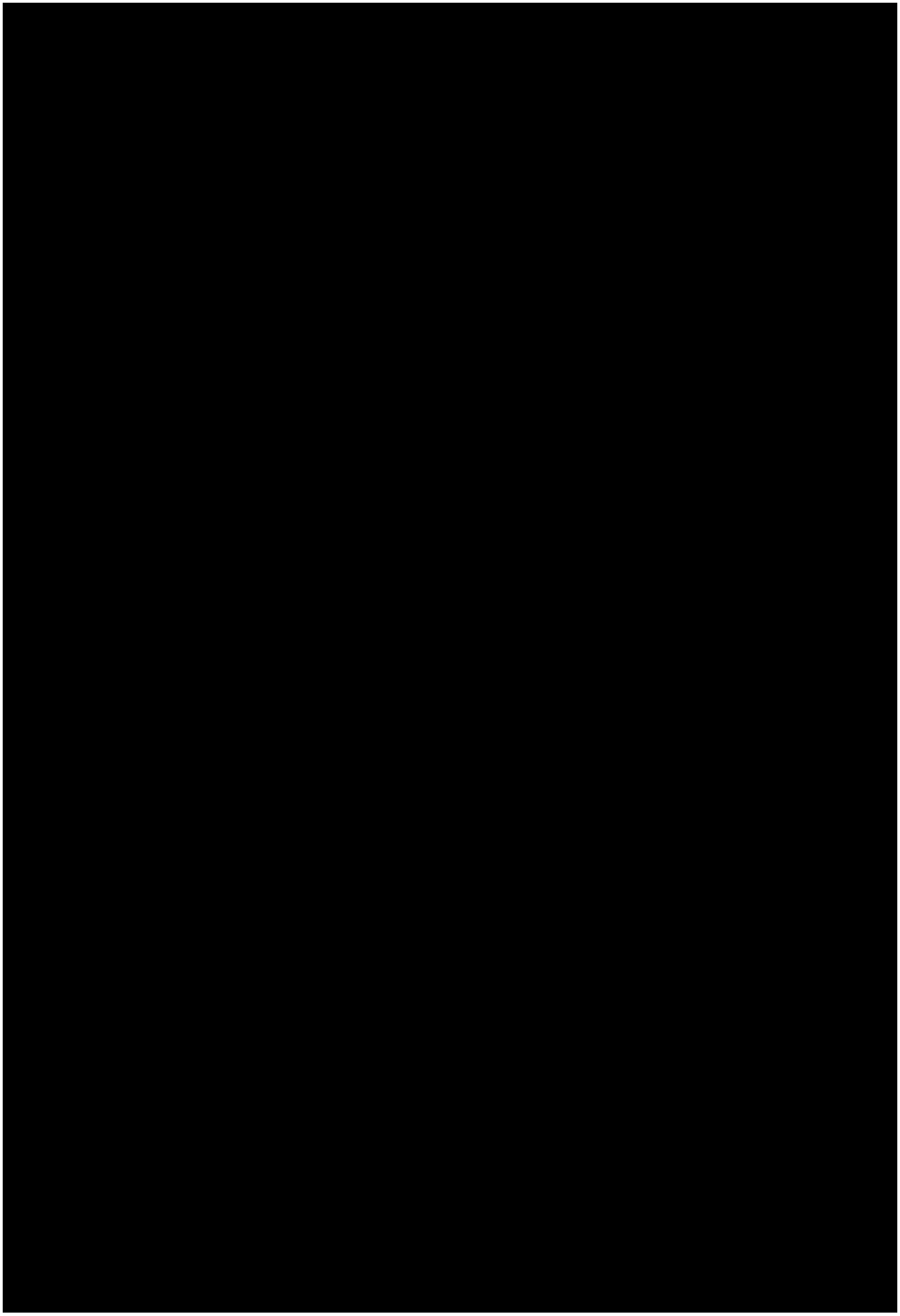


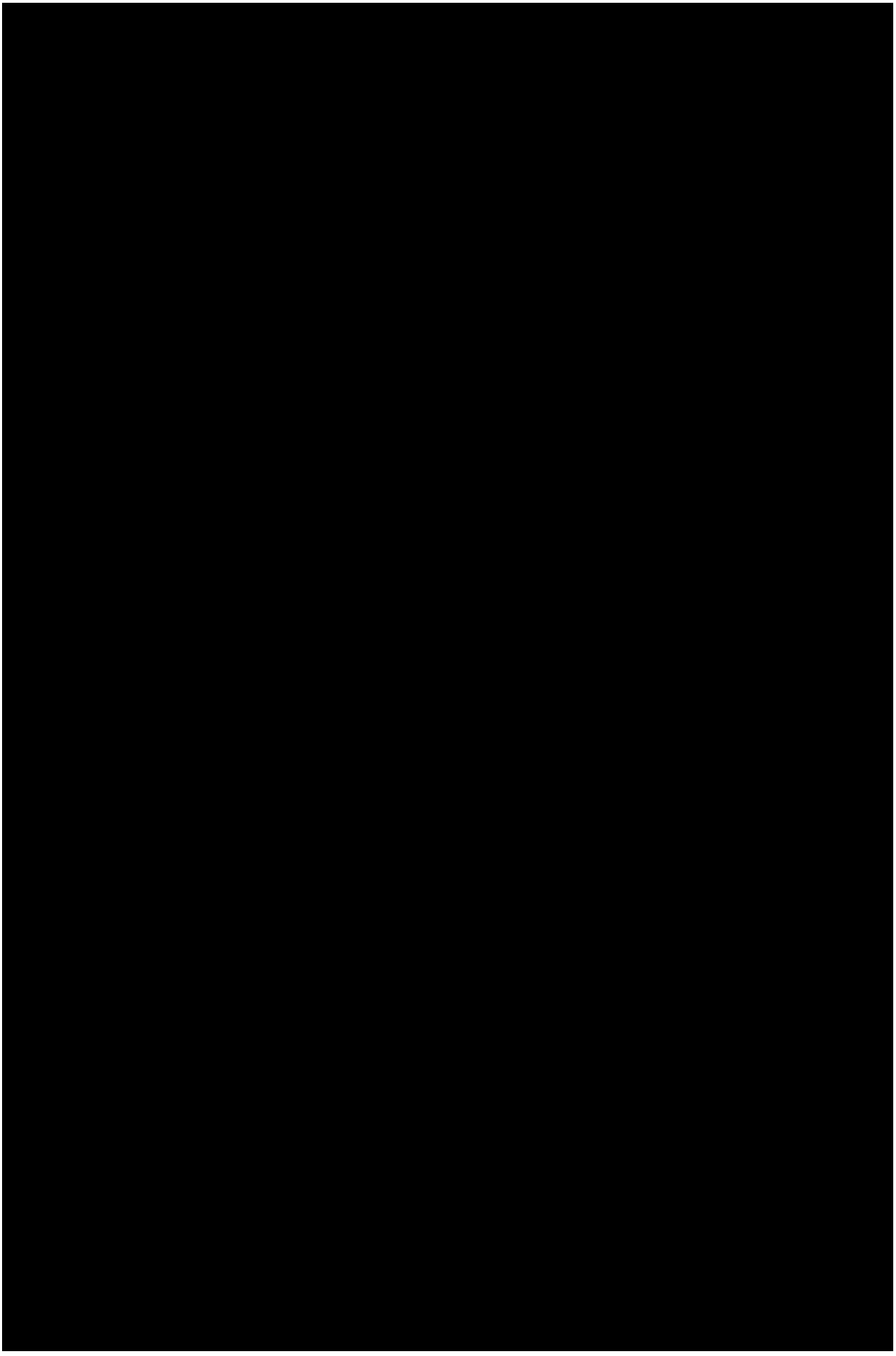


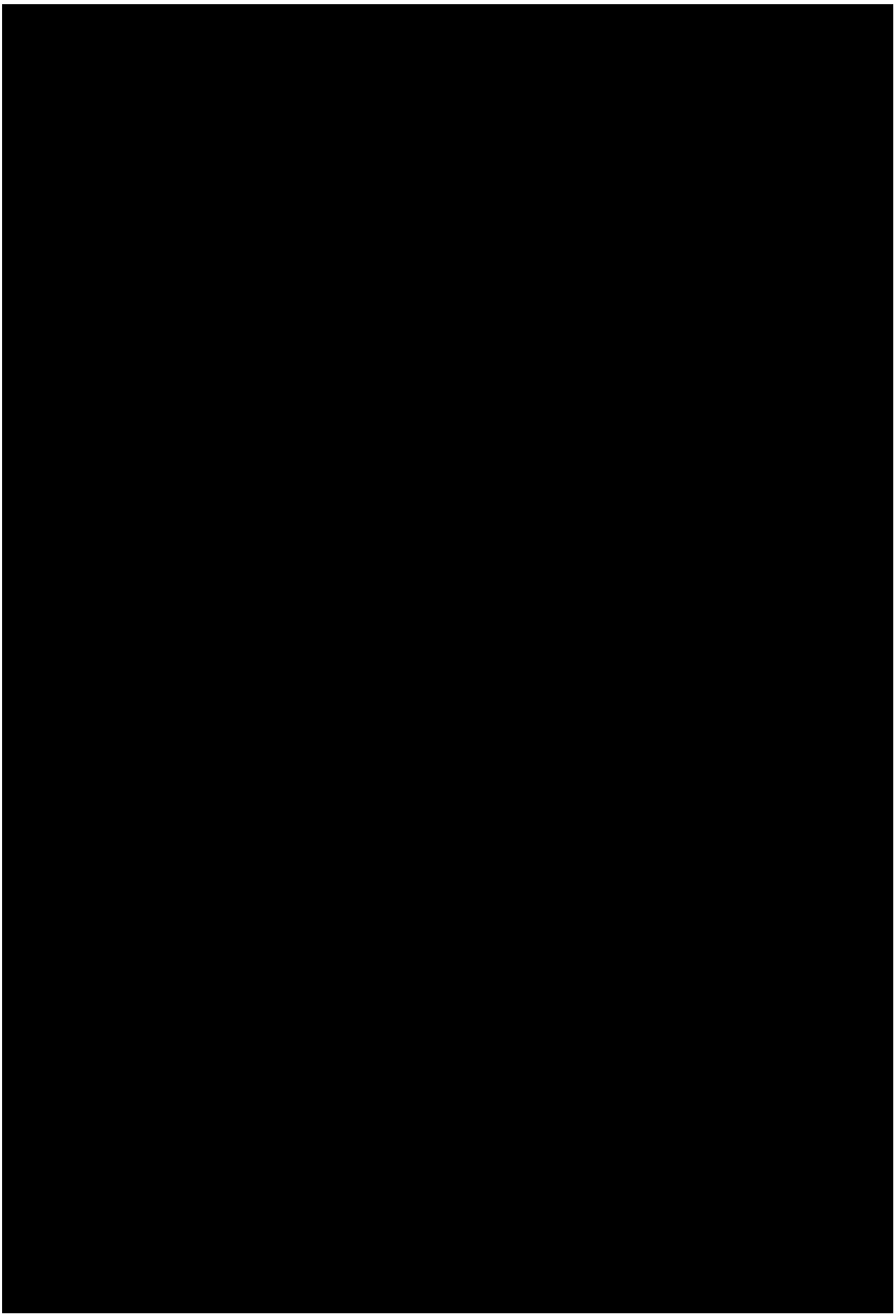


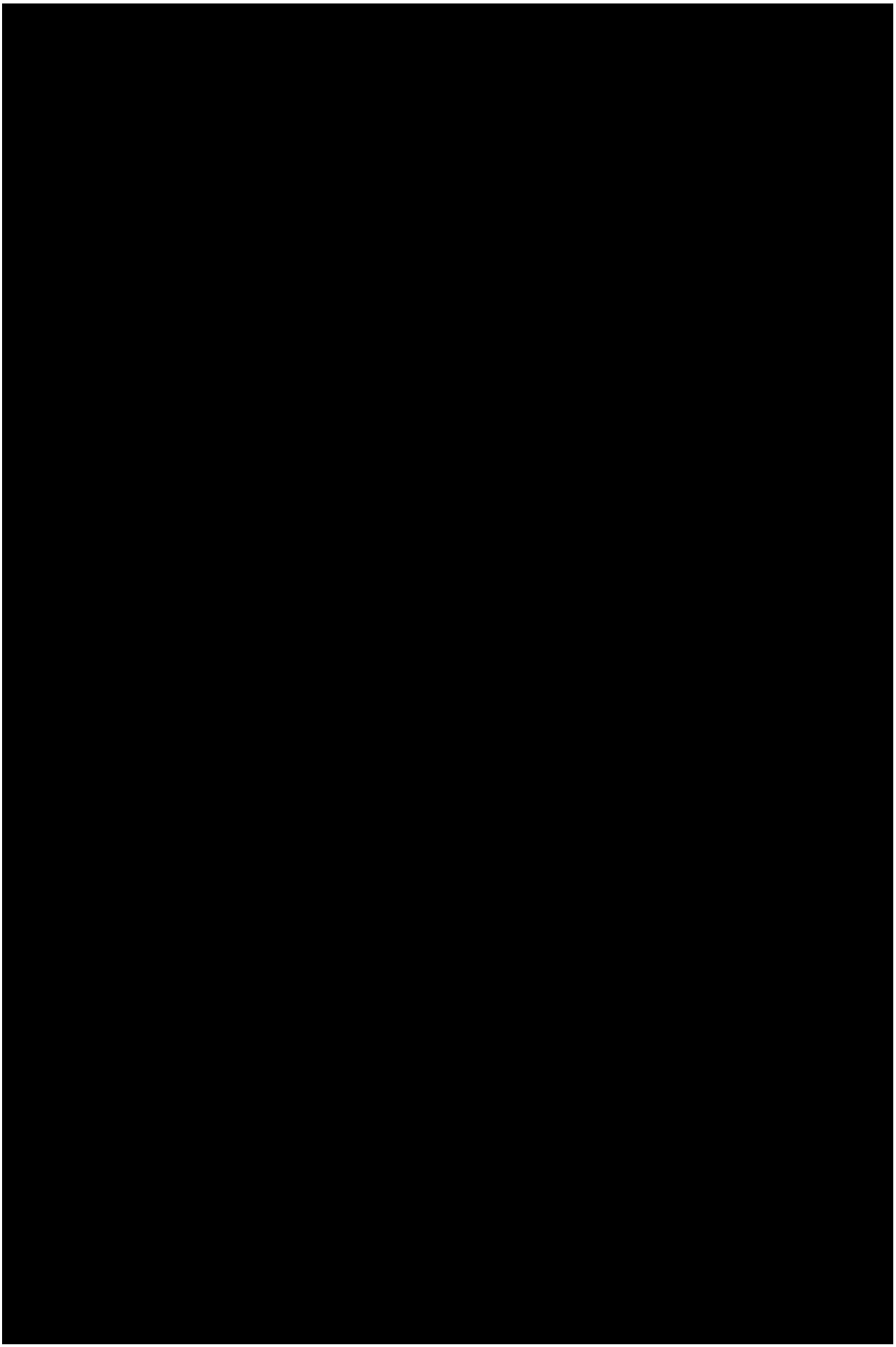


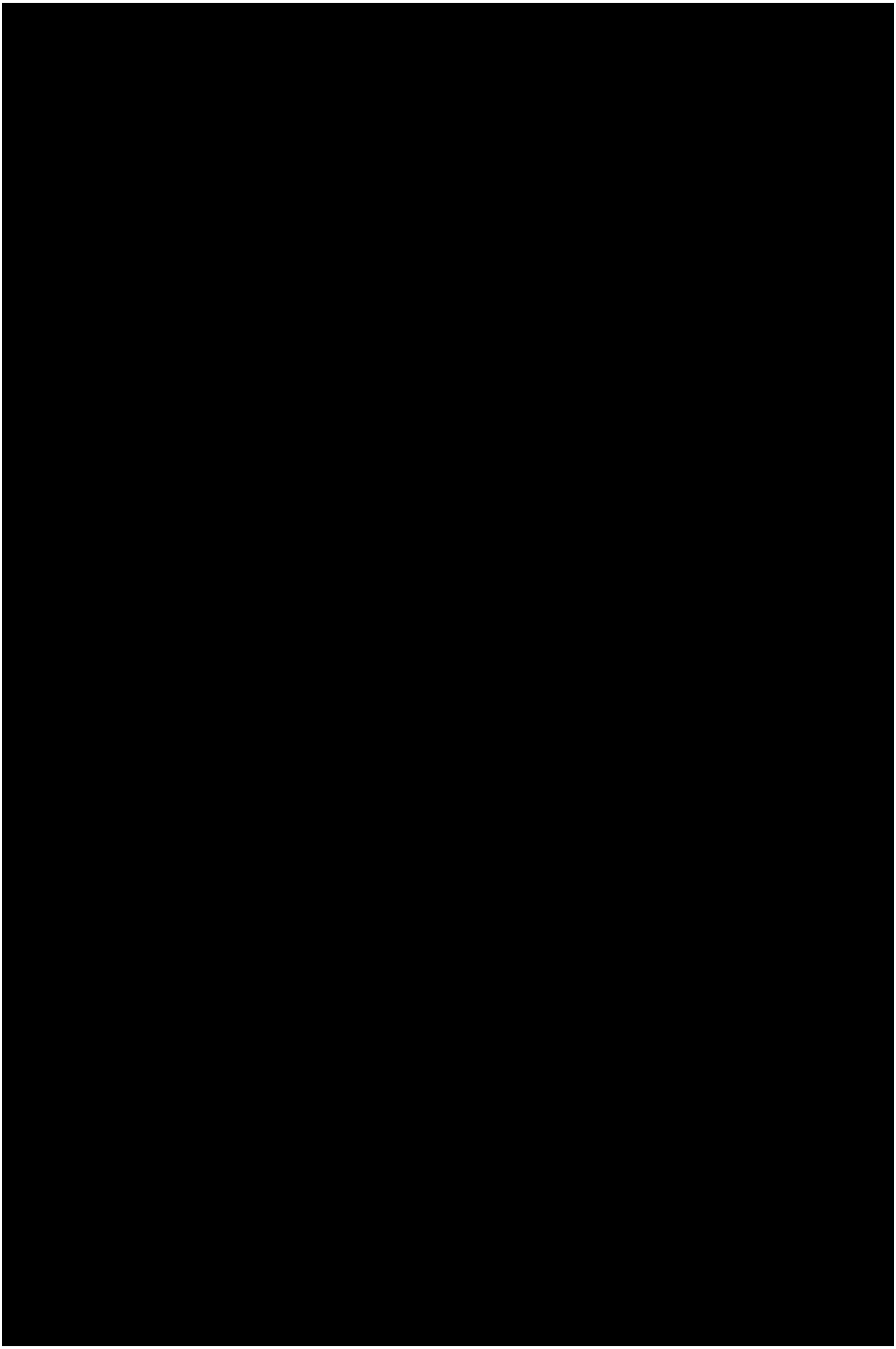


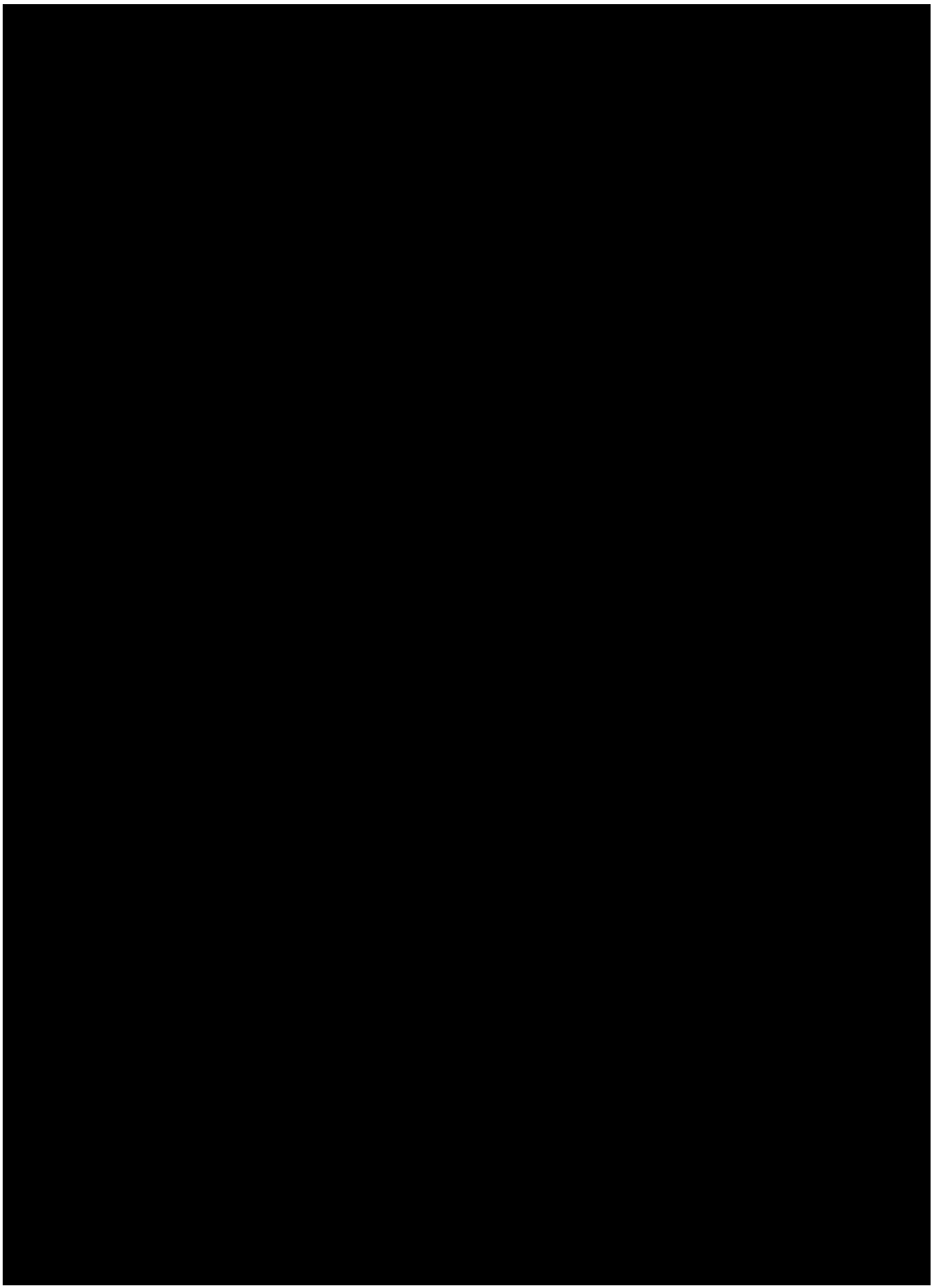












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Part C: Case study.....243-270