

**TREMBLING WITH THE OTHER: HOW EMPATHY IS CONSTRUCTED BY
THERAPISTS WHO PRACTICE MINDFULNESS**

GUY MILLON

**A thesis submitted in partial fulfilment of the requirements of the
University of the West of England, Bristol for the degree of
Professional Doctorate in Counselling Psychology**

**Department of Health and Social Sciences,
University of the West of England, Bristol**

November 2016

Word count: 29,351

“My heart aches as if it were not mine”

- Fernando Pessoa, *The Book of Disquiet*

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Abstract

Understandings and usages of empathy have long been contested between different schools of the psychoanalytic tradition; empathy has been constructed as a form of projective identification, a means of healing narcissistic injury, and a defence against otherness. As teachings and practices from Buddhism have become increasingly integrated into Western therapeutic approaches, the practice of mindfulness may be informing how therapists experience and make sense of empathy. In exploring how mindfulness practitioners construct the process of empathy within the therapeutic relationship, this study aims to address some of the gaps in current understanding. 14 therapists who practiced mindfulness were interviewed about their empathic experiences, and the data was analysed using a social constructionist grounded theory methodology. The grounded theory constructed from the data suggested two categories involved in the process of empathy: *Defending a fragile self* and *Trembling with the other*. *Defending a fragile self* was constructed as an identification with an empathic ideal and a struggle to remain separate, while *Trembling with the other* was characterised by participants acknowledging their own lack, realising interconnectedness and being willing to meet the unknown. The implications for therapists' practice regarding the therapeutic relationship are discussed, as are some considerations regarding counselling psychology research more generally.

Introduction

Empathy occupies an uneasy place in the theory and practice of psychotherapy. Ensclosed at the heart of some traditions yet rejected by others, the construct of empathy has been both glorified and denigrated; furthermore, different theorists emphasise different aspects of empathy, situating it in the broader context of their particular understandings of human experience. Epistemologically, I see meaning as socially constructed, located in the discourses between people; through considering the subject of empathy from a variety of perspectives within the psychoanalytic tradition I hope to encourage the reader to engage with this critical and contextual exploration rather than accepting any one definition at face value. No doubt some of these perspectives and ways of defining empathy will appeal more or less than others, and I hope that this in itself will prove illustrative of how thinking about empathy has the capacity to arouse strong responses of many kinds.

In reviewing the extensive literature on empathy I have chosen to focus on psychoanalytic theory, excluding many contributions from other psychotherapeutic traditions. Empathy is one of the cornerstones of the humanistic school (e.g. Rogers, 1961), and yet I've chosen not to draw from this approach here. As the field of theory and research on empathy is so extensive, a degree of focus is required. I speak of psychoanalysis because it speaks to me; my own clinical work and interests are largely rooted in psychoanalytic theory. I wanted to offer a well-rounded and informed review of the conflicts surrounding empathy in this one particularly rich tradition and to be able to explore to a reasonable degree of depth its complex positions and theories. Taking a broader perspective to include other therapeutic approaches would have diluted my capacity to do this.

Empathy has been constructed in very different ways since Freud's (1921/1955) use of the word *Einfühlung* to indicate the therapeutic stance necessary for coming into relationship with another mind. The British object-relations school conceptualised empathy as a form of projective identification (e.g. Hinshelwood, 1989): a projecting of the self into the other, which in its original manifestation was thought to be one of the most regressive and dangerous forms of defence. Kohut (1984), father of the American school of self psychology, advocated an empathic stance in therapists as the means to heal early experiences of empathic failure. However, for the post-structural French psychoanalyst Lacan (1955/2006), empathy was a vicious "connivance" (p.282) that threatened to sabotage the therapy. More recently relational psychoanalysts have constructed empathy as an intersubjective process (Agosta, 1984) in which the unique contribution of the therapist is acknowledged and thought about.

As noted by Grant and Harari (2011), many important psychoanalytic figures did not explicitly theorise about empathy, instead choosing to formulate related concepts, such as reverie, the processing of the patient's difficult experiences (Bion, 1962); mirroring, the reflecting of the patient back to themselves (Winnicott, 1971); and countertransference, the patient's unconscious communications (e.g. Heimann, 1950). These therapeutic concepts further developed the construct of empathy, offering therapists new ways of making sense of their relationships with their clients.

Empathy has featured significantly in quantitative studies on the therapeutic relationship (e.g. Lambert & Barley, 2001) and neuroscientific research has identified brain regions associated with empathy (e.g. Gallese, Fadiga, Fogassi, & Rizzolatti, 1996). There is however a gap in the literature regarding in-depth qualitative explorations of the empathic experiences of therapists and how they construct the process of empathy.

Buddhist teachings and practices introduced to the West (e.g. Hanh, 1975; Suzuki, 1970) have developed into the movement of mindfulness that has increasingly been integrated into psychological therapy (e.g. Kabat-Zinn, 1990). Mindfulness is rooted in teachings and practices which emphasise ethical action and the cultivation of wisdom and compassion (M. Batchelor, 1999). Mindful awareness imbued with profound doubt and enquiry encourages an engagement with what cannot be known, fostering an empathy that is a “trembling along with” the other (Keown, 2003, p.15). While several quantitative studies have made claims that practicing mindfulness results in an increase in empathy (e.g. Shapiro, Schwartz, & Bonner, 1998), qualitative explorations are relatively lacking.

While psychoanalysis has been instrumental in developing understandings of how the self gets constructed (e.g. Kohut, 1984), mindfulness is infused with the Buddhist perception that the self is an illusion responsible for all suffering (Rahula, 1959). The interaction between these two traditions offers the opportunity for new constructions of empathy to develop.

There is at present a gap in the literature in terms of qualitative explorations of therapists’ constructions of empathy, and more specifically the constructions of therapists with a mindfulness practice. This study aims to address these gaps by looking at how mindfulness practitioners construct the process of empathy within the therapeutic relationship. I hope that this exploration will create new opportunities to make sense of empathy and in doing so challenge the dominant discourses around what it means to empathise.

Literature Review

Psychoanalytic constructions of empathy

Freud used the word *Einfühlung*, which was translated in some instances by Strachey as “sympathetic understanding” (Freud, 1913/1962, p.140), and in others as “empathy” (Freud 1921/1955, p.110) to indicate the non-moralising attitude that plays “the largest part in our understanding of what is inherently foreign to our ego in other people” (Freud 1921/1955, p.66). Although it was not a subject on which he wrote prolifically, Freud (1921/1955) attempted to formulate *Einfühlung* as a meaningful concept with his suggestion that, “A path leads from identification by way of imitation to empathy, that is, to the comprehension of the mechanism by means of which we are enabled to take up any attitude at all towards another mental life” (p.110). This construction emphasises the role of identification in the process of attempting to understand, or even form any kind of relationship, with the experience of another person.

The idea of empathy as an identification with the other was taken up in different ways by Freud’s followers. Melanie Klein (1952) developed the concept of projective identification to describe a primitive defence mechanism whereby the individual splits off “bad” and “good” aspects of their experience while at the same time attributing those qualities to other people in their life. Projective identification is a powerful concept for understanding the communications that develop in therapy, and provides a mechanism through which the self is experienced in the other. However, this may not be solely relevant to states of infantile regression, and indeed Klein (1955/1997) went on to say that “the projective mechanism underlying empathy is familiar in everyday life” (p.142). This suggests that empathy is possible through projecting a part of the self into another, in order to understand their inner experience as if from within. Building on

Klein's ideas, Hinshelwood (1989) posits that loving relationships can transform the defence mechanism of projective identification into a benign form. Torres de Beà (1989) goes as far as stating that projective identification is the single most important mechanism in all human interaction, from the disturbed and pathological to the healthy and empathic.

Psychoanalysts Wilfred Bion and Donald Winnicott also introduced radical ideas that have influenced understandings of empathy. Bion (1959/1988) argued that split-off and projected fragments of the infant's experience must be received and contained by a mother who is resilient enough to survive this process without being overly damaged. Reverie was Bion's (1962) term for the mother's process of taking in and making sense of their infant's projective identifications. This differs from traditional concepts of empathy, in that the mother does not so much feel what the infant is feeling, but instead is open to receiving and tolerating that which the infant experiences as overwhelmingly toxic. Thus it was surviving the impact of the infant's projective identifications that Bion believed to be crucial in mothering, and by extension, therapy. Winnicott (1971) also emphasised the mother's role in their infant's psychic development through his concept of the "good-enough mother" (p.10): the mother that reflects the infant back to themselves, rather than just conveying their own mood. This mirroring results in the infant's projective identifications gradually decreasing in intensity as the infant matures and develops the capacity to meet their own needs for mirroring. Winnicott suggested that when the mother is able to generally satisfy her infant's needs in this way, the infant will develop a sense of a real self. If the mother is unable to provide their infant with adequate acknowledgement and validation, Winnicott (1960) suggested that a "false self" (p.148) would develop. This might be organised, for example, around a sense of specialness based on achievement, or in other cases, through symbiotically merging with the other (Johnson, 1994).

The concept of countertransference is also linked to psychoanalytic understandings of empathy. Originally conceived of by Freud (1910/1957) as a dangerous manifestation of the therapist's unresolved conflicts that get triggered by the transference, countertransference in contemporary relational psychotherapy is now generally understood to be a universal phenomenon that is co-constructed in the therapeutic relationship by both therapist and client (Mitchell, 1993). At any given time a therapist might feel hate, envy, fear, boredom or any other emotion in relation to their client; this response can be understood at least in part as an unconscious communication from the client. Through the therapist's awareness and processing of this countertransference response, the client can become more aware of their own relational patterns that might be causing them suffering (e.g. Heimann, 1950; Racker, 1957). Tansey and Burke (1989) express this through their assertion that "empathy is the outcome of a radically, mutual interactive process between patient and therapist" (p.195) whereby the therapist's role is to process the countertransference responses that get evoked in the therapeutic relationship.

Heinz Kohut's self psychology (e.g. 1984) placed a great deal of importance on the therapist's capacity to communicate their empathic understanding to the patient in an experience-near manner; he argued that empathy is the means through which a therapist could come to know their patient's unmet developmental needs. Kohut (1984) defined empathy as "The capacity to think and feel oneself into the inner life of another person" (p.78), which he suggested was key in treating patients with narcissistic issues. This was a controversial position to take in the contemporary psychoanalytic landscape, stimulating vociferous challenges (e.g. Brenner, 1968). Kohut formulated a series of narcissistic needs (1984) which he argued must be met for the child to develop a stable sense of self. These included the need to feel understood and valued by the parent, and the need to believe that the parent is powerful, good and wise. Kohut argued that if these

childhood needs went unmet, they could exert powerful unconscious effects on the person, causing them problems in future relationships. Kohut found that these needs would surface in the therapeutic relationship through the emergence of the mirroring transference and the idealising transference, in which the patient sees the therapist as someone capable of valuing them for who they are, or as someone who can be looked up to. In this way the therapist becomes a “self-object” (Kohut, 1971/2009, p.25), an external person that serves an essential role in maintaining the patient’s functioning sense of self. Kohut (1984) argued that the therapist’s empathy provides the patient with the way of healing wounds from early experiences of not being understood or validated by their parents. The therapist takes the role of empathically interpreting the patient’s self-object needs within the context of the patient’s relational history, without attempting to disinvest the patient of their transference attachment. Kohut (1971/2009) also emphasised the importance of the therapist’s empathic failures; as long as the failure was not catastrophic it could serve as an “optimal frustration” (p.49), a disappointment sufficiently tolerable as to offer the patient the opportunity to provide the empathy they need by and for themselves. Kohut (1971/2009) termed this process a “transmuting internalisation” (p.74), an assimilation of the therapist’s empathic presence, which was what he argued helped the patient to develop a cohesive sense of self.

Building on the work of Kohut and the British object-relations school, relational psychoanalysts such as Merton Gill (e.g. 1984) and Stephen Mitchell (e.g. 1988) sought to emphasise the intersubjective nature of human interaction and to acknowledge the therapist’s unique contribution to the process of therapy. Psychoanalysis has steadily moved towards a two-person psychology (e.g. Balint, 1950; Spezzano, 1996), which like Sullivan’s (1953) construction of the participant-observer, highlights that no matter how much neutrality might be sought, it is inevitable that the therapist’s conscious

choices, intentions, beliefs and unconscious processes profoundly affect the work of therapy. This suggestion that therapists and their clients are not individuals but rather parts of an interdependent whole has important implications for how empathy is to be understood, emphasising interpersonal processes and a co-creation of meaning. Ogden (1994) writes that “From the point of view of the interdependence of subject and object, the analytic task involves an attempt to describe as fully as possible the specific nature of the experience of the interplay of individual subjectivity and intersubjectivity” (p.4). Ogden refers to this position of considering the interplay between subjectivity and intersubjectivity as a profoundly creative “analytic third” (p.3): a subject that takes on a life of its own in relation to the individual therapist and patient.

In many ways empathy can be seen as the foundation of intersubjectivity, in that it is through empathy that the experience of being in relationship can be apprehended (Agosta, 1984). This places empathy in a prominent position as the faculty for understanding the complex interweaving of the client’s subjectivity with that of the therapist. Relational psychotherapist Michael Kahn (1997) suggests that empathy is most therapeutic when it is held in a particular way; “when the therapist can maintain or achieve an optimal distance from the feeling... that provides a felt understanding of the client but does not overwhelm the therapist” (p.139). This suggests a process of balancing between being too close to or too distant from the other’s experience, rather than simply observing from a supposedly neutral or objective perspective as might be advocated by a classically trained psychoanalyst.

The Lacanian critique of empathy

While the construct of empathy has been theorised and its importance emphasised to varying degrees in different psychoanalytic traditions, in other quarters it has been more

radically challenged. French psychoanalyst Jacques Lacan (1949/2006) suggested that the need for empathy has its origins in a particular stage of infancy, which he referred to as the mirror phase. Lacan argued that the infant is confronted with a painful and chaotic experience of its own un-coordinated and fragmented bodily experience; in response to this, the infant develops a sense of self through seeing its own reflected image, either through a looking glass or in the imitations of caregivers or peers, thus gaining a degree of control over their body. For Lacan, empathy involved seeing the self reflected in the other; identifying with the mirror image enables a denial of the bodily experience of fragmentation and lack. This intangible sense of lack, of there being something missing, was for Lacan (1954-1955/1991) the source of all human desire. Lacan (1949/2006) argued that empathy was an identification based on illusion which could only perpetuate a sense of alienation. This suggests that any attempt by the therapist to offer empathy to the patient will only alienate them further from themselves and their surroundings. Lacan (1955/2006) suggested that a therapist attempting to provide their patient with empathy was engaging in a form of “connivance” (p.282): a refusal to acknowledge the otherness of the patient, which Lacan argued inexcusably undermined the analytic process. Parker (2003), a Lacanian analyst, asserts that “The attainment of empathy serves to sabotage what is most radical about psychoanalysis, for the sense that one has empathised with another serves to make them the same as oneself... Against this reduction to the level of ‘imaginary’ identification, the task of the Lacanian psychoanalyst is ‘to obtain absolute difference’” (p.58). Some Lacanians (e.g. Safouan, 1980) went so far as to suggest that through empathy the analyst is actually gazing upon their own self-image as reflected back to them through their patient.

In opposition to the “connivance” of empathy, Lacan presented a therapeutic approach which emphasised the importance of language. Lacan (1955-56/2006) argued that the function of language is to introduce a symbolic order to a person’s experience;

this provides a structure to organise every aspect of a person's experience of themselves and their world, a process which is largely unconscious. In carefully attending to the patient's speech as a way of understanding their unconscious desires, Lacan argued that therapy can help the patient to find a meaningful place for themselves within the world. Emphasising the symbolic over the imaginary, language over empathy, was one of Lacan's most significant contributions to psychoanalysis, warning us to be sceptical of identifying with our patients and urging us to really listen to their discourse.

Research findings on empathy

While observations from clinical practice form the bulk of psychoanalytic enquiries into empathy, most psychological research has approached empathy using quantitative methods. Much of the quantitative research evidence has focused on exploring empathy as a mechanism of therapeutic change. The therapeutic relationship, of which empathy is a part, has been constructed as the common factor in all psychotherapy treatments and the one most capable of predicting client outcome (e.g. Lambert & Barley, 2001). Much of the research on empathy attempts to quantify what impact therapist empathy has on client outcome. For example, in a meta-analysis of 47 studies, Bohart, Elliott, Greenberg, and Watson (2002) found that measures of therapist empathy were positively correlated with measures of client outcome, a result that was broadly supported by a more recent meta-analysis (Elliott, Watson, Bohart, & Greenberg, 2011). Most of the studies included in these meta-analyses used measurement scales that claim to quantify empathy; for example, the Barrett-Lennard Relationship Inventory empathy scale (Hill, Nutt, & Jackson, 1994) is a client-rated measure of therapist empathy, developed in accord with person-centred understandings of empathy. Neuroscientific research over the past two decades has focused on establishing a neurological basis for empathy; the "mirror neuron circuit" (Gallese et al., 1996) has been identified as a

potential set of brain areas responsible for co-coordinating a process of simulating the experience of another, with supporting evidence coming from studies using methods of fMRI (e.g. Wicker et al., 2003) and TMS (e.g. Pascual-Leone, Walsh, & Rothwell, 2000).

Research on empathy is a vast field, and I have had to be very selective over my choice of what to include in my review of the literature. I have chosen not to devote significant attention to the considerable body of quantitative research on empathy, because this section of the literature seems to have little to say about how empathy is subjectively experienced and understood. In addition, it is underpinned by positivist assumptions which are at odds with the principles of counselling psychology (e.g. Cooper, 2009) and which I largely reject. Hoffman (2009) suggests that much of evidence-based practice is unjustified epistemologically, as it fails to acknowledge the uniqueness of the encounter between specific individuals, and in doing so stunts creativity in the psychoanalytic profession. Likewise, Cushman and Gilford (2000) argue that research undertaken in order to build an evidence base is filled with “abhorrence of ambiguity, complexity, uncertainty, perplexity, mystery, imperfection, and individual variation in treatment” (p.993). Warren (2012) laments that the positivist attempt to eliminate the subjectivity of both researcher and participant is prized above other epistemological stances in the current socio-political climate, but reminds us that practically every major step forward in psychoanalytic practice has come from clinical observations, case studies and intellectual discourse rather than quantitative research. He goes on to suggest that “It is precisely this complex, elaborate, and also highly subjective and unique web of interconnected contexts that enables us to know what we know within the psychoanalytic situation” (p.136). Furthermore, as it is through subjectivity that all psychoanalytic understanding has been constructed, it is nonsensical to discard this perspective as irrelevant or unscientific. Warren argues that there is a

fundamental misunderstanding in the attempt to quantitatively measure meaningful dimensions of human experience in the context of a medical model that assumes the aim of psychotherapy is symptom reduction. This approach ignores specific factors to the individual such as their particular history and immersion in language and culture. The use of measurement scales (e.g. Hill et al., 1994) and neuroscientific methods (e.g. Wicker et al., 2003) in empathy research strike me as a defence against ambiguity, and an attempt to eliminate the uniqueness of the therapeutic relationship while ignoring the context in which that relationship takes place.

Qualitative research on how empathy is constructed or experienced by therapists is scarce. In a phenomenological study of medical students' understandings of empathy, Tavakol, Dennick, and Tavakol (2012) constructed the following themes: trying to imagine the other's experience without losing objectivity; being willing to communicate empathy to the patient; believing that empathy is innate; and a gradual shifting to a more intellectual rather than affective form of empathy due to work pressures. Using a variation of interpretative phenomenological analysis to explore empathy via psychological type theory, Churchill and Bayne (2001) found that counsellors who fit into different categories of psychological types understood empathy in different ways. For example, counsellors of a "feeling type" were more likely to talk about empathy in terms of their own emotions than counsellors of a "thinking type" who seemed to construct empathy as more about summarising the content of the client's communications. Myers and White (2012) used content analysis to draw parallels between empathy in the therapeutic relationship and musicians' relationships with each other. Through interviewing professional musicians, the authors constructed themes of striking a chord, staying in tune and making music. They likened these themes respectively to various aspects of therapy: forming an empathic connection, maintaining a working relationship, and the therapeutic process of having intimate and spiritual

experiences of a transformative nature. Clearly there is a major gap in the literature regarding in-depth explorations of the empathic experiences of therapists, an interesting point to note in comparison to the extensive quantitative “evidence base”.

Mindfulness and empathy

Freud (1930/1961) was sceptical about practices derived from Eastern religion, describing meditation experiences as “the oceanic feeling” and a “limitless narcissism” (p.72). This suggestion that meditation cultivates an infantile fantasy of merging has been taken up and challenged in subsequent years as Buddhist texts became translated into English, and Western travellers to the East started bringing their experiences of meditation training back to their homelands. Of all Buddhist teaching, it is mindfulness that has most fully taken root in the West, coming to be defined as “Paying attention in a particular way: on purpose, in the present and non-judgmentally” (Kabat-Zinn, 1994, p.4). Originally outlined in the *sutta* entitled “The Foundations of Mindfulness” (*Majjhima Nikāya* 10: *Satipaṭṭhāna-sutta*), the Buddha gives instruction to his *Bhikkhus*, or monks, on the practice of mindfulness: finding a quiet place, sitting down with the legs crossed and the back straight, and bringing mindful awareness to the experience of breathing. He advises this practice as a way of observing the activities of the body and mind, and how the nature of this activity is to arise and cease. Through bringing awareness to the ongoing flux of thought and sensation, the Buddha reflects that this practice cultivates awareness of impermanence: an embodied understanding that we all age, get sick and die. This is perhaps considered to be at the heart of mindfulness practice.

Mindfulness is now often practiced in a secular form that can have applications outside a religious context (e.g. S. Batchelor, 1997), while attempting to retain an

underpinning of awareness and insight into the true nature of reality (Gunaratana, 2002). Interest in mindfulness as a therapy is increasing rapidly, with new approaches emerging that are either directly based on its practices (e.g. Mindfulness-Based Stress Reduction [MBSR], Kabat-Zinn, 1990); or informed by its philosophy and precepts (e.g. Acceptance and Commitment Therapy, Hayes & Smith, 2005). Research on MBSR in particular (e.g. Baer, 2003) has led to its becoming increasingly perceived as an “evidence-based” therapy in Western society. This has resulted in the promotion of mindfulness as a treatment for certain symptoms or diagnoses, and an attempt to measure change using outcome measures: an approach that has its critics (e.g. Moss, Waugh & Barnes, 2008; Bazzano, 2015). Mindfulness is also an integral part of several psychotherapy trainings, including Core-Process (Sills, 2009) and Hakomi (Kurtz, 1990) psychotherapies. Various psychotherapists from different traditions have written about their attempts to bring together and integrate Western psychotherapeutic concepts and practices with those from Buddhism (e.g. Epstein, 1995; Welwood, 2000).

It is important to acknowledge the inextricable intertwining of empathy and ethical action in the context of Buddhism. Indeed, some of the Buddha’s teaching as documented in the Pali canon uses empathy as the foundation for ethical behaviour: “All tremble at violence; all fear death. *Putting oneself in the place of another*, one should not kill nor cause another to kill.” (*The Dhammapada* 10:129, emphasis added). The Buddhist ethic is rooted less in morality, the judgement of right and wrong, and more in terms of acting with the intention of reducing suffering for self and others through wisdom and compassion (M. Batchelor, 1999).

Ethics in Buddhist practice can be cultivated in different ways. One method is through adhering to and internalising a set of precepts or guidelines, such as refraining from causing harm through action or speech (e.g. M. Batchelor, 1999). These precepts may be taken by monks or laypeople, and are usually established not just in Buddhist

temples or monasteries but also in retreat centres in the West. Another approach is to incline the mind and body towards states associated with ethical action. In this case, the *Brahma-vihāras*, sometimes translated as the four Sublime States (Rahula, 1959), might be used as objects of meditation with the aim of cultivating empathy (Morgan & Morgan, 2005). These four states are *mettā*, the extension of unlimited and universal loving-kindness, *karunā*, compassion for all living beings who suffer, *muditā*, sympathetic joy in the success, happiness and wellbeing of others, and *upekkhā*, equanimity in the face of whatever may arise (Rahula, 1959). Bien (2008) explores each of these in terms of their relevance to the therapeutic relationship, arguing that the cultivation of the *Brahma-vihāras* can be an approach to developing therapeutic presence. For example, he suggests that the quality of equanimity can help the therapist empathise with the client without becoming overwhelmed.

The Pali word *anukampa* is often loosely translated as empathy, and more specifically as a “trembling along with” the experience of the other (Keown, 2003, p.15). It is this empathy that is stated in the Pali Canon to be the Buddha’s motivation in deciding to offer his teaching to the world (*Aṅguttara Nikāya* 1). This empathic trembling is linked with an attitude of enquiry and a cultivation of doubt. In his book ‘The Faith to Doubt’, former monk in the Korean Zen tradition Stephen Batchelor (1990) asserts that “The way of the Buddha is a living response to a living question” (p.3). Rather than providing a coherent and articulate answer, Batchelor argues that meditation necessitates engagement with profound existential doubt, and that to shirk this through adhering to dogma is to miss out on opportunities for insight. This speaks to the traditional Zen maxim, as quoted in M. Batchelor (1999, p.16):

“Great doubt: great awakening.

Little doubt: little awakening.

No doubt: no awakening.”

S. Batchelor (1990) makes the distinction between questioning in a calculative manner, which uses techniques to achieve a desired outcome or solve a problem, and a meditative approach to questioning, which is characterised by waiting and listening without expectation “in the simplicity of unknowing” (p.49). Batchelor describes his years in a Korean monastery practicing with the *koan*, “What is this?” as a way of getting in touch with profound existential doubt. He emphasises that it is not the words of the question that are particularly important, but rather the physical sense of perplexity that they induce. Batchelor articulates an inextricable involvement in life, in which the distinction between the questioner and the question is lost, and a sense of interconnectedness pervades. This is akin to Zen master Shunryu Suzuki’s (1970) assertion that “In the beginner’s mind there are many possibilities, but in the expert’s mind there are few” (p.21). Such an attitude of openness towards the unknown suggests that meditation practice would cultivate an empathy founded on doubt and mystery.

Research findings on mindfulness and empathy

The majority of research on mindfulness and empathy has used quantitative methods, and is largely rooted in positivist assumptions, limiting its relevance for this study.

However, I mention some briefly, as while I may disagree with the epistemological premises on which these studies rest, they generated ideas that led to the development of this piece of research.

In a quantitative study, medical students who participated in an eight-week MBSR course self-reported an increase in empathy that was statistically greater than that of a control group (Shapiro et al., 1998). Similarly, a within-subjects study conducted by Lesh (1970) suggested that a four-week training in Zen meditation increased empathy in counselling psychology students, and that participants with initially low capacities for empathy attained the greatest gains. Studies conducted by Paul Ekman (reported in Goleman, 2003) suggest that Buddhist monks are significantly more accurate in detecting small changes in facial expressions of emotion than many other groups considered to be expert at emotion detection (including secret service agents).

In a book chapter entitled ‘Meditation for Cultivating Empathy’, Shapiro and Izett (2008) propose three potential mechanisms through which mindfulness might cultivate empathy. Firstly, that mindfulness has been shown to reduce stress which otherwise has a detrimental impact on empathy (Galantino, Baime, Maguire, Szapary, & Farrar, 2005); secondly, that mindfulness increases self-compassion (Shapiro, Brown, & Biegel, 2007) which is associated with increased compassion for others; and thirdly, that mindfulness develops the capacity for shifting from one’s own perspective to take the perspective of another (Shapiro, Carlson, Astin, & Freedman, 2006).

Several qualitative studies have explored the link between mindfulness and empathy. In a grounded theory study, Bihari and Mullan (2014) interviewed individuals with a history of depression who had participated in an eight-week Mindfulness-Based Cognitive Therapy (MBCT) group. Findings suggested that following the group, participants experienced an increased tendency to “be with” rather than fix other people in distress. In a thematic analysis study, Hopkins and Proeve (2013) found that after undergoing training in mindfulness, trainee psychologists described a lessening of performance anxiety, a greater awareness of their own responses and an enhanced

capacity to communicate empathy towards their clients. In a mixed-methods study, Keane (2014) found that qualified therapists with an existing meditation practice believed that mindfulness cultivated their awareness, enabling them to meet their clients at greater depth. McCollum and Gehart (2010) used thematic analysis to analyse the diaries of trainee therapists over the period of time that they were being taught to practice mindfulness. Among other findings, they noted that participants brought together an awareness of their own inner experiences and an awareness of the client's process, without becoming merged or overwhelmed. Cigolla and Brown (2011) used interpretative phenomenological analysis in a study exploring the experiences of therapists with a meditation practice. The researchers noted that these participants constructed mindfulness as a way of being that was characterised by awareness of relational processes, and a tolerance of the unknown and the distress of the client. In a study using grounded theory methods, Millon and Halewood (2015) explored the countertransference experiences of psychotherapists who engaged in a personal mindfulness practice. Findings indicated that participants believed meditation cultivated their capacity to let go of their own preoccupations and insecurities, and empathically enter into the world of another. Participants believed they were increasingly able to tolerate difficult countertransference responses, such as anger, fear or boredom, opening up the possibility of using these responses in the service of understanding their clients.

Most of these qualitative studies appear to be underpinned by a positivist epistemology, with some studies claiming to be social constructionist in approach arguably lacking in epistemological coherence (e.g. McCollum & Gehart, 2010). These studies appear to assume that participants' accounts are objective, and thus claim that practicing mindfulness builds empathy. I would argue rather that these accounts must be read and interpreted as attempts to make meaning within a particular set of social conditions. To use these accounts merely to bolster the positivist assumptions that

empathy or illness can be measured is to squander something very valuable: the opportunity to understand how a person with a mindfulness practice constructs (or deconstructs) their experience of empathy.

Constructions and deconstructions of self in psychoanalysis and mindfulness

Exploring different ways of relating to the self is important in understanding how psychoanalysis and Buddhism construct the experience of empathy, challenging us to question where empathy gets located: in the individual, in the relationship between self and other, or as part of something else completely. Most psychoanalytic constructions of empathy seem to be rooted in the underlying assumption that there is a valid and enduring distinction between self and other (Orange, 2002). For example, the object-relations perspective that empathy is a form of projective identification (e.g. Hinshelwood, 1989) suggests that the self is projected into the other, while self-psychology is predicated on the idea of a self with needs for empathy that can be met or frustrated (e.g. Kohut, 1984). It is only more recently that the relational school moved away from this in order to focus on empathy as an intersubjective process (e.g. Agosta, 1984). While psychoanalytic thinkers such as Winnicott (1960) have explored how the sense of self gets constructed, Buddhist teachings seek to deconstruct the assumption of a fixed self, suggesting that it is an illusion responsible for all suffering (Rahula, 1959).

Bion (1962) struck a blow to the view of the self as a fixed and separate entity which can engage in various mental processes. He reversed the order, suggesting that it is the mind's capacity to convert raw incoming sense data into thought that results in the emergence of a mind. Bion (1970) used the phrase "thoughts in search of a thinker" (p.105) suggesting that thinking precedes the sense of identity. For Bion, the capacity for thought and the resulting sense of a thinker come from an experience of relationship,

whether mother and infant or therapist and patient. The implication this has on empathy is that the sense of self arises from empathy, rather than the other way around. This seems to align with Kohut's (1971/2009) suggestion that a cohesive self structure develops from the individual internalising the empathic presence of their care-givers.

The assumption of a separation between self and other was notably challenged by Winnicott (1960), who argued that "there is no such thing as an infant" (p.39), meaning that it was impossible to theorise the infant's early object-relations without understanding them as intrinsically linked to the maternal environment. Winnicott (1953) proposed an in-between space that is neither purely psychic, nor purely social. This transitional space is the domain of play and culture, allowing the individual to feel extremes of both hatred and love, and to move from a position of infantile omnipotence to a more mature relatedness in which others can be experienced as separate without entailing catastrophe. Transitional space has relevance when considering empathy, as it points to both the uneasy foundation on which distinctions between self and other are built, and the potential for creativity and transformation in navigating this paradoxical experience of "me" and "not-me".

The experience of *anatta*, commonly translated as no-self (Rahula, 1959), informs much of the self-enquiry that is practiced through Buddhist meditation. Put simply, this is the perception that the concept of a permanent, fixed self is a powerful illusion that is responsible for much of human suffering, and that freedom or awakening occurs through loosening the attachment to this illusory self. Mindfulness meditation is a practice that often results in such a loosening, through identifying less with the continuous flow of thoughts, feelings and bodily sensation that pass through consciousness (Rosenbaum, 2009). This encourages the mediator to enquire deeply into the experience of a self-construct, questioning any belief in an "I" associated with one's pains or joys. The 13th Century Japanese Zen Buddhist teacher Dogen elegantly

expresses the transformation that comes from letting go of this illusory self (as quoted in M. Batchelor, 1999, p.12):

“The way of the Buddha

Is to know yourself,

To know yourself

Is to forget yourself,

To forget yourself

Is to be enlightened by all things.”

Essentially, relinquishing the self-construct is to realise that the individual, others and the world are interdependent and that the true nature of experience is emptiness and impermanence (Rahula, 1959). This may have implications for how empathy is constructed, suggesting that, on inspection, the self that empathises may be revealed to be nothing but an illusion. Writing about this illusory self-construct, Buddhist psychotherapist Mark Epstein (1995) suggests that “Self, it turns out, is a metaphor for a process that we do not understand, a metaphor for that which knows” (p.154). Epstein suggests that true freedom comes from letting go of the narcissistic thirst for an enduring self: a thinker behind the thoughts.

Epstein (1995) links this practice of enquiring into the nature of self with Winnicott’s idea of transitional space (1953), suggesting that meditation cultivates a space that is in-between the subjective sense of the individual and the understanding of others existing with their own subjectivities. Meditation, he argues, builds the capacity to simultaneously experience the “me” and the “not-me”, a comfort in both separateness

and connection. This idea of residing in transitional space means a loosening of one's identification with experience, a relinquishing of a firm boundary between self and other. With the perception of no-self comes a deep realisation of interconnectedness. If every being is dependent on an infinite number of other manifestations of life, and the self is simply an "unfolding narrative" (S. Batchelor, 1997, p.82) that emerges from this matrix of conditions, empathy becomes the only reasonable response. As Bien (2008) writes, "The practice of compassion is like the right hand taking care of the injured left hand: it is not a morally superior action, but simply the appropriate thing to do given the underlying unity of the body" (p.53).

The present study

In recent years mindfulness practice has increasingly been integrated with psychological therapy (e.g. Kabat-Zinn, 1990; Sills, 2009); as of yet we do not know how such a practice informs the way in which empathy is experienced and understood within the therapeutic relationship. In exploring how therapists with a mindfulness practice construct the process of empathy, this study aims to address some of these gaps in understanding, while undoubtedly raising further questions.

Methodology

Design

This is a qualitative study which utilises a social constructionist grounded theory methodology (Charmaz, 2006) and unstructured interviews to explore how therapists who practice mindfulness meditation construct the process of empathy within the therapeutic relationship.

Rationale for qualitative methodology

A qualitative methodology was chosen for this study in order to explore in-depth the subtleties of meaning and perspective (Willig, 2013) of therapists' constructions of empathy in the therapeutic relationship. Qualitative methods offer the researcher flexibility to adapt the research process to fit with the developing constructions between researcher and participant (Charmaz, 2006), which I deemed to be invaluable in responding in the moment to the nuances of participants' experiences. Working qualitatively is more suited to such a process than undertaking a quantitative study with the accompanying need for a-priori hypotheses and the collection of measurable data (Coolican, 2014).

Quantitative research studies have claimed that practicing mindfulness can increase empathy (e.g. Shapiro et al., 1998). However, such claims are rooted in positivist assumptions, such as the belief that it is possible to measure empathy, that empathy means the same thing to different people, and that mindfulness practice can be standardised. I fundamentally disagree with these premises and suggest that a social constructionist epistemological framework is appropriate in exploring the links between empathy and mindfulness to a greater depth. No qualitative research has been published

on how the process of empathy is constructed by therapists who maintain a regular personal practice of mindfulness meditation.

Research on therapy interventions is largely dominated by large-scale randomised-controlled trials, which are often necessary to bring new forms of therapy into mainstream acceptance by healthcare providers (Kendall, Pilling, Whittington, Pettinari, & Burbeck, 2005). These trials, with their positivistic assumptions, focus on outcome measures in order to generalise how effective a particular form of therapy is, and thus to judge the prudence of delivering this therapy on a widespread basis. Outcome-driven quantitative research may be useful in increasing secular confidence in the therapeutic benefits of mindfulness practice, allowing practitioners to introduce mindfulness into contexts where previously it may not have been given a chance. However, it could be argued that this type of research is quite fundamentally at odds with the ethos of mindfulness, which prizes uncertainty (S. Batchelor, 1990) and a non-expert stance (Suzuki, 1970); as Bazzano (2015) suggests, “The teachings of the Buddha are subversive and the mindfulness ‘movement’ makes them palatable at great cost” (p.4). Qualitative methods, on the other hand, tend to invite a focus on process rather than outcome (Coolican, 2014) and mirror the complexities and nuances of the type of enquiry which characterises mindfulness practice.

The epistemology of grounded theory

Symbolic interactionism

Emerging from symbolic interactionism in the field of sociology, grounded theory as originally conceptualised by Glaser and Strauss (1967) was revolutionary in its focus on generating theory from qualitative data. Grounded theory’s foundation is in symbolic interactionism which emphasises the interactive social processes that create shared

meanings throughout groups or communities (Kendall, 1999). The epistemological assumptions underlying these meanings have been challenged by subsequent generations of researchers using grounded theory methods, so that as an approach, grounded theory has been used by researchers with widely differing stances on what knowledge means.

Post-positivism

As concepts such as truth and reality face critical interrogation (Fay, 1985), the post-positivist approach has emerged. Post-positivism acknowledges and adapts the methods of scientific research to falsify, rather than verify, hypotheses and uses more naturalistic settings than traditional positivistic research, while retaining the assumption that epistemological objectivity is possible and to be striven for (Lincoln, Lynham, & Guba, 2011). Lapid (1989) argues that the post-positivist approach is characterised by an emphasis on meta-theoretical paradigms that encompass multi-layered models of knowledge, as opposed to isolated and self-contained theories; a focus on the perspective of the researcher and how assumptions and premises may impact on the process of developing scientific understanding; and a philosophical relativism which challenges embedded criteria for judging knowledge as legitimately scientific or not.

Classic grounded theory is rooted in post-positivistic assumptions about the potential for objective truth which can be discovered by the researcher, leading to theories that represent an underlying reality (Glaser & Strauss, 1967). Traditionally allied with experimental, quantitative methods, grounded theory initially perhaps served as a bridge between more traditional epistemological positions of positivism and positions that value subjective experience and the nuances of shared meanings.

Constructivism and Social Constructionism

More recent versions of grounded theory (Charmaz, 2006) challenge the post-positivistic assumptions embedded within its original form (Glaser & Strauss, 1967), and adopt a constructivist or social constructionist approach. Constructivists argue that meaning is individually and privately constructed through cognitive processes (Rosen, 1996). Social constructionist approaches by contrast emphasise the fundamentally relational way in which meanings are culturally constructed through social processes (Andrews, 2012). This results in a different perspective on where meaning is deemed to be located, as for the constructivists it is within the person and for social constructionists it is within the discourse between people (McNamee, 2004). Social constructionism thus places less value on the individualistic, private experiences of the self in isolation, and more emphasis on the relational processes, which may of course become internalised, as human beings interact with each other in the infinite ways which relationships invite.

Hosking (2011) suggests that her variation on social constructionism, relational constructionism, allows for a “soft” self-other differentiation. This paradigm acknowledges that the self-other distinction is constructed within a particular social context, varying in different cultures and historical periods, locating meaning in relationship, rather than in subject or object. McWilliams (2010) argues that social constructionism is highly compatible with the Buddhist perceptions of no-self and emptiness, as both paradigms refute the assumption that events or individuals have fixed meanings or identities but rather that they arise within a set of relational processes. This resonance between my epistemological stance and the practice I was researching helped generate new ideas and develop my understanding in unexpected directions.

Grounded theory has proved a natural fit with social constructionism, through acknowledging the researcher’s subjectivity in shaping and approaching the data while

exploring in-depth the implicit processes of meaning-making going on in the interaction between researcher and the researched (Charmaz, 2006). The researcher is assumed to have their own creative role in the interpretive process and is encouraged to take a reflexive stance to explore this process.

Post-structuralism

While my epistemological stance was social constructionist, I was also very interested in integrating ideas from post-structural theorists. This was partially because of my wish to challenge dominant discourses in our society that have been criticised for constructing empathy and mindfulness as both part of the medical model which reduces a person to a collection of symptoms (e.g. Bazzano, 2015), and as part of the pursuit of a narcissistic search for personal happiness (e.g. Turnbull & Dawson, 2006). I also felt there was a profound resonance between post-structural ideas of the divided subject (e.g. Barthes, 1985) and Buddhist constructs of emptiness and no-self (e.g. Rahula, 1959), a resonance which contributed to the generation of my theoretical constructions.

Grounded theory can be taken in a post-structural direction (e.g. Clarke, 2005), which emphasises the inescapable subjectivity of meaning, how identity is constructed through discourse, and how dominant discourses in society influence social behaviour and power dynamics (Foucault, 1977). Within this approach, grounded theory has been used with the intention to challenge and deconstruct discourses that maintain oppressive power dynamics, and to give a voice to non-dominant discourses. For example, Licqurish and Seibold (2011) undertook a post-structural grounded theory study in which they interviewed midwifery students about competency, finding that the dominant medical discourse is linked to disciplinary power which maintains the status quo.

Auto-ethnographic research has also been taken in post-structural directions (e.g. Gannon, 2005; Spry, 2001). Gannon (2006) writes of a conflict between humanistic assumptions and post-structural deconstructions of self, suggesting that while “autoethnographic research seems to presume that the subjects can speak (for) themselves, poststructural theories disrupt this presumption and stress the (im)possibilities of writing the self from a fractured and fragmented subject position” (p.475). Post-structural research can be constructed to articulate this multiplicity of selfhood and challenge divisions between subject and object. Barthes (1985) asserts that “The subject that I am is not unified” (p.304), while Foucault (1997) describes writing in order to “shape the self” (p.211); what emerges is the image of a divided and conflicted experience of subjectivity that cannot be constructed through a coherent single narrative.

In his teachings on topology, Lacan (1966/2006) used the Möbius strip as a representation of human subjectivity. A non-orientable topological surface possessing only one face and one edge, this form for Lacan expressed both the internal and the external, the conscious and the unconscious, simultaneously without positioning them as mutually exclusive. Following the strip’s edge always marks a coming back to a place that is the same but different, which Lacan argued expressed the “return of the repressed” (Freud, 1915/1957, p.148), pointing at how the unconscious is intertwined with the conscious rather than existing in some way below. This is particularly relevant in considering empathy, as it offers a new way of understanding the relationship between self and other, something that was also taken up through the notion of intersubjectivity by relational psychoanalysts (e.g. Ogden, 1994). Similarly, the feminist post-structuralist writer Elizabeth Grosz (1994) suggests that subjectivity takes the form of a Möbius strip, through the continual reconfigurations of dichotomous dimensions such as inside and outside, and body and mind. The advantage of this metaphor is that it

is able to suggest that rather than being two separate things, or two manifestations of the same thing, the intersubjective experience may be both and neither of these things at once.

Lacan (1955-56/2006) suggested that lack and desire are intrinsically bound up with the process of language. This meant that for Lacan no mental objects, including his own theories, could escape decay, incompleteness and loss. As Bowie (1991, p.10) writes on his commentary on Lacan's *Family Complexes* (1938), "All productions of the human mind are already marked with the death's head: fading, failing, falling short, falling apart, lapsing and expiring are their native domain". Impermanence and loss are inscribed into any mental object, which transforms psychoanalytic theory itself by suggesting that it can never fully come from a place of rationality or completeness, but is always in a state of flux, sliding towards death.

Post-structuralist writer Hélène Cixous speaks to the divided experience of subjectivity with her assertion that "The origin of the material in writing can only be myself. I is not I, of course, because it is I with the others, coming from the others, putting me in the other's place, giving me the other's eyes" (Cixous & Calle-Gruber, 1997, p.87). Post-structural approaches to research demand a "personal writing that is scandalous, excessive and leaky . . . based in lack and ruin rather than plenitude" (Lather, 2000, p.22). This approach may be extended to use in a grounded theory method in order to both critique oppressive discourses and force the researcher to face their own "lack and ruin" rather than situating it in the participant. These ideas seemed to add to Buddhist suggestions that, on close inspection, the self-construct is found to be illusory (e.g. S. Batchelor, 1997), challenging me to write my work from this position of the divided subject.

Rationale for grounded theory

Various qualitative methods were considered for approaching this research project. Grounded theory was adopted because of its potential to go beyond description and towards theory generation (Glaser & Strauss, 1967). This study is based on social constructionist epistemological assumptions (Charmaz, 2006), with the intention to explore how participants create meaning in their experiences of empathy and how these meanings are embedded in a social context. Although empathy has been constructed in various theoretical traditions, very little of this has been based on qualitative research with a rigorous methodological framework, such as grounded theory. Most existing theories of empathy are not grounded in data gathered from therapy practitioners.

Charmaz (2006) describes the process of entering into her participants' social settings, but also seems to suggest that this might involve an empathic endeavour: "Through our methods, we first aim to see this world as our research participants do: from the inside. Although we cannot claim to replicate their views, we can try to enter their settings and situations to the extent possible" (p.14). This description of the research process is almost identical in nature to Kohut's (1984) definition of empathy as "The capacity to think and feel oneself into the inner life of another person" (p.78). The grounded theory methodology therefore appears to value the process of understanding the experience of another human, which is in accordance with my view of the important role the process of empathy has in the therapeutic relationship.

A parallel may also perhaps be drawn between grounded theory and meditation practice. Glaser (1978) suggests that the first question to ask in a grounded theory approach is, "What's happening here?", in attempting to identify the social processes at work. In the Zen tradition, the *koan* "What is this?" is used to explore the nature of self, experience and reality (S. Batchelor, 1997). Although in their original contexts these questions have different purposes, I found it helpful to hold them both in mind, bringing

a meditative cultivation of doubt and enquiry to my attempts at coding. Thus, the object of study and the methodology adopted had at times a significant overlap.

The choice of using a grounded theory method in this study was also guided by a sense of my own values; I identify my therapeutic approach as relational, and am largely informed by the psychoanalytic tradition. In the research process I give thought to the unconscious dynamics evoked in the interpersonal relationship between researcher and participant. I am interested in Devereux's suggestion (1967) that the research endeavour is inherently anxiety-provoking and must be approached like the psychoanalytic session, with a consideration of transference and countertransference. Kuehner (2016) suggests that research stirs up powerful feelings of fear and impotence in the researcher, but that these feelings are useful in encountering and reflecting upon the human condition. Working with grounded theory provided me with a containing framework, courtesy of the different steps of coding and memo-writing, allowing me space to explore my own response to the research process in the context of the responses of my participants.

Participants

10 psychotherapists, psychologists, and MBSR teachers who had a regular mindfulness meditation practice participated in the study (see Appendix one for participant demographics). No other inclusion or exclusion criteria were applied. This was because I would have had no theoretical basis for setting any time frame on how often a person meditated, or how many years they had been a qualified therapist. I wanted to interview participants with different training backgrounds and levels of meditation experience.

Additional data was used from a further four participants who were interviewed for a prior research study I conducted (Millon & Halewood, 2015). These participants were counsellors, psychotherapists, MBSR teachers and dramatherapists with a mindfulness meditation practice (see Appendix two for participant demographics).

Ethical considerations

Full ethical approval was granted by the University of the West of England ethics committee (See Appendix three for confirmation letter). I anticipated that discussion of empathy and therapeutic relationships more generally could cause psychological distress as participants reflected on, and perhaps questioned their own practice. It was also possible that participants could have disclosed information that might have caused me to suspect professional malpractice. I informed participants of these risks in taking part on an information sheet prior to them giving their consent. (See Appendices four and five for participant information sheet and consent form.)

Information on name and contact details of participants was stored separately to the interview transcripts. In all dissemination of the work, no identifying details of participants were given and some demographic data was altered in order to maintain participant anonymity. This included creating pseudo-initials when quoting participants. Audio recordings were collected on a portable digital recorder, and transferred to a secure password-protected computer within 24 hours of the interview taking place. Transcripts were made within three weeks of the interview and potentially identifying material was removed at this stage. Following transcription, the original audio recordings were destroyed. Only my supervisors and I had access to data collected from this study, and all analysis was conducted on my personal computer which is password

protected. Transcripts will be kept on a password protected computer on a secure system for seven years; after this point they will be destroyed.

Procedure

Sampling

Snowball sampling was used to recruit participants through my existing professional contacts and those of my supervisors. The rationale for snowball sampling was that it was expected that therapists that practice mindfulness meditation may attend meditation groups or professional development events with other individuals who might be suitable participants. This proved to be true. An advertisement for recruiting participants was circulated by the BPS Division of Counselling Psychology mailing list, but this proved less fruitful.

Consent to use data from the four participants previously interviewed for a prior study (Millon & Halewood, 2015) was sought and granted to add additional data to the analysis. Although this prior study focused on countertransference, participants' reflections on the therapeutic relationship and empathy made the data highly pertinent to the present study.

Midway into the project, theoretical sampling was used to recruit and interview three therapists who were also Dharma teachers: individuals with highly extensive and intensive meditation experience who had undergone training in Buddhist centres in order to learn how to pass on Buddhist teaching themselves. These individuals all frequently led meditation retreats at which they would offer teachings about Buddhist theory and practice to students. The reason for seeking this additional data was because previous participants had spoken of what they had learned about empathy from Dharma teachers, suggesting that with decades of meditating comes a particular depth of

awareness, kindness and humility. With the hope of generating new ideas and refining my tentative categories (Charmaz, 2012), I recruited three participants through the websites of Buddhist retreat centres, in a search for teachers who were also trained as psychotherapists or psychologists.

By searching an online repository of Buddhist teachings, I found two talks on empathy given by Dharma teachers (Brach, 2012; Weber, 2015) which I transcribed and selectively coded. As these talks were part of the public domain, posted online for the benefit of others in developing an understanding of Buddhist teaching, I understood that it was not necessary to approach the teachers to ask for their informed consent in including their data in this study. This was in accordance with Eysenbach and Till (2001) who suggest that from an ethical perspective, it is important to determine whether postings on the internet are private or public communications, with the latter not usually requiring consent. This theoretical sampling, in accordance with the grounded theory method (Charmaz, 2006), helped me particularly to develop the category of *Trembling with the other*.

Dey (1999) suggests that theoretical sufficiency, the point at which data collection stops, is achieved when no further ideas are generated. I was critical of this as my experience was that ideas continued to arise throughout the research process, and that the rationale for stopping sampling and data collection was based on time constraints. I do not believe it would ever have been possible for ideas to cease generating in the face of new data, due to the “unstoppable signifying process” (Bowie, 1991, p.185) through which meaning is endlessly constructed in our lives, never reaching a fixed endpoint.

The research setting

Interviews were conducted in participants' workplaces. I felt that participants might be more comfortable speaking openly about their empathic experiences in their own environments. I wondered whether this helped establish a more mutual power dynamic than if I had invited participants into my own office for the interview.

The research interview

Individual hour-long unstructured interviews were conducted. These "allow the interviewer to delve deeply into social and personal matters" (DiCicco-Bloom & Crabtree, 2006, p.315). Highly structured interviews were not used, as I wanted to offer enough space to "encourage unanticipated statements and stories to emerge" (Charmaz, 2006, p.26) which are vital to grounded theory. As I was asking participants about their experiences of empathy, a rather intangible subject, I felt it was important not to shut down seemingly tangential avenues of discourse by framing the interview with too many of my own preconceptions in the form of questions. This was anxiety-provoking for me at times (I also wondered whether it was anxiety-provoking for my participants) as there was so much scope for exploration. When this anxiety came out in the data, I tried to code it and make sense of it. It was necessary to provide a degree of structure (an agreed time and place), and I chose to set an intention for the focus of the interview by asking one initial question: "How do you experience empathy?" Participants were encouraged to explore their associations, reflections and any specific examples from their practice. The reason for only asking the one question was to encourage an open and non-directive relationship with the participant and their discourse in order to support the emergence of their own meanings.

I aimed to create a safe enough relationship with my participants so that they could feel as comfortable as possible exploring ambiguities and vulnerabilities when they came up in the interview. This meant attempting to be sensitive to the power dynamics in the interview, offering participants sufficient space to explore without intrusively interjecting with my own perspective, and asking follow-up questions that gave participants the opportunity to elaborate on their responses or to explore the assumptions that seemed to underlie their experiences.

C. Watson (2009) is highly critical of the use of empathy in the research interview, suggesting it can be manipulative and that research should instead seek to acknowledge the differences between researcher and participant. This resonated with me, and produced an ambivalence or tension about empathy in the interview process that could not be resolved in any definitive fashion. In acknowledging my difference from my participants, I saw it as my role to pay close attention to how participants constructed empathy in their own unique ways, rather than forcing my own constructions upon them. In practice, this meant at times providing an alternative punctuation to the participant's discourse, a punctuation that could produce new meanings (Fink, 2007) by virtue of the difference between our perspectives. This sometimes involved asking the participant to expand on a particular point, or gently bringing the participant's awareness to instances where they contradicted themselves or trailed off mid-thought. For example, one participant spoke about her belief in empathy as purely good, and at another point in the interview suggested that empathy can be used abusively. Exploring the tension between these perspectives led to her constructing an idea of the shadow side of empathy.

Data analysis

Interviews were audio-recorded and transcribed in full. The interview transcripts were then analysed following the steps of the grounded theory method which involved multiple stages of analysis, starting with line-by-line open coding. The gerund, a verb that functions as a noun, was used for all coding. This “builds action right into the codes” (Charmaz, 2012, p.5), offering a way of coding subtle actions and processes that could otherwise be easily missed. These open-coded transcripts were then imported into the *nVivo* computer software program which was used to manually input a further layer of coding. This second layer of coding was more interpretive (see Appendix six for example coded transcript). As advised by Suddaby (2006), I did not use the computer software to automatically code data but rather used it to aid my interpretive and creative process. Using the *nVivo* software package aided the constant comparison process, as all codes were instantly accessible and could be linked to memos. This encouraged me to reflect on codes that I might have ignored due to their not fitting neatly into existing categories, and helped ensure a consistent grounding in the data. Focused codes were manually organised into clusters based on similarity and difference. New codes were created to encapsulate others, gradually resulting in the construction of categories. The use of the constant comparison method (Charmaz, 2006) meant that throughout the research process, early interviews were used to develop tentative constructions, with subsequent interviews being coded with these constructions in mind, ensuring a close fit with the data and forcing an in-depth examination of how meanings might subtly differ and relate to one another. This meant comparing data with other data, data with codes, codes with other codes, codes with categories, categories with other categories, categories with data, and the analysis as a whole with existing theory and research (Charmaz, 2012). For example, a participant might construct empathy in a particular way at one moment in the interview, and in another way at a later moment. Comparing

the two was a way of generating new ideas, where each unit of comparison opens up new perspectives on the other. As suggested by Charmaz (2006), data analysis took place concurrently with interviewing, whereby each process informed the other.

Throughout the analysis, I was aware of how my theoretical construction was just one of an infinite number of potential interpretations of the data. As Dey (2007) writes, “The voice of the author becomes one among many and its claims to authority become more modest, and paradoxically perhaps, more persuasive” (p.187).

It was important to reflect on my insider status (e.g. Greene, 2014) throughout the research process, something that I attempted to monitor through dialogue with my supervisor and memo-writing. Participants sometimes asked me whether I practiced mindfulness myself. When they did, I disclosed my history of practice including where I had received teaching and thereby something of my identity as a therapist who practices mindfulness. I noticed that participants often seemed to feel comfortable in referring to Buddhist concepts in interviews, perhaps assuming we shared an understanding of their meaning. This shared identity enabled me to feel an affinity with my participants, but this also created the potential for over-identification. However, as argued by Hoffman (2009), the process of the researcher bringing their own framework to the research actually mirrors the therapeutic encounter in which therapist and client co-create meaning and identity, and that any attempt to eliminate the researcher is futile and counter-productive. Warren (2012) suggests that “Rather than viewing such influence as a contaminant of some purportedly pristine and unadulterated raw data, we take such acts of interpretation to be a precondition for knowing anything at all” (p.142).

Throughout the research process, I kept memos as a record of my ideas and responses. Memos were recorded in nVivo, and were linked to particular data sources, codes and categories. Sometimes memos took the form of emotional responses to interviews with different participants, or intellectual responses to ideas expressed by

participants. Other memos expressed ideas or fantasies in response to a specific code or the state of the project in general. Memos were also written to explore the nature of the relationships between all my constructions. In addition to enhancing the depth of the research project (Etherington, 2004), it was important to reflect on empathy in the research process, and my own responses to participants and how I related to those responses. This reflection encouraged close interaction with the data and an increased awareness of my personal processing of empathic experiences. I wanted to bring elements of post-structuralism to my reflexivity; to me this meant refusing to define myself through my demographics in a stand-alone section of my work, but rather attempting to write my own “lack and ruin” (Lather, 2000, p.22) into the work as a whole.

Although diagramming is considered by some grounded theorists (e.g. Strauss, 1987) to be an important way of representing the relationships between categories, I experienced a considerable degree of resistance to the process, which felt overly constricting at times. It took a long time to construct a visual representation that fitted my intuitive experience of the data. Part of my resistance was that diagramming often seemed to create linear processes where one stage led neatly to the next, when what I wanted to construct was a theory that acknowledged its own fragmentation and lack. I became interested in impossible objects such as the Möbius strip (e.g. Lacan, 1966/2006), which offered new possibilities for representing relationships in a non-linear way. It was this line of thinking that led me to a way of meaningfully representing my theoretical constructions.

As suggested by Charmaz (2006), I delayed a full literature review until my categories had begun to take shape. Although prior to data collection I broadly summarised some of the main therapeutic perspectives on empathy, it wasn't until much later that I focussed in on the existing theory in any depth. I was, for example, led by the

data to devote significant attention to the writings of Lacan, a psychoanalyst I had never studied previously but whose theory of the imaginary order (Lacan, 1949/2006) helped me to make sense of one of my categories. This process of being guided by the data about which literature to sample led to my write-up coming together in fits and starts. For a long time the write-up consisted of disconnected sections with little to obviously connect them, but gradually I started to make links and the constant comparison method (Charmaz, 2006) encouraged me to think about how different ideas in the literature related with each other along with my own findings. The generation of new ideas never fully ceased, which made it difficult to end my work, and it was the severity of a firm deadline that provided the inevitable halt to my research activity.

Reflections on the research process

As suggested by Devereux (1967), “insight must begin at home” (p.14) when conducting research in the social sciences. He argued that the process of undertaking research stirs up the unconscious of the researcher, arousing great anxiety. This certainly resonated with my experiences, suggesting that both the area I was researching and the method I was using had deep personal meaning for me. At times I was more aware of this than at others, and I’m not sure I could truthfully say that my insights began at home, but perhaps rather that my home was burgled by insights. These insights were occasionally interesting, often opaque, and usually uncomfortable. If, as argued by Kuehner (2016), “research is a performative act” (p.727), I choose to keep a part of my relationship with this research process hidden from the reader. I describe some fragments below, but decline the opportunity to attempt a full disclosure here; although I have thought a lot about what my research means to me, perhaps some of what it stirs up remains a secret even from myself.

As the research process went on, I seemed to become increasingly identified with my research. At times it felt as though a seed had been planted in my belly that was growing into a plant that was devouring me from the inside-out. Clearly I had some rather ambivalent feelings about the pregnant possibilities of my research. The feeling of something inside of me was often unbearable, the excitement of having ideas and making connections made me want to run around the house or cough something up from my body. I gradually realised that it was my own aggressive urges for independence and separation that I was so struggling to sit with. I experienced an anxious tension between feeling drowned in the perspective of an other (whether my participants or other theorists), and guilt at having a different view. My writing could tend towards a fearful and brittle coldness.

To break free of this paralysing identification I felt I needed to tear strips out of my writing, as if it was an arm I was peeling long stretches of skin off to expose something raw. Sometimes I would repeatedly strike my fist on my desk in frustration. The merging and dividing up of codes and categories felt as though it was me that was being wrenched around, cut-up and amalgamated. Often it was so painful I thought I would have to give up; I would feel as though I had reached the limits of my understanding and was infuriatingly being confronted with my own smallness of mind. I felt some degree of fear as I constructed a tentative understanding of the data, seeing that what was emerging was something at odds with what both participants and I would perhaps be entirely comfortable with. My supervisor encouraged me to stay with the unconscious processing without trying to force it too quickly into anything overly constricted by pre-existing theory. I felt a sense of guilt at potentially exposing or tearing down what at times felt like a defence that we all collude in to some extent: locating lack in the client, to whom we as therapists dole out the nutritious empathy. What came to be most helpful in breaking through my symbiotic relationship with my

data were the moments of punctuation: meetings with my supervisor, deadlines, the simple rituals of university processes that symbolise the ending of one stage and the commencement of the next.

Analysis

Two main categories were constructed from the data: *Defending a fragile self* and *Trembling with the other*. *Defending a fragile self* was comprised of two sub-categories: *Identifying with an empathic ideal* and *Struggling to remain separate*. *Trembling with the other* was comprised of three sub-categories: *Acknowledging lack*, *Realising interconnectedness* and *Meeting the unknown*. There was a degree of overlap between subcategories, suggesting that there weren't rigid boundaries separating them.

The relationship between the two categories *Defending a fragile self* and *Trembling with the other*, was represented as a Möbius strip (see Figure 1). Although these categories could have been constructed as two distinct types of empathic experience, I felt it better represented the data to construct them without recourse to such a binary. Participants sometimes communicated both categories simultaneously even in one single phrase, suggesting that rather than oscillating from one to the other, a more experience-near way to understand the relationship would be to construct them as different manifestations of the same process. Empathy as a protection of a fragile self, and empathy as a trembling alongside the other may therefore be understood as occurring simultaneously. This is of course a paradox, as the categories seem to be diametrically opposed. Indeed, it may be nigh-on impossible to resolve this paradox intellectually. However, I believe that this paradox speaks to the heart of my participants' experiences; it articulates the ambivalence of the heart that is both constricted and expansive, the heart that loves and hates. I believe that in representing the experience of empathy as a paradox, it evokes that same quality of intangibility and unintelligibility: a grandiose selflessness, a blind perspicacity, a foolish wisdom, a distant intimacy. As with all of these paradoxes, *Defending a fragile self* and *Trembling with the other* can be constructed as both separate and inseparable ways of empathising,

as one and as two. In order to represent this visually, I chose a Möbius strip as a symbol. This form can be created through putting a half twist in a strip of material, and then joining the two ends. The loop that is created appears to have two faces but on running a finger around one of the faces, it becomes apparent that there is only one; the finger always returns to a place that is the same but different. This to me communicated the relationship between the categories as being distinct and yet equivalent, a binary pair and a unified whole. One participant communicated this idea in her perception that human subjectivity manifests both freedom and imprisonment:

“For me, they embody different aspects of the mind that is free; versus the mind that is cluttered, the mind that is in suffering; they carry and communicate with all the different unconscious layers of wounding and the existential places in their histories, and all the rest of it.” RE (a female core process psychotherapist, Dharma teacher and ex-nun – interview data)

Similarly, in a Dharma talk, Tara Brach (2012) asserted that the individual self and the collective self exist in tandem:

“We have this design to perceive separation and just consider a few people part of us, me. But we also have this capacity to recognise that and widen out. So it’s both that’s going on, the separate self and the more communal self.”

The Möbius strip produces a felt sense of mystery that defies intellectual resolution; this visceral sense of the unknown seemed integral to the process being explored and I wanted to ensure that this did not get repressed in my work.

Figure 1 – How empathy is constructed by therapists who practice mindfulness.



Defending a fragile self

Two sub-categories: Identifying with an empathic ideal, Struggling to remain separate

In talking about empathy, most participants at some point referred to a construction of an ideal; a paragon of empathy. This empathic ideal was initially located in another person, who seemed to become internalised into the self-construct. This meant that participants were *Identifying with an empathic ideal*, which seemed to bolster the sense of self as good, while disavowing less palatable aspects of self. Participants appeared to construct empathy itself as a symbiotic merging, in which there was no boundary or separation between self and other; this involved feeling emotions on behalf of the other and perfectly meeting their needs. The ideal self-construct seemed to go hand-in-hand with a construction of the other as enfeebled and needy.

However, participants also expressed fears of becoming overwhelmed or engulfed by the other. This was experienced as deeply disturbing; it was as if the sense of an individual self was threatened by empathising with the other. Experiencing empathy as a symbiotic union with the other therefore seemed to threaten participants' need for autonomy. A degree of separation appeared to be necessary to manage this, a *Struggling to remain separate*. Therefore, in order to retain an individual identity, participants seemed to divide the experience of empathy into separate categories of self and other, with a firm boundary between them. Part of this construction of empathy involved taking a position of a detached reflecting observer which enabled the therapist to protect a separate sense of self. However, this construction of a separation was seemingly in opposition to their empathic ideal in which there was no gap between self and other. This led participants to construct separation as being in the interest of the

client, and in doing so it appeared to protect participants from any feelings of aggression they might have towards their clients that would challenge the ideal self-construct.

Identifying with an empathic ideal

It seemed important for participants to identify themselves as an ideal provider of empathy: a being of infinite and unconditional love and generosity. This identification seemed to initially proceed through a relationship with an idealised other who was endowed with authority and often held a social role such as a teacher, therapist or monk. Idealised others were not only experienced as powerful on the basis of their position in society, but were felt to possess particular qualities which many participants appeared to feel they themselves lacked:

“I remember once ten years ago, being at a talk of a very senior Buddhist monk, and just being incredibly impressed at how when this person was talking about their emotional reality, they just knew it in such an embodied way. They knew their own internal tides, and how different emotions tasted and operated inside themselves, and how they would react and manifest in response and hand-in-hand with what was going on with them emotionally and somatically. And yeah, I remember thinking, ‘this is where that process takes you’.” GB (a male core process psychotherapist – interview data)

“I go to a—he’s the guy who’s a Tibetan Buddhist and, well he was a Jungian therapist but he doesn’t work as a therapist any more, and he’s been doing it for decades, much more than I ever have done, And I don’t imagine I’ll ever achieve what he—how he is, but there is a sort of feeling that that’s where I would want

to be.” SM (a female psychodynamic counsellor and MBSR teacher – interview data from Millon & Halewood, 2015)

The figure of Buddha also provided a basis for idealisation. “*(In) Buddha, one sees the awakened quality, the capacity of the human heart to embrace othering*” (DM, a male core process psychotherapist, Dharma teacher and ex-monk – interview data). As well as locating the empathic ideal in another person, participants also idealised the quality of empathy and the practice of mindfulness as wholly good in and of themselves:

“I see it (empathy) as, essentially, very healthy and positive. And so, therefore, I will celebrate, in some ways, that mindfulness is being used by army seals, even if it is to create healthier killing machines (laughs)!” LS (a female integrative psychotherapist – interview data)

Empathy in such terms gets constructed as a magical food with the power to fill a profound lack:

“Empathy is contagious, perhaps. That it’s seductive: if you’ve tasted, if you’ve sipped, from the cup of empathy, then you want more, because it’s good.” LS

Accounts of the empathic ideal appeared to lack ambivalence; it was described as purely good and seemingly without complexity. Participants described a need to protect their ideal from corruption:

“I’d like to keep the territory of empathy as something wholly good, with wholly good intent... Again, I think we’re talking about forces that are bigger than what I would like to define as just empathy; I’d like to keep it in this little, kind of hallowed, sacred bubble, that’s not contaminated by these horrible realities, but clearly that’s a bit naive.” LS

Through constructing a relationship with an empathic ideal, participants appeared to be able to internalise something of this ideal quality, offering them the opportunity to grow into a more empathic person.

“Very beautiful thing to see and experience, you know, if you come across such people in your life. I’ve been very blessed with having some of my teachers, mentors and others I have met, where you can really see they are a living embodiment of that capacity. So you think ‘wow’, you know, we can have some healthy projections onto them, you see: ‘Wow! what could I not become, if I really develop my heart? I could—’ so we mirror ourselves, in that way, in others.” DM

Various forms of practice were undertaken, seemingly with the intention of internalising an empathic ideal. For example, the intention might be to cultivate compassion, with a practice derived from the Buddha’s teaching on the *Brahma-vihāras*. Through this process, participants appeared to construct themselves as an ideal and thus shore up their sense of self as good:

“Anything you admire you begin to resemble... Admiration is something that allows me to recognise the goodness of a quality and because I recognise this goodness, some of that goodness already starts to take place in me.” Akincano Marc Weber (quoted from Dharma talk, 2015)

Participants seemed to construct their own identities around this internalised empathic ideal. The capacity to meet the needs of the client was particularly significant in this self-construct and was often articulated in ways that appeared to reflect a construction of the therapist as parent, and the client as child. For example, one participant constructed empathy as *“kind of mother and a child thing”* (LS) in which a *“rich, healthy, empathic attunement”* (LS) was offered to the other. This suggested an empathic ideal of perfect symbiosis, in which there appeared to be no gap between therapist and client. In maintaining the ideal self-construct, participants seemed to construct their clients as wounded and lacking. It was as if the therapist was providing the client with an empathic understanding for the first time in the client’s life:

“So often people come who haven’t been properly listened to; haven’t been properly attuned to; haven’t been ‘got’ on that sort of emotional level, and for somebody to know that somebody ‘gets it’, emotionally, is very powerful in itself.” AD (a female core process psychotherapist and focusing teacher – interview data)

“Psychotherapy is sometimes compensatory attention for... you’re getting a little potentised version of someone being deeply in relationship with you to help heal any lack of that you might have had.” GB

“Well, it’s as if therapy is mostly about having a relationship, with lots of them it’s—in a way it’s the first relationship they’ve ever had; the first positive relationship.” SM

One participant referred to *“that sense of that you’re feeling it for them”* (MN, a female core process and somatic experiencing psychotherapist – interview data), a powerful capacity to take on the other’s pain so that they did not have to face it. In this construction empathy required no words; as if there was no gap between self and other:

“And so if just in the act of, in whatever way it happens, the client knowing that that’s going on. They’ll sometimes just see it, without it needing to be explained or theorised. On some kind of alchemical level, that maybe they’re getting that that’s their feeling, it’s their story, and it’s their tenderness that is being mirrored somehow in the face of the therapist.” GB

Participants’ accounts appeared at times to indicate a narcissistic pride in their therapeutic abilities:

“I think now, over the years, I realised that I’m actually more highly sensitised, physically, than most people, and there is a group that says there are ‘highly sensitive people’ (laughs), and that’s 20% of the population. And if those groups were correct, then I would certainly fall into that group.” AT

Another participant claimed that they were even able to empathise with other species:

“Can I have empathy with non-human subjects? And yes, of course. Can I have empathy beyond non-mammals? Well, why not?” LS

One participant encouraged their clients to idealise them, claiming that acknowledging their unknowing would not be desirable:

“You want the therapist you also can project a little bit of ‘expert’ onto; you don’t want a therapist to say ‘I know nothing’.” PL (a female clinical psychologist and Dharma teacher – interview data)

This statement appeared to deny any gratification that the therapist might incur through being constructed as an ideal. Another participant suggested how she avoided emotions that challenged her ideal self-construct:

“I don’t want to be present with how I’m feeling about my client so I kind of withdraw and avoid the feeling of being in touch with my countertransference, ‘I can’t be this awful therapist that feels this way about my client’.” JG (a female person-centred counsellor and trainee counselling psychologist – interview data from Millon & Halewood, 2015)

AT reflected on how maintaining an idealised identity constructed around expertise required a lot of psychic energy, leaving her depleted:

“I think it can be a very isolating place to be, if you put yourself in the position of being an expert, but it’s also a really straining place to be, because you’ve got to maintain that, and it takes a lot of energy to be there all the time, and doesn’t allow for other aspects - the shades of grey - to come into your life, you just have to stand firm, and that’s an exhausting position to be in.” AT

It seemed that through identifying with an empathic ideal, painful aspects of the participant’s experience such as need and lack could be excluded from their self-construct, perhaps resurfacing in their constructions of their clients as enfeebled and vulnerable. However, this way of relating to the other was considered very reductive, stripping away their complexity and life:

“When you’re in reaction, whether it’s your partner, your child, a political candidate, or in some more subtle way somebody of a certain race or socio-economical whatever, when you’re in reaction you’ve created an unreal other. And by unreal other, rather than a living, subjectively feeling, changing, being with longings, fears and so on that is dimensional, the person has become an idea in your mind that’s two-dimensional and flat and just represents something really thin, they’re just not subjectively alive or real to us.” Tara Brach (2012)

Struggling to remain separate

Constructing empathy as a perfect understanding as though there was no gap between self and other seemed to lead some participants to experience their clients as suffocating and intrusive, with the potential to annihilate their own sense of individuality and autonomy:

“I’m actually seeing you from what is essentially me. So it means being really open, but, you know, the danger of that is that it can be quite overwhelming.”

SM

This fear of empathy as symbiosis was reflected in AT’s anxiety over *“losing (her)self to the other person”* in *“getting drawn into their vortex”*, and was echoed by DM’s reflection on the overwhelming effect of the mother’s experience on the unborn child, who has no capacity to protest or put up a boundary:

“If you experience, maybe, being shaped - the embryological nervous system - being shaped in a womb space ...where you have to imagine all the emotions of the mother are filtered, constantly, through the pre-nate, who can’t—who doesn’t have the capacity yet, the cognitive capacity to say, ‘hang on, this is just mum’, you know. The self-other system is a much more fluid system then.” DM

A fragile and vulnerable sense of self was believed by some participants to be fundamental to the experience of being human. This vulnerability spawned various

fantasies, of all which were relational in nature, in which the other was constructed as threatening in some way:

“We are not so original in our horrors. The list of what you particularly fear is very limited. Is it going to eat me? Overwhelm me? Is it going to reject me? Is it going to abandon me? Does it make me sick? That’s about it. Those are our pet horrors. They go back to very simple structures, contact behaviour... Your whole self construct is nothing but a defence reaction against presumed pain that’s lurking out there for you.” Akincano Marc Weber (2015)

As close contact with the other was feared to be potentially catastrophic, participants seemed to experience a need to maintain a degree of separation. Some participants appeared to focus on the construction of boundaries between self and other, and continually questioned whether an experience originated from, or belonged to, themselves or the client:

“So I think the more the psychotherapists are engaged in their own mindfulness practice, the more they will be able to watch their own process come and go, and be with the client’s process as it comes and goes and perhaps most crucially, know the difference (laughs softly), know which is theirs and which isn’t.” GB

“And I have an awareness of that question – being with that question – of ‘is this me or is this the client?’” MN

This question of whether something belonged to therapist or client came up again and again, suggesting that it may have been the source of no small degree of anxiety. MN spoke of her need to *“maintain an appropriate space between the two of us”*.

The boundary’s function for the participant seemed to be in allowing them to retain a separate sense of identity and preventing them from becoming overwhelmed by the other. However, this need for separation and autonomy was in contrast to the idealised self, constructed as perfectly able to understand the other. Perhaps because of this apparent tension, many participants were noticeably eager to rationalise the separation as being in the client’s best interests. PL explained how feeling the emotions of her client would reduce her therapeutic potency: *“If I was feeling it myself I’d be probably not able to help”*. The division of experience into self and other was justified, *“to keep the experience safe for the client”* (HO, a female core process psychotherapist – interview data), while another participant spoke of eliminating their own subjectivity from the therapeutic relationship:

“It’s really important to notice the part of me that is mine, and kind of gently move it sideways, because that’s not helpful.” SM

One participant described maintaining boundaries as a way of placing a limit on the invasive quality of the therapist’s “life”, which was perhaps a projection of the therapist’s fear of being invaded themselves:

“I think the boundary is important, and part of that boundary as we know is the containment of the therapist’s life not coming into the space. The therapist is there with their heart open and their presence, but to work on the client’s process, rather than to work on their own.” GB

Another way of maintaining a separate sense of self was to withdraw attention from the other to focus on the self using mindfulness meditation. Participants described using meditative awareness of their own experience of their breath or body; this seemed to facilitate separation from the other. In this practice the focusing of attention on an “anchor” maintained the participant’s sense of centredness:

“I’m really aware of how important it is to maintain quite a significant amount of attention on myself, when I’m sitting one-to-one with people, or when I’m in a group, so I don’t lose myself to the other person. I’m really aware of my posture, my breathing, the way I always gesticulate with my hands when I’m talking. I have an awareness of what I’m probably going to be saying, but I don’t preempt what they’re going to say back to me, but that awareness stays quite significantly with myself at any given time, and I think that’s what provides me with the anchor, and that has come out of my practice, without question, and gives me that sense of being centred, whatever it is that my patient is talking to me about, or whatever.” AT

This focus of awareness on the body that most participants described may have been a way of holding onto bodily boundaries in an attempt to maintain a degree of separation. SQ expressed the belief that mindfulness practice does not necessarily lead to the

development of compassion and the capacity to feel deeply. Instead she suggested that it can cultivate a “witnessing” relationship to experience, which can bring emotional detachment:

“I feel like meditation on its own, as I see it, seems to support people to be calmer, and, yeah, to have more witness. But they’re not always the people who really feel something in their heart.” SQ (a female integrative psychotherapist – interview data).

This suggestion was reflected in PL’s acknowledgement of her inability to empathise with perceptions she deemed different from her own:

“But if someone is—someone’s basic interpretation of what happens to them is that it proves that the world is a dangerous place, and that you shouldn’t go out, and you shouldn’t take risks, and you shouldn’t travel - whatever - I can see how restricting that is, and I can really feel for the distress that that is causing that person, but I don’t have that interpretation of the world, so I don’t - in that sense - resonate with it.” PL

This detachment seemed to keep the self safe from an other who was constructed as invasive. However, the defensive nature of this process of detachment did not appear to be acknowledged. Some participants described detaching from particularly distressing emotional experiences such as aggressive impulses:

“I’m detecting this urge to say something harsher, and to hurt him. And then of course, I’m a trained therapist, so I don’t act on it, but it’s really interesting to watch that happening.” MN

It seemed aggression and separation were linked, with participants struggling to manage these feelings in relation to their clients. Many indicated anxieties that aggression and individuation would be harmful and destructive of the other. A symbiosis therefore had to be maintained to keep the peace. The tendency to deny the “*horrible realities*” (LS) of empathy’s potential for abuse indicated something of participants’ anxieties about relinquishing the ideal. DM spoke of how difficult it can be to acknowledge difference and separateness in the therapeutic relationship, suggesting a temptation to collude with the client in a symbiotic fantasy:

“That’s the problem, when we speak of empathy, usually in many—it can kind of be a wishy-washy sweet sugar on top of you, yeah? it would be much nicer if we sat here and drank tea and put sugar on top of each other.” DM

Many participants expressed guilt or anxiety about the idea of separating from the client; it was as if any wish for individuation or expression of hostility was dangerous and had to be denied. Some participants reflected on how identifying with an empathic ideal left little room for any of the therapist’s hostility towards their client:

“We’ve taught ourselves that, ‘oh, this is one place where this person won’t be met with harshness’. So, yeah, it’s a very tricky one.” MN

Perhaps this “harshness” came out in unexpected ways; one participant made what I interpreted as a Freudian slip, expressing a dominating aggression towards her colleagues:

“I’m a Yoga teacher, I’m also a mindfulness teacher trainer, I also do this one-to-one work, I also own and manage other people—I don’t own other people, I own the building and manage other people!” AT

Trembling with the other

Three sub-categories: Acknowledging lack, Realising interconnectedness, Meeting the unknown

In *Acknowledging lack*, participants admitted their own limits and let go of their identification with an empathic ideal, along with the belief that they were able to perfectly understand their clients' experiences. Participants seemed to come more into relationship with previously disavowed aspects of themselves. They acknowledged that there were things they did not know, and things that they could not control, which appeared to introduce a dimension of loss and lack to the therapeutic relationship. Indeed, it seemed to be from this place of lack that participants found change occurred.

Participants came to construct empathy as *Realising interconnectedness*, a softening of the boundaries between self and other. Empathy was experienced as an embodied expression of human nature rather than an individual capacity. Participants shifted focus to the intersubjective, and they described more mutual power dynamics in their relationships with their clients.

Empathy was constructed as a *Meeting the unknown* that was primarily unconscious, embodied and intuitive. This type of experience was in opposition to intellectual knowledge that could be captured and made concrete, and was instead much less ego-bound. The need for knowledge and certainty was abandoned in favour of an enquiry into the experience of the interconnectedness of life in all its mystery. The empathic understanding of the other became permeated with a sense of the mysterious unknown. Staying on the edge of what could be known allowed participants to meet the mystery of the other, and tremble in their presence.

Acknowledging lack

Participants described letting go of the ideal self-construct, and acknowledging the limits to their own therapeutic potency. Doing this meant realising that their capacity to offer empathy was not unconditional and infinite but instead determined and governed by their own past experiences, the constraints of the context in which they worked and more generally their human imperfections. There appeared to be a letting go of the fantasy that the therapist could meet all the client's needs, and a realisation of a fundamental gap that could not be filled. Participants spoke with humility about the limits of what they were able to understand at any given time:

“That’s what keeps it alive, you know? We’re not going to get it; I don’t get it, you know? With these sort of conversations, it’s not me coming from a place of ‘this is how it is’, it’s all enquiry. This is the limits of my understandings right now. And I like it, to think of it like that, because I think mindfulness practice is a very modest practice.” RE

LS suggested that *“none of us contains the whole”* and that in terms of perspective or knowledge, *“we will have our little bit, and that there’s no one over-arching experience”*. This indicated a comfort with plurality, fragmentation and lack; participants recognised that they could not meet all their clients' needs and acknowledged that their own capacity for healing the other was limited:

“It’s around acknowledging what I can bring to the therapeutic relationship, but also what I can’t bring... I don’t have a sense of needing to hold on to people, or to try and sell them stuff, or ram things down their throat that they don’t

particularly want; it is just 'okay, we're here, we're two human beings together, working together as best we possibly can. I'm going to offer you what I know, what I've experienced and what's helped me in my life, and hopefully they'll be helpful to you, and we'll assess that together, and if it's not then move on'." AT

Empathy itself was recognised to be an ideal fantasy; LS acknowledged that her capacity for identification was limited, as she could never wholly become the other:

"I don't think empathy really, fully does and can exist in the purest form, because that would for me to be not-me, and for me to be the other." LS

Part of letting go of the ideal self-construct meant relinquishing the omnipotent striving for control. One participant suggested that this actually facilitated a profound change in and of itself:

"Because you're not trying to change things, things change. I think I've changed hugely, absolutely hugely, with the meditation. But actually, one of the key things in the mindfulness, and in any meditation practice, is not striving; it's not trying to change things." SM

Participants described letting go, at least temporarily, of the self constructed as perfectly good and limitless in its capacity for empathy:

“If we all knew everything, and were omnipotent, then we’d be Bodhisattvas, or whatever, which is not necessarily what I’m aiming to be.” AT

“I have an influence on things here, but that influence is not omnipotence. I cannot fix everything, there are boundaries. There are things I can change and there are things I cannot change.” Akincano Marc Weber (2015)

There was also a letting go of the idealised other, who came to be recognised as in some way lacking or limited. Even the Buddha was disinvested of any omnipotence, instead being described as another *“psychologist (rather) than a founder of a religious movement”* (PL), whose wisdom was based on empiricism rather than any kind of divine or ideal quality. This allowed participants to challenge potentially dogmatic authority figures:

“But there’s no expectation, in that tradition, that people should take anything as read, as dogma, just because I say so / the teacher says so / the Buddha says so, and I think that is very much how I would approach mindfulness-based therapy and other therapeutic work.” PL

Participants acknowledged how much there was that they did not know, an unknowing that encompassed all notions of self, other and universe. This meant that an important part of the process of empathy was realising how much cannot be known of the other:

“It’s like the bit that you know is only a tiny grain, compared to all the bits one doesn’t know, about how that person’s universe is, at any point in time.” RE

“It feels like we’re kind of there doing that together as well. Or I’m doing that, I have no idea what he’s doing.” JG

In acknowledging the mystery of the other, participants described rejecting a position of authority; there appeared to be a comfort with taking a non-expert stance:

“We’re all just moving through life together; that’s what it’s about. It’s not about me knowing the answers or taking the high ground, or anything like that.”

AT

“It’s very much about being on equal footing, I always start the sessions with talking about being a mountain climber, I can tell you where the footholds are from where I can see them, but I don’t really know what it’s like to be you, and I don’t know and I can’t tell you any more than what I can see and what you share with me. I’m not an expert, there is no magic wand, I can just do what I do.” BD (a female acceptance and commitment psychotherapist – interview data from Millon & Halewood, 2015)

Equally, trying to gain knowledge in a more fixed or intellectual fashion was experienced as something that shut down enquiry:

“Because when you stop trying to work out the answers—if I’m busy wondering, if a cloud’s coming over, ‘is it going to rain in the next few minutes?’ then there’s a part of my attention that’s distracted from being in this very moment, with the sun shaded by the thing, and having the peripheral vision of the blue sky, and being here with this little exploration.” HO

Participants tried not to make assumptions about the other, staying open to the unfamiliar:

“I mean I will have less to draw on; I’ll have less in common; I’ll have less resource, perhaps, but that’s not always a bad thing. I think, sometimes, having too much similarity can actually be a block to empathy, because therefore there’s room for assumptions and imagination, or too much of my own imprinting will become part of what forms; keeps me open to relationships. So there’s something to be said, I think, for not knowing another.” LS

In relinquishing the identification with an ideal, there seemed to be a concomitant increase in awareness of the feelings that had previously been disavowed. It exposed one participant to her own “shadow”: the aspects of her self-construct that were almost intolerable. The capacity to do this seemed to involve a building up of strength, an ability to resist collapsing into disintegration when faced with these disavowed aspects of the self:

“So, the work I do working with people who have been through sexual trauma, I absolutely have learned, and know to be utterly true, that the line between good and bad isn’t between people, it’s within a person. And I think I used that quote when we met on the training day, the Solzhenitsyn ‘the line between good and evil runs through every human heart’. And so, it takes a fair amount of courage to even think—to even begin to look at your own shadow, and your own dark side, and your own – whatever – racism, sexism – whatever; your own, kind of, less-evolved self.” LS

Another participant spoke about examining his own painful emotions and acknowledging his murderous and suicidal phantasies. This feeling of profound lack and pain challenged the idealised construction of the self as good and whole:

“Well, if you—when you begin to really look, with radical honesty, into - or when I do it, into my own heart - I don’t think there has been the thought and feeling that hasn’t gone through me. I might not have acted upon it, but certainly felt murderous rage; suicidal despair; feelings that I will do anything to make them go away. So, it’s like: tendency to addictive patterns, or just wanting to do my own thing; wanting to just tell the whole world ‘I don’t care if you all die’; or ‘leave me alone’; feeling such a strength of hurt and loneliness and alienation. And, when I really highlight those qualities, it’s from there that I really notice that, yeah, my goodness, I am a scandal.” DM

Along with the acknowledgement of lack, participants recognised that empathy had the potential for being used oppressively:

“And also: the shadow side. That’s quite sinister. I need to sit with that, because, yeah, of course, empathy isn’t this pure, wonderful, pale panacea that will—not at all, if anything it will have potential for dis-ease, or disuse, or misuse.” LS

The process of coming into a relationship with disavowed aspects of the self was believed to be closely intertwined with an empathic opening towards others:

“That we in our own practice may embrace the unseen unfelt parts of our own being; that we not push any part of our own selves out of our hearts. Just to sense that as an aspiration. To truly hold with tenderness every part of our own being, and that these open tender hearts include all living beings, all living beings.” Tara Brach (2012)

In letting go of the defensive and fear-driven struggle to remain separate, participants seemed to allow a different kind of separation. This separation seemed to be characterised by loss, and appeared to facilitate an empathy that sprung from this place. Participants recognised that no matter how much power they assumed, they lacked the power to change the other’s life for them. As this construction of empathy acknowledged a gap which the participant could not fill, the responsibility for change was shared with the other, who was encouraged to find their own unique understanding of themselves rather than simply absorbing the therapist’s ideal empathy:

“That impulse in the therapist isn’t to sort out, isn’t to offer remedies, because the more that you’re with people, as a therapist, the more you find out that the route that you would take for that person - no matter how sound it may look - if that person doesn’t find their own route, it really doesn’t work, because there’s something about my knowing being better than the other’s knowing. And I know, for myself, it doesn’t work for me, even if the therapist is wise, and knows, and knows more than me, it’s up to the individual to find their knowing and to sometimes do it in quite a messy way, with the process.” RE

It was only from this place of lack and vulnerability that change and healing could begin:

“I know how vulnerable it can really make you feel, to be seeing things in reality. And it’s very raw, but it’s the only place to start, really: with rebuilding and changing, and finding a new direction, really.” AT

This deconstructed the empathic ideal, as no longer was it suggested that therapist and client were merged in symbiotic union, with no gap that the therapist couldn’t fill.

Rather than the therapist giving the client what they never had in their childhood, something much more humble, sad, painful and real seemed to take place: a leaving behind and a growing up. Several participants suggested that all that could be realistically hoped for was to meet the client’s needs to a limited extent, but more importantly to offer the opportunity to learn from the times when those needs can’t be met. DM suggests that it was his own imperfect humanity that was particularly helpful

to the client in teaching them about old wounds. It was therefore from the place of lack that true healing was felt to occur:

“Of course we can’t ever offer enough, and it also, there is a level where it is not our job to offer enough, you know, like Winnicott put it: ‘we offer good enough’; just good enough. So, empathically attuned. And also, when it is not good enough, those challenges that come up when we miss our therapist, or when we also feel too overwhelmed, the nature of the wounding of our clients collude with our own wounding, and they become—those breakages of contact become profound moments of learning. So, our job is not to offer more, or unconditionally; our job is to offer to be there and meeting the other. So, that’s the level where the answer is ‘no, sorry’.” DM

This suggested that participants felt that it was only through accepting their own lack and vulnerability that they were able to offer something of real value to the client. RE emphasised the importance of this gap between the depth of the need and what could be offered. A different stance here was constructed as something to be prized, while a shared empathic understanding inhibited creativity or transformation:

“And so, to settle for an empathetic relationship, for me, feels like a defeat rather than a success, in those terms. And it’s also got the danger of collusiveness, because if one feels as if we’ve got good empathy with another, it will be potentially empathising—an ongoing empathy ends up as agreement, at some certain level, and it—we fall asleep again, in that, when you really feel you’ve got a good empathetic relationship with another.” RE

Acknowledging lack allowed the therapist to take a different perspective to their client, and this difference, although painful and aggressive, felt necessary in cutting through any delusion or defence in the therapeutic relationship:

“Sometimes the sword of truth - so to speak - that is not pleasant, that has to take charge the emotions, also to be able to cut through sometimes sitting with clients and noticing there is something that, out of love, that will cut through bullshit, and attack. Let’s go for the jugular, which I know is unpleasant, and charged.” DM

A different perspective was experienced as deeply painful as it challenged the symbiotic fantasy of a perfect understanding. DM also described his *“job as a therapist is to often hold the client to the fire, that is very uncomfortable for me, as well.”* This form of empathy is characterised by the strength and courage required to withstand and turn towards pain and lack. Part of allowing the other to separate meant accepting their need to ultimately leave the relationship with the therapist. What appeared to be important was the therapist feeling able to tolerate this separation and not experience it as a catastrophic threat to their self-construct:

“And that’s a very beautiful moment in therapy, where a client has come in a place of suffering and they’ve developed a sense of self-understanding, they’ve... their lostness in their suffering decreases, their sense of confidence and empowerment in who they are grows, and they kind of look you in the eye one day and say I don’t need to be coming and being with you anymore, and that can

be lovingly and respectfully negotiated and gone through and ended. It's kind of like a life cycle, within... you know whether it's three months or three years."

GB

Realising interconnectedness

As participants acknowledged their own lack and relinquished the ideal self-construct, they became more attentive to relationality; boundaries that maintained the sense of a separate individual were softened enabling a sense of interconnectedness. This was not the perception that everybody is the same, but rather an acknowledgement that the other's subjectivity is as real as one's own:

"Can you sense a softening of the boundaries, can you sense the realness, the subjectivity of another person, their consciousness, their sentience? Can you sense that the deepest truth is 'we', this awareness that we share? ... It turns the 'I', the separateness, into a collectivity, a shared consciousness." Tara Brach (2012)

This seemed to mean a letting go of the fear of being overwhelmed by the other, and the concomitant defensive need to remain separate. DM reflected on his personal experience of softening the boundaries between the construction of self as healthy and other as dysfunctional:

"Of course, it doesn't stand up when you really go and listen and interview the other. In my case I worked seven years with homeless people; I ran a shelter for

homeless people, so god knows how many I have interviewed and listened to; I have listened to people's stories. And, again, I was struck really by, literally, how many of those stories I could say: You know, you and I are not so different. The line, I would—between what we would consider a person in great difficulty, who can't take care of themselves, or who creates a lot of disruption in their own and other people's life, and what we would call often a more functional human being. It's a very, very thin line; almost non-existent.” DM

Through softening the boundary between therapist and client, participants constructed their clients as less needy and lacking. There was less of a split between the idealised therapist and the enfeebled client, and both self and other could remain intact without facing catastrophic abandonment or retaliation.

Realising interconnectedness allowed participants to acknowledge that they could be with and learn from their clients as fellow human beings. Participants described forming therapeutic relationships with a more even power balance:

“And so there's a kind of mutuality in that, which on that level is not about therapist and client, it's just about two people meeting.” GB

“We're willing to be there in the meeting; our clients become our teachers; they learn; It certainly, in my experience over the years, has been like a profound humbling journey.” DM

There was something humbling about deconstructing the separation between self and other, which opened up a shared sense of humanity:

“This is a movement that in a profound way connects us and takes us out of isolation: Me being such a glorious, independent, scintillating unit somewhere, somehow goes away when I know you have toothache and I have toothache. We resemble each other quite a bit when we have toothache.” Akincano Marc Weber (2015)

The capacity for being in relationship was perceived as fundamental to human nature.

This was a move towards interconnectedness and social process:

“I will say that the nature of awareness, or the nature of the human mind-heart; the nature of our being; is relational. So, mark my words, it is relational.” DM

This necessitated an opening to the chaotic fluctuation of a relational process.

Tolerating the messiness of intersubjectivity was understood to be a crucial part of empathy:

“And some of what the mind throws up will be to do with my own history and past, and some of it will be something a mixture of you and me, yes? A kind of a muddle. And I like—I think it’s important that there’s a muddle.” RE

The “field” was used by many participants as a term to represent a sense of interconnectedness at a level beyond that of the individual. DM suggests that the field is more than just the meeting of two people, but an encounter with something more infinite or unknowable:

“But again, we are co-creating, uniquely, in this present moment. There is something—this relationship, you know, is really, you know, like Martin Buber, I could speak of: remember that from your studies; ‘I and Thou’. In the meeting of ‘me and you’, something larger comes in. So, it’s like, in our meeting, we are co-creating a relational field, in which we allow more than just me and you to come into the room.” DM

The experience of interconnectedness was constructed by LS as an intersubjective relationship that is unique to the time and place in which it takes place. There was an appreciation of impermanence:

“The whole notion of intersubjectivity: there’s me, there’s you, and then there’s a unique ‘us’ that forms; a unique relationship that will happen, that will be happening here, right now, because we’ve never sat together like this. That will be more than the sum of the parts; it will be more than just you and me; it will be something that we co-create, and that is information to watching the dance that we will take.” LS

SQ described a softening of the ego boundaries, allowing her to be empathically “available” to the client in working with profound spiritual mystery:

“It’s a kind of relating which is not from ego structure, and not from personality structure at all... But I suppose there are moments - because I’m available, because I’ve been there a little bit – there is a sense of something mysterious.”

SQ

Relationships with the wider environment were also brought into awareness as the boundaries between individual and environment were softened. This broadened the extent to which participants were able to experience interconnectedness:

“It’s not enough for me to consider the other as individual and separate. Separate from me, be it separate from the world around that person, be that their family, their work situation or the state of the world and how it affects them at that point in time, their political - the particular conditioning aspects of that person’s culture, mind, gender, sexuality - whatever - you know. I’ll never know all of that, but we are not units, separate from all of that conditioning. So there’s a sense of an empathy towards the individual, but at some point you have to both deepen that - into oneself, and all of its affects - and also broaden our mind; field; our awareness, into the wider holding field, that’s not just about me and you, it’s about what we sit, yes, that’s conditioning us in the moment, as well as all the history, as well. And unless there’s a kind of a pausing in that, the empathy - again - is going to be quite constricting, and quite personal, and quite limited.” RE

“Similarly there is, for example, a relationship – when we widen our attention – that is happening with the wider field of, for example, the wider field of nature that goes on... My experience is: no, we are absolutely always connected up; literally on that level of being in relationship with planet earth herself, if you want to put it as another field, or relationship, or living being; another ecosystem.” DM

AD referred to the *Brahma-vihāras*, usually translated as loving-kindness, sympathetic joy, compassion and equanimity, as being a part of the field of nature, rather than existing as personal qualities of the individual person. Because the boundary between self and environment was softened, the environment was available as a source of support:

“Those aren’t just parts of oneself, they’re the fundamental qualities of our nature, and that they’re not simply personal. And so it’s that sense of drawing on that wider field, which is more than just the small ‘I’, if you like.” AD

Empathy was constructed within a relational context rather than as a quality that belongs to an individual. RE articulated her experience that empathy depends less on the individual therapist than on their embodiment of interconnectedness:

(Empathy is an) *“aspect of our human nature that is obviously not owned by us, but expressed through us in relationship... it’s based on - in my opinion - the*

practitioner's embodied experience of interconnection... there's another bigger matrix of intelligent awareness, that I trust in that is supporting the two of us if I'm open to it, in this moment, that will be - is part of this empathy." RE

This suggests participants felt that softening the boundaries was crucial in opening up to embodying an empathy that is not personal, but universal. Similarly, Akincano Marc Weber (2015) suggested that the *Brahma-vihāras* were equivalent to “universal empathy”. There was a sense of never being fully able to possess empathy, as it could not be constrained to the individual; nor could empathy ever be fully lost, as it was a fundamental part of the world:

“The bottom line of the Brahma-vihāras is if developed they're boundless, we can't lose them even though we may forget them, so they are inherent, and they're basically an expression of our interconnectedness. Ultimately I can't be really happy unless you are happy because I am connected with you.” Akincano Marc Weber (2015)

Meeting the unknown

In discussing their experiences of empathy, several participants quoted a translation from the Pali word *anukampa*, along the lines of “*To tremble along with the tremble of another*” (RE). This empathic trembling was framed as an enquiry into the unknown, a question that has no attachment to finding an answer. This type of questioning was

intended to penetrate or open up the mystery without needing to close it down by fixing on any one particular resolution:

“So, like in the moment - I really feel you can find this in your presence - but in the moment it would be kind of like pondering ‘who is this I am with?’ without a kind of need to get that—there’s no sort of agenda attached to that; just the sorts of questions that take us into that—it’s like we could be all sorts of places, yes?”

RE

“And in meditation, it’s very open, there is no answer to the question, it’s just a very open question and maybe that would be useful - yeah that’s an interesting thought - in one’s attitude towards a session afterwards. Did I do good there? I don’t know. There’s a lot of not knowing and sometimes the client will let me know when they come back the next time, that they got a lot out of it and sometimes they let me know before they leave even, but there is a lot of not knowing about whether what you’ve done is... What has evolved in the session, what the client’s been able to do that has been helpful.” HE (a female dramatherapist – interview data from Millon & Halewood, 2015)

Participants cultivated an attitude of doubt, which although difficult to tolerate, was experienced as important in and of itself. Empathically, this meant not assuming that the experience of the other was being fully understood:

“In a session I’m continually going into the unknown, so I have to be continually checking out. But that’s what I really love about the work, that it is an exploration of the unknown. And the number of times I’ve sat with the person and thought ‘I don’t know what’s happening here, I don’t know where I’m going, I don’t know what to say, I don’t know how to take this forward’ and then if I can just accept that – ‘okay’ – and I can just sit with what’s in the room, if it’s hopelessness and confusion and not knowing – ‘okay, this is how it is’.” HO

Empathy was constructed as powerful, creative and magical; it was a mystery that pervaded all the other levels of socially constructed reality:

“But there is something about – well the best word that I can think for it is ‘magic’ – the magic that arises out of that place. And now when I’m thinking about empathy, and how I said it was one of the holding blocks, as it were, and then I’m thinking that—or I’m feeling like, actually, that’s—it’s like continually getting below, and below and below; oh but the empathy is held by the magic; the unknown; the mystery. The mystery, is that what holds everything? The mystery?” HO

One participant described empathy as a *“threshold of awareness”*, *“that edge of knowing”* (RE) which for her was the place at which she intended to be in both therapy and meditation practice. The willingness to stay on this threshold was *“the awakening quality within the therapy encounter”* (RE).

“The intention is just to be there, you know, just to be there. And that’s the threshold: the ‘just to be there’ threshold. And that ‘just to be there’ threshold, I feel, is an ongoing—is a continuum, you know: ‘just to be here, just to be here, just to be here, just to be here, just to be here’ until the other complexities of the human being start to make something of that.” RE

This practice of being with the unknown ultimately required a leap of faith, as by its very nature its potential consequences couldn’t be pre-judged:

“But I do trust that sometimes it helps the other. I do trust that. And, sometimes, maybe it doesn’t, but I do trust that at the end of the day, all I can do is that. It’s—that’s my practice. That’s my practice. At the end of the day, all I’ve got is my practice.” RE

Participants were willing to share their unknowing with the client with the trust that in doing so change may occur: HO described the shared sense of surprise at what understanding or change could occur through her acceptance of the unknown:

“And then, by the end of the session I’m—maybe the client, because I might have shared with them ‘I get the feeling I don’t know where we’re going with this’, and then by the end of the session, so often, the client and I have the ‘well where did all that come from?’. So that dropping into the unknown, and not having an agenda.” HO

This attitude of not assuming knowledge allowed participants to make use of explicit feedback from their clients rather than assuming the accuracy of their reflections or interpretations. This process allowed participants to feel they could learn from their mistakes, and subsequently change themselves as a result:

“If the person says ‘no, that’s not quite what I meant’, that’s also fine, because then I’m guided by that.” PL

“Humbling understood as like a learning I go through, thanks to my clients: they teach me a lot about my shortcomings, and where I am, then grow in the craft, grow in the skills, so hopefully I can offer a better quality presence.” DM

Participants constructed the body as a recipient of intuitive, non-intellectual empathic understanding of the other. A trust was developed in this pre-verbal empathy. One client offered a particularly vivid memory of such an embodied experience of empathy:

“I remember once sitting with a client and having this pain in my coccyx, thinking ‘what?!’ And she told me she’d fallen downstairs and landed on her bum. I mean, that’s so weird. That is really weird.” SM

Participants seemed to create the body as a symbol for the unconscious, and it was as if this symbol mediated between the unknown and what could be put in to words. This construction of empathy went beyond what made rational sense and generated spontaneous insights:

“Sometimes it’s coming through the eyes, like I think, ‘oh, the way that person’s holding their shoulders – I want them to notice their shoulders, pay attention to what’s going on there’. But sometimes it doesn’t so much feel like it’s just the eyes, because if I was to look only with my eyes, I might think, ‘why am I asking them to sense into their knees? There’s nothing wrong with their knees, nothing strange at all, nothing’, but that’s where I’m drawn.” MN

One participant said that they lacked the capacity to use their body as a whole in the way described above. Instead they discussed how what seemed important was that their heart served a similar function: as a receptive organ to non-intellectual knowing. In either case, a symbol is constructed to stand for intuitive knowing.

“There’s a lot these days, isn’t there, about therapists’ use of their body, and what they sense in their body, and all that jazz. And a bit of me thinks ‘urrrhmmrrrr can’t do that’, because I’ve got quite a lot of physical damage, myself, these days... What I certainly use and trust is: I get a response here (gestures to heart) and I’ll say it: ‘oh I really felt that there’. For the client yesterday, I had a kind of bomp here, and I: ‘so, how’s your heart doing?’ and all this!” SQ

Another participant expressed her experience that relating to others from this place of intuition was *“deeper – it probably sounds awfully pretentious – but, kind of, wiser”* (SM). She went on to suggest that this was not personal to her, but an inherent part of human nature. The sense of an empathy which can’t be expressed through words came

up repeatedly in participants' accounts of their client work. Empathy was experienced as primal and bodily, and apart from the realm of thinking or language:

“So there’s such a connectedness through our physicality, that is nothing to do with the thinking processes; that is much more base and animalistic.” AT

Another participant emphasised that this intuition cannot be forced; all that can be done is to wait for it to make itself known:

“You can develop an understanding of the theories, the teachings. But until you have an embodied experience of them, you haven’t really understood. That doesn’t mean that you don’t work with your cognitive understanding and your sense of an emotional understanding, but what you’re always waiting for (laughs) and it is kind of waiting, inviting in really, is an embodied experience of vulnerability and impermanence. The truth of non-self. You can’t... if someone says, ‘you need to let go’, it’s almost a waste of words, because a person can’t consciously let go. It isn’t something you can do, is it? It’s something that you can over time create the circumstances to allow it to happen.” HE

In this construction of experience as impermanent, empathy was much more a process than a quality or state. It inherently resisted being pinned down, quantified or turned into a fixed characteristic:

“I don’t think that one can be empathetic all the time; I think that’s impossible, because it’s not a state. It’s not a something for—well, you know, nothing is a something forever. It’s the beginning of something.” RE

RE continued to explore her experience of empathy as temporary and continually changing, suggesting that it depended on many factors outside of personal control.

Empathy could arise in an instant and was not to be held onto:

“So I think empathy is a hard-earned experience. I think it’s momentary, and then it dissolves, because all the factors that brought you there, change. And sometimes people experience it as a meeting; just a touching; at quite depth; and sometimes people don’t experience it—the other doesn’t experience it. I would describe empathy as the process of attunement; it’s not getting it. Once you’ve got it, it’s passed, anyway.” RE

Participants realised that the nature of their experience was a process in constant fluctuation. In letting go of an identification with an empathic ideal, it became apparent that everything was changing in a way that was beyond any control. The quality of this relationship with change was described as a trust: a profound knowing of its truth.

“So, yeah, that sense of impermanence, and the transient nature of the way that we all are and things can change in the next moment, and that’s fine; I completely trust that that’s the way that life is.” AT

HO described her perception that although everyday objects appeared to be fixed and unchanging, they were actually perpetually shifting through their relationship with their environment:

“I don’t see how it can be anything other than different each time, because everything—nothing stays absolutely the same, does it? Your recorder may stay absolutely still, but the shadow of the sun on this thing is moving. There’s nothing that is—the biscuits are still in the tin, but the temperature will be warming the chocolate.” HO

Discussion

The grounded theory presented above constructs the psychological and relational processes involved in how therapists who practice mindfulness experience and understand empathy. The theory was influenced by my social constructionist position, my psychoanalytic framework and by my insider position as a therapist with a meditation practice. This study aimed to address identified gaps in the research literature in this area. I chose not to include research findings from quantitative studies in my discussion, as these were in keeping with neither my own epistemological stance nor more broadly that of the profession of counselling psychology, which prioritises subjective experience, takes a non-expert stance, and understands the individual as relationally embedded (Cooper, 2009). Instead I link my findings to the psychoanalytic literature, which has developed primarily from clinical experience and case studies (e.g. Warren, 2012). I also contextualise my findings within the writings of several key Buddhist thinkers.

To summarise, the grounded theory constructed is as follows: The first category, *Defending a fragile self*, describes the way in which participants appeared to construct their identities around an empathic ideal; there was an assumption that they were able to perfectly understand their clients, as if there was no gap between them. This seemed to shore up a sense of the self as inherently good, while more difficult experiences appeared, in the interview at least, to be disavowed while the client was constructed as needy and lacking. However, constructing empathy as an ideal and the self as offering perfect symbiotic understanding appeared to lead to fears of being overwhelmed by the other and losing a sense of self. This resulted in struggling to remain separate, and maintaining a firm boundary between self and other, a boundary which was justified as being in the interests of the client.

The second category, *Trembling with the other*, describes participants' acknowledgement that they lacked the capacity to offer an ideal empathy, and that there were always limits to what they could know or control. Participants described a realisation that all is interconnected, which softened the boundaries between self and other. In doing so, participants constructed empathy as an intersubjective process between themselves and the other which appeared to cultivate more mutual power dynamics with clients. Participants appeared to develop an intuitive, embodied relationship with an empathy that could not be fixed down or made tangible; there was a meeting the unknown which entailed a trembling with the mystery of the other.

Defending a fragile self

Identifying with an empathic ideal appeared to be central to participants' constructions of empathy. This involved an idealisation of the quality of empathy, and by extension participants themselves, as providers of empathy. Many participants constructed their therapeutic role as to provide an empathy that had not been offered earlier in the client's life. This seemed to fit with Kohut's (1984) observation that unmet childhood needs for empathy continue to surface throughout life, and that the client's need for empathy would get activated in the transference. Participants seemed very comfortable inhabiting the role of the ideal caregiver who offered empathy as mirroring or merging; many appeared to identify with this role without reflecting on the inherent transference and countertransference dynamics. This was suggested by the way in which participants spoke of empathy as truly and perfectly understanding their clients as if there was no space between them. Participants' apparent gratification from the role of the idealised provider of empathy seems to fit with Kernberg's (1970/1986) observations around narcissism as the belief that "my ideal image... and my real self are one, and better than the ideal person whom I wanted to love me, so that I do not need anybody else

anymore” (p.217). However, this identification with an ideal appeared to involve the creation of a false self (Winnicott, 1960) based around a capacity for empathy, which appeared to induce feelings of being powerful, special and without limits. Some participants spoke of being able to empathise with non-human species, or being much more sensitive than the average person. In Lacanian terms, participants seemed to be engaging in an imaginary identification with their clients (Lacan 1949/2006); in maintaining the comforting illusion that self and other are the same (“*that sense that you’re feeling it for them*”, MN), the otherness of the client was denied.

Through identifying with this empathic ideal, it seemed that participants were at times using their clients as self-objects to stabilise their own sense of identity. This suggested that participants’ own narcissistic needs may have been emerging in their therapeutic relationships, leading them to seek mirroring and idealisation from their clients. I wondered if participants had difficulty integrating their own grandiosity with their vulnerability (Kohut, 1984), and whether their sense of self may have been constructed around an ideal or abstraction rather than a fallible, embodied human being with needs that may be gratified or frustrated (Winnicott, 1960). This would fit with research that suggests therapists may exhibit a higher degree of narcissistic injury than non-therapists (Halewood & Tribe, 2003) and that taking on the role of a therapist can perhaps be an attempt to vicariously meet one’s own narcissistic needs (Menninger, 1957).

Perhaps unsurprisingly in the light of this suggestion, it was less common for participants to describe the times they failed to meet their clients’ empathic needs. Kohut (1971/2009) emphasises the importance of moments when the therapist is unable to empathise with their client, requiring the client to learn to provide for themselves the empathy they need in a “transmuting internalisation” (p.74). Here the client’s sense of self is effectively built up and stabilised through encountering a degree of

disappointment and frustration that can be tolerated. It seemed that for participants such a process of failing to meet the clients' needs might have been quite threatening to their own self-constructs. For example, JG said "*I can't be this awful therapist that feels this way about my client*".

Alongside idealising the self, it also seemed as though the disavowed aspects of the self were projected on to the client who at times was constructed as weak and lacking. These tendencies towards idealising the self and enfeebling the other implied a split in which the participants got rid of the "bad" aspects of themselves by attributing them to the client; a process akin to Klein's (1952) mechanism of projective identification. This suggests that participants may have been struggling to integrate both good and bad aspects into their self-construct. Constructions of empathy in the category *Defending a fragile self* therefore seemed to involve the therapist's disavowal of their own vulnerability and projection of this onto (and perhaps into) their clients. This would seem to support the suggestion that empathy is a form of projective identification (Klein, 1955/1997; Hinshelwood, 1989) in which the self is projected into the other in order to understand their experience as if from within.

However, this idealised empathy seemed to bring up a fear of "*losing (one)self to the other person*" (AT), an annihilation of personal autonomy through merging with the other. In the face of this, participants indicated that they were *Struggling to remain separate*. This need to take a separate stance is perhaps important for the therapist in being able to offer the client a new perspective. The capacity for separation has been linked with aggression; as Winnicott (1971) writes, "If the child is to become an adult, then this move is achieved over the dead body of an adult" (p.145). Johnson (1994) suggests that a persistent pattern of taking responsibility for the emotions of the other can mean finding a false sense of self which disallows expressions of autonomy and aggression. Participants seemed to struggle with the acknowledgement of any

aggression in the clinical encounter, as “*we’ve taught ourselves that, oh, this this is one place where this person won’t be met with harshness*” (MN).

This suggestion of disavowed aggression fits with Safouan’s (1980) argument that Kohut’s self psychology approach leads analysts to narcissistically create ideal images of themselves as devoted helpers, a construction which allows them to ignore their own sadism. Johnson (1994) argues that hostility accumulates when someone gets drawn into a symbiotic relationship with little space for their own autonomy, and as this hostility can’t be expressed outright it can build up or get expressed passively. Perhaps this disavowed aggression represents the “*shadow side*” of empathy (LS), the hostility that arises as a consequence of emotionally merging with the other in the process of empathy. This may partly explain why participants appeared to be very concerned with the construction of professional boundaries, the preoccupation with determining whether a particular emotional experience belonged to self or other, and moving into a detached, observing stance at times, through focusing on the breath and the experience of the body. These attempts to focus awareness on the boundaries of the self and away from the client suggest that the practice of meditation has the potential to be used as a defence against being overwhelmed by the other, a means of shoring up a fragile self.

Trembling with the other

In *Acknowledging lack* participants came to the humbling realisation that they were profoundly limited in their perception of the world, their understanding of others, and in their power to effect change. This challenged their ideal self-construct, man’s “*fundamental illusion*” (Lacan, 1946/2006, p.153), and meant being confronted with the divided and lacking nature of life. There appeared to be a relinquishing of the identity as the inherently good therapist who could perfectly meet the client’s perceived needs and

lack; this forced an acknowledgement that the desire of the other can never be completely fulfilled. Participants began to acknowledge the parts of themselves that were almost unbearably painful: the “*scandal*” (DM). This seemed to echo Klein’s (1952) depressive position, in which omnipotence, splitting and projective identification are relinquished in favour of integrating good and bad.

Acknowledging lack entailed a relinquishing of the empathic ideal, a giving up of the false self (Winnicott, 1960) which found security in symbiosis (Johnson, 1994). Just as Suzuki (1970) suggests that “When you do something, you should burn yourself completely, like a good bonfire, leaving no trace of yourself” (p.62), so participants gave up their narcissistic investment in an identification with an empathic ideal. As Epstein (1995) asserts, “What the meditator must keep confronting is her own capacity for conceit or pride, her own instinctive thirst for certainty, her own ability to co-opt the meditative process for narcissistic ends” (p.134).

It was at these moments of acknowledging lack that participants truly acknowledged a separation from their clients. Participants did not seem to experience this separation as catastrophic; there was a sense of acceptance of differing perspectives. Into this gap that formed came the opportunity to create a new understanding with the client, one rooted in humility and lack rather than narcissism. This seemed to fit AT’s experience: “*I know how vulnerable it can really make you feel, to be seeing things in reality. And it’s very raw, but it’s the only place to start, really: with rebuilding and changing, and finding a new direction*”. Kohut (1966) suggested that it is through the patient tolerating their therapist’s failures that “the transformation of narcissism” (p.257) can occur, forging qualities such as creativity, humour, wisdom and empathy. For many participants, this seemed to involve allowing their client “*to find their knowing and to sometimes do it in quite a messy way*” (RE). Analysts from the object-relations tradition also wrote of the importance of a space between self and other. Segal

(1957) suggested that in symbiosis there is no space between self and other, so there is no need or lack and consequently no symbolisation or thought. The capacity for symbolisation and use of language depends on this acceptance of a gap.

The creation of something new from a place of lack has precedents in both psychoanalysis and Buddhism. Lacanian analyst Leader (2008) suggests that all creativity is an act of mourning, while Lacan (1954-1955/1991) himself argues that “Being comes into existence as an exact function of this lack” (p.223). This suggests that the loss of an empathic ideal can give rise to an unexpected understanding, a new perspective that may creatively transform the relationship - as in the Zen proverb, “When my house burned down I gained an unobstructed view of the moonlit sky” (as quoted in Feldman, 2001, p.20). This construction of lack is present in many Buddhist tales of awakening. For example, Dogen’s enlightenment came as a result of contemplating the “lonely evanescence of life” (Suzuki, 1970, p.107) he felt on watching the burning of an incense stick as part of his mother’s funeral rites. His subsequent life of awakening and teaching could be constructed as a creative engagement with loss: an act of mourning. It seems that participants constructed lack and separation to be inherent to the process of empathy.

In *Realising interconnectedness*, Participants spoke about feeling profoundly connected and bound up with the universe, while there was a “*softening of the boundaries*” (Brach, 2012) demarcating self and other or internal and external. The experience of interconnectedness seemed to fit with constructions of intersubjectivity, “*a mixture of you and me, yes? A kind of a muddle*” (RE). This linked to Ogden’s concept of the “third” (1994); the space where all processing of the conscious and unconscious experiences of the therapeutic relationship occurs. Taking an intersubjective stance meant acknowledging what the therapist was bringing to the relationship, rather like Sullivan’s construction of the participant-observer (1953). This

seemed to enable participants to form therapeutic relationships based in “*mutuality... which on that level is not about therapist and client*” (GB). What made this construction a development onwards from a two-person psychology (e.g. Balint, 1950; Spezzano, 1996), was that the therapeutic relationship was also a relationship with the wider environment – it was not just two people but rather a matrix of interdependent conditions, empty of any intrinsic meaning or self. As Buber (1958/2000) writes, “We live our lives inscrutably included within the streaming mutual life of the universe” (p.29). Rather than locating empathy as an individual quality, participants described feeling as though empathy was a natural response to being a part of the world in which everything is connected: “(*empathy is expressed through us in relationship*)” (RE). This made empathy much less ego-bound; there was perhaps a shift towards what might be deemed a no-person psychology. This suggested Epstein’s (1995) letting go of the “spatial metaphor” (p.137) of the self, and in its place coming to experience the self as an ever-fluctuating process, *anatta*, or “no-self” (Rahula, 1959). As suggested by Suzuki (1970), “We say ‘inner world’ or ‘outer world’, but actually there is just one whole world... What we call ‘I’ is just a swinging door which moves when we inhale and when we exhale” (p.29). Participants seemed to construct the present moment of the therapeutic relationship not just as a moment of potential empathy, but of potential awakening. Empathy and awakening were essentially equated by participants as ways of realising interconnectedness. This is a very different perspective to the suggestion of object-relations theorists such as Hinshelwood (1989) that empathy is a form of projective identification.

Participants described the process of *Trembling with the other* as being simultaneously more connected and more separate. There was a sense of otherness and loss, and at the same time, a realisation of expansive interconnectedness. This evokes the Zen saying that “To go one mile to the west means to go back one mile to the east”

(as quoted in Suzuki, 1970, p.112), suggesting paradoxically that to realise separation equally means to realise interconnectedness, and vice versa. Mahler's concept of rapprochement (Mahler, Pine, & Bergman, 1975) is helpful in understanding such a paradox; this is theorised to be the time in the infant's life when they rediscover their mother after a period of testing out separation. The mother becomes experienced by the infant as separate, confronting the infant with their simultaneous vulnerability and magnificence. This period is then a time of rediscovering closeness with a separate other, and requires significant maturity to navigate.

In *Meeting the unknown*, participants constructed a way of enquiring into the arising in-the-moment experience, emphasising that this was not undertaken with the intention of finding an answer in any absolute sense. This attitude of meditative questioning has been described by S. Batchelor (1990) as a way of "creat(ing) the initial fissure in the veil of the unknown" (p.37). He advocates for the importance of cultivating doubt through this questioning as a way of penetrating the mystery of life. Batchelor makes it clear that this is not intended to bring any kind of solution or answer, but rather that in his experience such enquiry continues to open him up to the "uncanny yet remarkably ordinary" (p.4) nature of being a part of this world.

Some participants spoke of a threshold between the known and the unknown, the self and other and that staying on this "*just to be there' threshold*" (RE) was their intention in their practice; this was facilitated through the asking of unanswerable questions such as "*Who is this I'm with?*" (RE). There was something both mysterious and deeply uncomfortable about meeting the edge of knowing. As Buber (1958/2000) writes, "The moments of the Thou appear as strange lyric and dramatic episodes, seductive and magical, but tearing us away to dangerous extremes, loosening the well-tried context, leaving more questions than satisfaction behind them, shattering security - in short, uncanny moments we can well dispense with" (p.44). One participant

suggested that these moments come from “*dropping into the unknown, and not having an agenda*” (HO), rather like Bion’s (1970) “ability to tolerate not knowing, the capacity to sit it out with a patient, often for long periods, without any real precision as to where we are” (p.187). Similarly, Moss et al. (2008) write about the “slipperiness” (p.133) of mindfulness, which they describe as a practice of “safe uncertainty” (p.132) in which control is relinquished in a supportive environment.

Trembling with the other evokes a sense of Freud’s (1912/1958) analytic attitude of “evenly hovering attention” (p.111), which Lacanian analyst Fink (2007) asserts is “part of our attempt to recognise the otherness of the other, the other’s difference from ourselves” (p.10). Lacan (1956/2006) himself urged his students, “Don’t try to understand!” (p.394) when listening to their patients. The phrase *Trembling with the other* also highlights an embodied responsiveness to the presence of the other, “*a connectedness through our physicality*” (AT). Participants described a tuning-in to their physical experiences, which evokes Winnicott’s (1960) suggestion that “The True Self comes from the aliveness of the body tissues and the working of body-functions, including the heart’s action and breathing... There is but little point in formulating a True Self idea except for the purpose of trying to understand the False Self, because it does no more than collect together the details of the experience of aliveness” (p.148). Winnicott argues that rather than being a set of personality traits that characterise one’s authentic nature, the true self simply cannot be defined in such terms; it is instead the experience of being alive, with particular emphasis on the aliveness of the body. One participant described this freedom from the constraints of a false self-construct as “*an embodied experience of vulnerability and impermanence. The truth of non-self*” (HE).

The category of *Trembling with the other* is broadly in line with other qualitative research on mindfulness and empathy; just as participants described letting go of their need to offer perfect empathy, Bihari and Mullan (2014) found that practicing

mindfulness helped individuals with depression to feel they could be with the other in their distress, rather than feeling the need to fix them. Cigolla and Brown (2011) discovered a process of learning how to tolerate the unknown in their study into how therapists bring mindfulness into their therapy practice. The common theme in these studies seems to be one of relinquishing an anxious drive to be in control and accepting uncertainty. In a study aiming to teach therapeutic presence through mindfulness training, McCollum and Gehart (2010) noted that participants described an increasing capacity to bring together their own internal awareness and awareness of the other. This seems related to participants in the current study taking a more intersubjective stance in letting go of the struggle to remain separate. What these other studies did not construct however, was the intertwining of the trembling openness with the defensive self-construct.

Relationship between categories

The Möbius strip offered a way of constructing the relationship between *Defending a fragile self* and *Trembling with the other* that embraced paradox. This echoed Lacan's (1966/2006) use of the Möbius strip to represent the intertwining of the conscious and the unconscious, and Grosz's (1994) assertion that the tension produced by the continuous reconfiguration of dichotomous variables in a Möbius strip represents human subjectivity. The impossible form of a Möbius strip also aligns with Buddhist thought. S. Batchelor (1990) suggests that unawakened and awakened states co-exist simultaneously, while Suzuki (1970) writes that the *zazen* posture for meditation "expresses the oneness of duality: not two, and not one... Our life is not only plural, but also singular. Each one of us is both dependent and independent" (p.25). This paradox fits the way in which participants constructed empathy as both *Defending a fragile self* and *Trembling with the other*. Moss and Barnes (2008) suggest that practicing

mindfulness involves being confronted with both tangibility and intangibility at the same time, which is a reflection of the way in which life is an inextricable intertwining of presence and absence. Mindful awareness brings the practitioner at once closer to their own embodied experience, and at the same time draws attention to that which cannot be grasped. Participants seemed to express this paradox in the interview itself by describing two ways of being in relationship at the same time; they did not neatly progress from one to the other, or swing between them depending on context; the Möbius strip also brought to mind Winnicott's (1953) transitional space, which is something both interior and exterior, self and other. In empathy participants seemed to express that part of themselves was "not-me", and part of the other was "me", and in doing so dwelt in a twilight space. This echoes Epstein's (1995) suggestion that mindful awareness itself is a form of transitional space.

Ensuring quality

Several checks and measures were undertaken with the aim of ensuring methodological rigour. Elliott and Lazenbatt (2005) advise being open to revising theoretical constructions in the light of newly generated ideas, and highlight the importance of concurrent data collection and constant comparative analysis, theoretical sampling, and memo-writing as being essential to good quality grounded theory research. Attention was paid to all three of these parts of the research process to ensure the methods as outlined by Charmaz (2006) were being applied rigorously. Suddaby (2006) emphasises the importance of acknowledging the existing literature when undertaking grounded theory research, suggesting that while it is undesirable to force the data into pre-existing ideas, it is vain to ignore the field as it stands. I tried to find a balance between reading existing theory while keeping an open mind by only consulting the literature once my categories had been partially constructed. For example, as participants began to speak

about using empathy to heal old wounds, I began to read up on the false self and narcissistic injury in the object-relations and self psychology schools. Suddaby (2006) also warns against methodological slurring, which occurs through a lack of clarity in using grounded theory in a positivist way. I tried to ensure that my social constructionist stance was woven through all aspects of my work, and thought about how my choices of what literature I focused on were guided by both the data and my own interests and values. Charmaz (2006) suggests that grounded theory research can be evaluated with reference to four criteria: credibility, originality, resonance and usefulness. Credibility was ensured through my familiarity with the topic (I've been immersed in the worlds of psychotherapy and mindfulness for several years), and through a comprehensive inclusion of data in my write-up to support my constructions. I would argue that my study is original, in that it constructs a new way of understanding empathy that has not been studied in any depth previously, while developing and expanding the assertion of the object-relations theorists that empathy is a form of projective identification (e.g. Hinshelwood, 1989). This study also presents a new integration of psychoanalytic theory and Buddhist teaching. The resonance of the study comes from the fullness of the theoretical constructions which draw on subtle meanings, and in the study's potential to offer therapists who practice mindfulness some insight into how they may be constructing their relationships with clients. This could be useful in their everyday clinical practice, as well as in providing various starting points for future research into mindfulness practice and empathy.

Limitations and critique

One criticism of this study could be that in my failure to transcribe or code for emotion in voice, length of pauses or level of intelligibility, I was limited in what meaning could be constructed. As Lacan (1956/2006) suggests, "May one of your ears become as deaf

as the other one must be acute. And that is the one that you should lend to listen for sounds and phonemes, words, locutions, and sentences, not forgetting pauses, scansion, cuts, periods and parallelisms” (p.394). I coded the contents of my participants’ speech and actions, but did not pay as much attention to the particularities of how they spoke or the spaces between words. This is arguably problematic as it precludes some aspects of participants’ experience from the analysis. This meant that I lost the opportunity to construct an understanding more deeply rooted in the symbolic, with a greater potential for picking up and making sense of unconscious material. In a paper making connections between Lacanian psychoanalysis and qualitative research, Vanheule (2002) asserts that a symbolic relationship with data must be cultivated which maintains the focus on the signifiers and the relationships between signifiers. In order to bring into focus such subtleties of meaning, a careful and discerning approach is required. Seale and Silverman (1997) for example recommend transcribing interviews in a manner informed by conversation analysis, arguing that doing so can offer the opportunity to find radically different meanings and bring greater reliability and validity to research. Moss and Barnes (2008) treat their qualitative data as “footprints”, which they suggest are “the passing trace of something live, a trace of a moment that has already passed, beyond grasping, intangible” (p.18). This way of engaging with data expresses a mindful approach to research, through which nothing is fully fixed or tangible, but rather vividly fluctuating.

Osborne (2013) argues that the researcher’s own experience of meditation practice will inform how able they are to recognise the presence of enlightenment in others. I was painfully aware of my own limits at times in the research process (and undoubtedly there were also many times where I was not conscious of those limits), as I strained to construct an understanding of my participants’ accounts of their empathic experiences. As some of my participants had been meditating intensively for decades,

with experiences of participating in Buddhist traditions in Eastern countries where the culture around meditation is hugely different, my capacity to recognise and identify their experiences was at times limited.

Although this was at least partially addressed with ongoing researcher reflexivity, another potential issue for me was over-identifying with my participants. Akin to an over-identification in the countertransference (e.g. Eleftheriadou, 1999), such a concern needs serious consideration. Vanheule (2002) suggests that the researcher's desire (perhaps for knowledge) can result in an imaginary relationship with their data characterised by illusion: the fascinating mirror from which a deluded identity is formed. Rizq (2008) suggests that the process of identifying with the participant's vulnerability and the subsequent narcissistic dynamic of mutual agreement may mean that the researcher's guilty and anxious feelings about difference and conflict are repressed. This unconscious conflict could result in the researcher feeling resistance to the analysis and dissemination phases of their research process or a taking a sterile and conflict-free descriptive rather than interpretative approach to engaging with their data. Rizq describes the researcher's painful dilemma as being "confronted not only with the technical issue of balancing the voice of the participant with his or her own interpretative stance, but with the emotional dilemma of how to retain their own perspective and analytic position whilst sustaining a meaningful, empathic intersubjective relationship with participants that does not infringe either the researcher's or participants' sense of self" (p.44). This was something I struggled with at times, as taking an interpretative stance felt imbued with aggression, and I can only hope that through making use of supervision and memo-writing processes I was able to sufficiently separate from my data to say something new. This may have mirrored my participants' struggle to remain separate and the pull towards an empathy with no gap between self and other.

Many of my participants were trained in Core-Process psychotherapy (Sills, 2009). This training will undoubtedly have had a strong influence on the way in which my participants practiced meditation, and how they constructed their meditative and therapeutic experiences. Equally, if I had interviewed more MBSR trained therapists, or found therapists from other trainings that integrate psychotherapy and Buddhist-informed meditation practices, my theoretical constructions may have been very different. While this is in line with my social constructionist stance, the study's emphasis on participants from a particular training background bears mentioning.

Implications

The grounded theory outlined above indicates that the practices of meditation and psychotherapy do not inherently lead to freedom from narcissism and defensiveness. Participants seem to maintain an idealised self-construct based around their capacity for empathy. The danger could be that when participants unquestioningly assume that they are capable of providing their clients with an ideal form of empathy, it could potentially perpetuate a collusive transference and countertransference dynamic that prevents the client from moving forward. What might be particularly problematic is if this defensiveness remains unconscious. The implications of this are that therapists may be acting out on their own unmet needs in their choice of career and unconsciously attempting to meet those needs in their relationships with their clients. The way in which participants spoke much more about their strong capacities for empathy than their moments of empathic failure implied that the focus was more on gratifying the client, and less on empowering the client to learn how to meet their own needs. This will have been influenced by the power dynamics in the interview between participants and myself, and it's possible that this resulted in a greater level of defensiveness than in their relationships with clients. However, it may also suggest that the client's attempts

to separate or express aggression towards their therapist were not adequately mirrored. Hardy (1979) suggested that this can result in denying the client's independence, misunderstanding the client and discouraging a negative transference. It would be difficult to really understand the other from a place of idealised symbiosis and omnipotence, as the client may need the therapist to feel empty, impotent, and devalued in the countertransference. If the therapist is defended against these feelings, they will remain unconscious and thus unavailable for thinking and talking about with the client.

Perhaps *Defending a fragile self* relates to the concept of compassion fatigue, which Figley (2002) suggested is the cost of empathically engaging with others in the helping profession. *Defending a fragile self* seemed to require participants to expend a great deal of psychic energy, seemingly in maintaining the identification with an ideal and in struggling to remain separate. It would not be a great leap to suggest that this could lead eventually to therapists becoming depleted and burnt out. Although it might appear that empathy towards others leads to becoming overwhelmed, it strikes me that such a burnout would occur through *Defending a fragile self* and not *Trembling with the other*. This latter way of experiencing empathy seems less entrenched in an omnipotent desire to heal the other's suffering but involves a much more humble connection with the moment-to-moment intersubjective experience. This appeared to be less depleting for participants, with some suggesting that it was actually an energising form of psycho-spiritual practice. Thus *Trembling with the other* could feasibly support therapists in their day-to-day work in remaining engaged and resilient in the face of difficult conditions.

The construction of empathy as *Defending a fragile self* perhaps also plays a part in current discourses regarding mindfulness in the wider culture. Turnbull and Dawson (2006) suggest that in Buddhism's contact with Western society's dominant ideologies of neoliberalism and individualism, with their inherent focus on objectification,

commodification and narcissism, the practice of mindfulness is being distorted to bolster a narcissistic search for individual happiness, rather than dealing with the root issue of suffering and its cessation. Similarly, Crane et al. (2012) fear a “dilution of integrity” (p.76) in mindfulness-based interventions. This suggests a growing awareness that mindfulness can be co-opted to shore up the fragile self, rather than radically challenge its reality.

Another implication is that meditation practice may support the capacity for *Trembling with the other*, potentially through the development of ego strength (Epstein, 1995), or through building self-compassion (Shapiro et al., 2007) which might subsequently translate into empathy for others. Such suggestions would be in line with existing research that indicates that practicing mindfulness impacts on the capacity for empathy (Shapiro et al., 1998; Lesh, 1970). Supporting such a claim would have implications for many contexts in which empathy is lacking, suggesting that meditation practice can bring profound change to relationships. For therapists, this seems to offer the possibility of creating a more equal power balance in their relationships with clients. This could transform conflicts at the individual level, but also perhaps as meditation becomes increasingly integrated into Western culture, at the wider societal level.

This study also had implications for counselling psychologists undertaking research. Counselling psychology is rooted in principles of intersubjectivity, empowerment and relational context (Cooper, 2009), but it has been argued that qualitative research in counselling psychology has drifted from these principles over time (Hoyt & Bhati, 2007) and “researchers may be unknowingly ‘postpositivizing’ constructivist qualitative methods, which is akin to forcing a round peg into a square hole” (Ponterotto, 2005, p.127). In attempting to measure what can’t be measured and fit into the predominant scientific paradigm, the scope of counselling psychology to advance the research field has been diminished. In reviewing the literature there were

very few rigorous qualitative studies on experiences of empathy that were epistemologically sound. I would therefore argue that there is a need to retain a greater epistemological coherence in counselling psychology research, which builds on the principles of qualitative enquiry (e.g. Devereux, 1967).

This study also has implications for grounded theory methods. The unconscious tends not to be acknowledged in grounded theory research, perhaps because it seems to imply essentialism and moving beyond the data. However, this can be avoided by acknowledging the unconscious itself to be a theoretical construct, albeit one with a profound power to open up new meanings. I would argue that it is useful to have unconscious motivations in mind when conducting grounded theory research, as these are likely to influence the constructions which develop in the research process. Leaving the unconscious out of our theoretical constructions leads us to ignore the instances in which participants contradict themselves, make slips or in other ways reveal “the strangeness buried in ordinary thought and language, an eerie otherness that daily speech conceals” (Cohen, 2013, p.24). In paying close attention to what participants are saying, to their actions, and to this eerie otherness woven through their words, we can begin to construct understandings with much greater richness and depth. This deeper level of analysis would make grounded theory a particularly appropriate method for psychoanalytic research.

There were some inherent tensions in conceptualising and writing about experiences of *Trembling with the other*, which was constructed as a moment-by-moment, non-verbal, experiential process. As Osborne (2013) notes, using language to represent and conceptualise an embodied experience of interconnectedness is perhaps a fundamentally doomed endeavour. There was a tension for me in using the grounded theory method to explore these intangible and non-verbal empathic experiences due to the method’s reliance on language to construct processes. In coding the data, gerunds

were used to capture a particular action, through representing it as a verb functioning as a noun (e.g. “listening”). Initially I felt this use of the gerund seemed to imply the existence of a subject (i.e. the one doing the listening) and an object (i.e. the one being listened to), while social constructionism, a Western epistemological stance, seems to necessitate the assumed presence of an individual actor. However, at points these assumptions were challenged by participants who deconstructed a distinction between self and other. As S. Batchelor (1990) suggests, “Buddha-nature can never stand before one as though it were a grammatical object connected by means of an act (verb) to oneself (subject)” (p.78). This challenged me to tread lightly with the assumption that listening required a listener. In making this shift, the emphasis turns to the actions or processes themselves. With no need to hypothesise an actor or an acted upon, these processes can simply be understood, as Epstein (1995) puts it, as “thoughts without a thinker” (p.41). This supported Hosking (2011) in suggesting that social constructionism (and for me, grounded theory) can be highly compatible with studying Buddhist-informed practices and experiences that deconstruct notions of an individual self, such as emptiness and no-self (e.g. Rahula, 1959).

Similarly, *Trembling with the other* could have implications for researchers. Mindfulness practice, which cultivates a “beginner’s mind” (Suzuki, 1970, p.21), could prove helpful as an attitude to hold in qualitative research in counselling psychology. Conducting such research requires the researcher to manage a great deal of uncertainty in taking a non-expert stance, something that Cushman and Gilford (2000) argue has been increasingly defended against in contemporary positivist research. To tremble with a participant might mean opening oneself up to new meanings outside of comfortable expectations.

Recommendations for practice

The findings of the current study indicate the dangers of unidentified narcissistic defences in clinical work. It seems important for therapists to be aware of defensively identifying with an ideal, as well as the tendency to create an enfeebled other.

Therapists might benefit from reflecting on the narcissistic needs which can unconsciously drive their therapeutic relationships. Bringing these needs into awareness, reducing shame about them, and finding ways of talking about these issues is vital for ethical practice. This research suggests that personal therapy during training, and regular meditation practice may not be sufficient to alert therapists to their own narcissism. Perhaps the therapists of trainee therapists should be selected at least partially on their experience and training in working with issues of narcissism.

Furthermore, if even after training therapists are unconsciously driven in their practice by narcissistic needs, there must be opportunities for these needs to be explored and at least partially met in settings outside of relationships with clients. Therapists need to be trembled along with, perhaps by their supervisors, personal therapists, trainers and Dharma teachers. These people must be real to us, acknowledging their own limits and vulnerabilities rather than existing as mere fantasies of ideal parents. This could mean encouraging therapists to engage in an open enquiry into their narcissistic needs, supported by people who have cultivated an empathy of trembling with. This could be through silent retreats or other opportunities which provide the space for this enquiry to take place, something sorely lacking in the busy clinical environments in which most therapists practice.

Recommendations for future research

Investigating the potential link between *Defending a fragile self* and compassion fatigue (e.g. Figley, 2002) would be valuable to better understand the conditions which can lead therapists to experience depletion and burnout. If more evidence accrues for such a connection, it would lead to practical recommendations regarding bringing mindfulness practice into the workplace.

Participants with extensive and intensive meditation experience did seem to be particularly associated with constructions of empathy as trembling with the other, which suggests that individuals with these meditation experiences offer rich opportunities for learning. Further research could ask questions about what aspects of meditation practice bring out the capacity to tremble with the other, and it would be valuable to explore the impact of meditation practice on narcissistic injury. Perhaps such qualitative research could transcribe, code and analyse data in a way that offered greater potential for understanding the embodied, non-verbal and unconscious aspects of communication.

Further research could focus on the experiences of clients of therapists with a meditation practice. It would be interesting to understand how clients construct empathy in their relationships with their therapists, and whether they too experience the therapist's empathy as both defensive and open. Exploring how clients respond to a therapist's narcissism would be valuable in bringing awareness to an under-researched phenomenon that could feasibly have a great impact on the therapy; equally, exploring how clients respond to being trembled along with would be fascinating. The latter would be especially so, given that clients' experiences of empathy would not be necessarily grounded in the same conceptual framework as those of therapists.

Conclusion

An empathy rooted in narcissism gives birth to a trembling alongside, collapsing back in an endless series of contractions and expansions, stuttering forthrightly in all directions of space and time simultaneously. Perhaps these movements are rather shifts in perception: when viewed from one angle, empathy is an attempt to shore up a fragile self, while from another it is a beautifully embodied opening to the unknown. There seems to be no one without the other, indicating that empathy can never be pure tremble and will always be clouded and at times obscured by a veil of defensive self-construction. However, what this suggests is that the potential to tremble with is never truly lost; there is always the possibility of resting in the mystery and tenderness of the intention to know that which can never be made solid or tangible, that which we might call the self in the other or the other in the self, striking such distinctions dumb in a profoundly alive silence. Empathy is vainglorious and deluded selfishness; empathy is knowing the awful freedom of a boundless space.

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Appendices

Appendix one – Participant demographics

Participant ID	Gender	Profession	Primary relevant training
MN	Female	Psychotherapist	Core Process psychotherapy / Somatic Experiencing
GB	Male	Psychotherapist	Core Process psychotherapy
SQ	Female	Psychotherapist	Integrative psychotherapy
PL	Female	Clinical psychologist / Dharma teacher	Clinical psychology
AD	Female	Psychotherapist / Focusing teacher	Core Process psychotherapy / Focusing
HO	Female	Psychotherapist	Core Process psychotherapy

DM	Male	Psychotherapist / Dharma teacher / Ex-monk	Core Process psychotherapy
LS	Female	Psychotherapist	Integrative counselling and psychotherapy
RE	Female	Psychotherapist / Dharma teacher / Ex-nun	Core Process psychotherapy
AT	Female	MBSR teacher and trainer	MBSR teaching

Appendix two – Demographics of participants from prior study on countertransference and mindfulness (Millon & Halewood, 2015)

Participant ID	Gender	Profession	Primary relevant training
JG	Female	Counsellor / Trainee Counselling Psychologist	Person-centred counselling / Counselling psychology
SM	Female	Counsellor / MBSR teacher	Psychodynamic counselling / MBSR teaching
BD	Female	Counsellor / Psychotherapist	Acceptance and Commitment Therapy / Psychoanalytic psychotherapy
HE	Female	Dramatherapist	Dramatherapy

Appendix three – Ethical approval letter



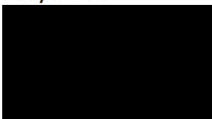
Faculty of Health & Applied
Sciences
Glenside Campus
Blackberry Hill
Stapleton
Bristol BS16 1DD

Tel: 0117 328 1170

UWE REC REF No: HAS/14/02/44

Date: 20th March 2014

Guy Millon



Dear Guy

Application title: Standing in the client's shoes while remaining grounded in the therapist's chair: a qualitative exploration of the process of empathy as experienced in the therapeutic relationship by practitioners of mindfulness meditation

Your ethics application was considered by the Faculty Research Ethics Committee and, based on the information provided, has been given ethical approval to proceed.

You must notify the committee in advance if you wish to make any significant amendments to the original application using the amendment form at

<http://www1.uwe.ac.uk/hls/research/researchethicsandgovernance.aspx>

Please note that any information sheets and consent forms should have the UWE logo. Further guidance is available on the web:

<http://www1.uwe.ac.uk/aboutus/departmentsandservices/professionalservices/marketingandcommunications/resources.aspx>

The following standards conditions also apply to all research given ethical approval by a UWE Research Ethics Committee:

1. You must notify the relevant UWE Research Ethics Committee in advance if you wish to make significant amendments to the original application: these include any changes to the study

UREC/FREC Standard Approval Letter

Version 1 1/8/2013

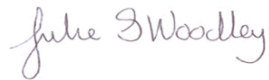
protocol which have an ethical dimension. Please note that any changes approved by an external research ethics committee must also be communicated to the relevant UWE committee.

2. You must notify the University Research Ethics Committee if you terminate your research before completion;
3. You must notify the University Research Ethics Committee if there are any serious events or developments in the research that have an ethical dimension.

Please note: The UREC is required to monitor and audit the ethical conduct of research involving human participants, data and tissue conducted by academic staff, students and researchers. Your project may be selected for audit from the research projects submitted to and approved by the UREC and its committees.

We wish you well with your research.

Yours sincerely



Dr Julie Woodley
Chair
Faculty Research Ethics Committee

c.c *Tony Ward*

Appendix four – Participant information sheet



Study: How mindfulness practitioners experience the process of empathy in the therapeutic relationship: A grounded theory exploration

STUDY INFORMATION SHEET

You are invited to participate in a research study exploring the empathic experiences of therapists who practice mindfulness meditation. Before you decide to participate or not, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Do tell us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

The purpose of this study

I am interested in how you understand empathy. You have been asked to participate as a psychotherapist/counsellor/MBSR teacher who practices mindfulness meditation. I am hoping to interview ten to fifteen individuals in the course of this research project.

Risks and Benefits of Participating

You do not have to take part. However, by taking part you will help us to better understand the process of empathy as experienced by therapists who practice mindfulness meditation. It is also possible that engaging in a reflective discussion about your empathic process will have the potential to enhance your awareness of your client work.

Throughout the interview you will be asked about your responses to clients. If this brings up any distress, it is recommended that you discuss this with your supervisor; for your convenience I will also be providing details of where to find support if discussion with your supervisor is insufficient.

What would the study involve?

The study involves an hour-long interview, which will be audio-recorded. In addition, you are asked to sign the consent form. You may keep this information sheet, along with a copy of the consent form. You are free to withdraw at any point during the interview, or withdraw your data up to a month after the interview without giving reason.

Will the study be confidential? Will it be possible to identify me?

All information will be kept strictly confidential, on a password-protected computer on a secure system for seven years, at which point it will be destroyed. Data will be coded so that your information will be made anonymous (i.e., your consent form and any personal details such as your name will be separated from the interview audio recording and transcript). It will not be possible to identify you. All audio data will be destroyed immediately after analysis.

If you were to disclose an act of professional misconduct towards one of your clients, I would raise the issue with you directly and encourage you to discuss it with your supervisor if you had not already done so. If this did not result in resolution of the issue, I would be obliged to report the issue to your professional regulatory body.

The results of the study

When the study has been completed, the results will be written up as part of the researcher's Professional Doctorate at UWE within the next three years. I will also submit the write-up to an academic journal and present the study at professional conferences. The information would be reported in such a way that it would not be possible to identify you.

What to do if you have any questions or wish to complain?

If you have any questions, would like further information or would like to complain, please contact:

Researcher: Guy Millon, Trainee Counselling Psychologist at UWE,
Guy2.Millon@live.uwe.ac.uk

Or:

Supervisor: Andy Halewood, Senior Lecturer at UWE,
Andrea.Halewood@uwe.ac.uk

University of the West of England,
Frenchay Campus
Coldharbour Lane
Bristol
BS16 1QY

Or:

The British Psychological Society:
conduct@bps.org.uk; +44 (0)116 252 9919

Thank you for your time and assistance,

Guy Millon

28th January 2014

Appendix five – Participant consent form

PARTICIPANT CONSENT FORM



University of the
West of England

How mindfulness practitioners experience the process of empathy in the therapeutic relationship: A grounded theory exploration

Researcher: Guy Millon, Trainee Counselling Psychologist at UWE,
Guy2.Millon@live.uwe.ac.uk

Supervisor: Andy Halewood, Senior Lecturer at UWE,
Andrea.Halewood@uwe.ac.uk

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any point during the interview, or withdraw my data from the study up to a month after giving consent, without giving a reason.
3. I agree to take part in the above study.

Please tick box

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. I agree to the interview being audio recorded. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to the use of anonymised quotes in publications | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Appendix six – Example coded transcript

<p>Transcript:</p> <p>G: So the question is: how do you experience empathy?</p> <p>A: Blimey! That's a question. Experience it, rather than understand it? Yeah. Because I'm not sure, for me, that empathy is something that I know that I'm experiencing until someone confirms it. And I may be being influenced by my understanding of empathy, which I take to be not only sympathy or compassion or feeling with the person, but knowing that that's accurate. I'm not sure, this might be even Rogerian - way back in my training - that, for it to be empathy, you're having a sense of what the person is experiencing, but that's accurate. It's not "oh I know how you feel", because that may not be accurate. So empathy, to me, when I really experience it, is maybe when I-- I've said something that's a little bit going beyond what the person has said. So with a client, or in a group, certainly in one-to-one work, if you were describing something and I would say "so it sounds a bit like you're saying 'x', or 'that sounded'--I don't know, I'd reflect back something, and the client says "that's exactly it, you've got it." That's when I experience empathy, and, in a way, I sort of feel "ah, yeah, we're on the same page, I'm understanding this person". It's also a very good moment - as I'm sure you know - in the therapy session, because it feels like rapport deepens when that happens. Although, having said that, if the person says "no, that's not quite what I meant", that's also fine, because then I'm guided by that. So that's not exactly empathy, but it's in the same ball park, perhaps, that having a go to understand the person. But, yes, I think of empathy--it's when I really--I feel that I'm getting what the person is describing, I have a sense of what it feels like for them, and they're confirming that to me.</p>	<p>Open codes:</p> <p>Distinguishing between experience and understanding</p> <p>Relying on verbal confirmation to know presence of empathy</p> <p>Emphasising importance in feedback on empathic accuracy in distinguishing from sympathy/compassion</p> <p>Drawing on Rogerian theory / Emphasising need for accuracy in empathy</p> <p>Going beyond what the person has said</p> <p>Reflecting back client's experience and getting a verbal confirmation of accuracy</p> <p>Feeling an understanding</p> <p>Deepening rapport through empathy</p> <p>Being guided by client on accuracy of reflection</p> <p>Distinguishing empathy from conscious effort to understand</p> <p>Having a sense of what it feels like for them / Getting feedback on accuracy</p>	<p>Focused codes:</p> <p>Requiring confirmation of empathic accuracy</p> <p>Deepening rapport</p> <p>Making effort to understand other</p> <p>Being guided by empathic failures</p> <p>Being touched</p> <p>Having a felt sense of other's experience</p>
<p>G: And it sounds as though the "having it confirmed" is particularly important, in your experience of empathy.</p> <p>A: Yeah, and it may be because I'm being influenced by what I think empathy means, you know, that is how I was taught to understand what empathy is, and why it's different from sympathy or just being kind, or feeling upset by what somebody tells you, but I was very much trained that empathy means-- that it implies accurate empathy; that if it's not accurate, it's not empathy. That may not be how it's always understood, or how it's understood now, but-- because they say now it comes from our mirror neurons, but I guess you could still--your mirror neurons could get it wrong. So, yeah, I think that feels different from I suppose--that's how I would use the word "empathy". I mean, that's not to say that there might be times that somebody is describing something, and I feel deeply moved by it, and maybe on the edge of tears, and "wow, I really feel for this person", but that's not necessarily empathy, because I might not really be understanding the exact nature of what they're describing. Or it might even be so out of my experience that I don't know what it's like to experience it, but I can see that it's deeply upsetting. I mean, that raises a whole other question. I don't know, if I feed back to somebody what they're saying, and they say "yes, that's right, you've got it", and I have that experience of empathy, it doesn't mean I have felt that myself, or that I'm</p>	<p>Open codes:</p> <p>Being influenced by therapeutic training on meaning of empathy</p> <p>Being taught to distinguish between empathy and sympathy</p> <p>Being trained to define empathy by its accuracy</p> <p>Acknowledging that popular definitions of empathy may have changed</p> <p>Suggesting that mirror neurons imply an alternate definition of empathy</p> <p>Feeling deeply moved by another person</p> <p>Being careful to ensure accuracy in empathy when moved</p> <p>Not understanding the exact nature of experience of the other while feeling moved / Being too far out of own experience to empathise with</p> <p>Wondering whether empathy can occur without feeling</p> <p>Believing resonance is necessary</p>	<p>Focused codes:</p> <p>Requiring confirmation of empathic accuracy</p> <p>Distinguishing between emotional resonance and empathy</p> <p>Acknowledging limits to what can be offered</p> <p>Requiring an emotional resonance</p>

<p>feeling that myself, but there needs to be some resonance, I think. If I was feeling it myself I'd be probably not able to help.</p> <p>G: Okay, so you're distinguishing there between a number of different ways of connecting with a person, I suppose, and the one that I was struck by was when you feel particularly moved, in relationship with someone, and the way that you distinguished between that and the other way you talked about earlier.</p> <p>A: Which might include being deeply moved, but it's more about having that real sense that they know I've understood them.</p>	<p>Not being able to help if feeling moved too strongly</p> <p>Acknowledging that feeling moved can be a part of empathy</p> <p>Having a sense that other feels understood</p>	<p>Failing to help because of intensity of emotional response</p> <p>Requiring confirmation of empathic accuracy</p>
<p>G: And so in the instance we're talking about, where you might feel deeply moved, but it might not be empathy, I wonder if you might say a little bit--</p> <p>A: --[laughs] it might not be empathy. What's that? I mean, this is a little semantic, isn't it, but that would feel maybe more like compassion or sympathy or - I'm trying to think of an example - like maybe--I was talking to somebody once, years ago, who had a real fear of travel: fear of flying; fear of buses; fear of trains. But really wanted to travel, and had particular reasons for wanting to--things she was interested in that would involve travelling. And, as someone who loves travel, I find that really sad, and really moving, and I really felt for her, "god, that must be awful", but I have no sense of what it's like to be frightened to get on a train or a plane. Minor anxiety that we all have, maybe, but it wasn't, in that sense, empathy, it was more compassion, I suppose, but just a real sense of "oh, that's so painful", and for various reasons. I mean, there were reasons why in the particular situation it was particularly difficult. So, that--I suppose that's not to say that I couldn't then feed back something about that, that she might experience as me really understanding it. I think that did happen, to some degree. So maybe it is empathy, but it's not based on my mirror neurons having the same experience, because I haven't had that experience. I've had fear; I suppose I've had other things I'm frightened of, maybe.</p> <p>G: But it seems as though what you're talking about is acknowledging your own difference from the person, and how your experience is different from theirs, and that being an important part of the work, or of the relationship.</p>	<p>Believing distinguishing between empathy and sympathy becomes semantic</p> <p>Feeling moved without empathy is compassion or sympathy</p> <p>Working with someone who wanted to fly but was afraid</p> <p>Being moved because of identifying with client's love of travel</p> <p>Feeling client's pain at missing out / Not having a sense of client's fear</p> <p>Feeling compassion but not empathy</p> <p>Having sense of client's pain</p> <p>Offering client feedback which they experience as understanding</p> <p>Suggesting that engagement of mirror neuron system requires having had same experience as other</p> <p>Having same emotion in other contexts</p>	<p>Acknowledging limits to what can be offered</p> <p>Distinguishing between empathy and compassion</p>
<p>A: Yes. Well, I suppose it does raise this whole thing about our training, and the work we do as therapists, our colleges, or whatever. It's not based on us having the same experience as clients. That often comes up: people want to know if you've got kids, or certain things that they feel you won't understand if you don't have that situation. We might explain ours--what we do isn't based on personal experience, it's based on our training. It's based partly on our experience, but--yes, so I'm losing the thread of that. So yes, so we</p>	<p>Basing therapeutic work not in having the same experiences as others</p> <p>Being asked by clients whether there are shared personal experiences</p> <p>Basing work primarily on professional training</p>	<p>Acknowledging difference</p>

<p>acknowledge difference as well as similarity, and maybe that's all empathy, because it's seeing the person as they really are, and not imagining some kind of resonance that isn't there. Because I think there's - not "nothing worse" - but, you know, it isn't pleasant if you're talking to someone, and they say "I know exactly how you feel", and you don't think they do. That is a very disconnected moment. I haven't had that experience as a therapy client, but I've had it with friends and acquaintances. So it would be something I'd never say, I hope. I hope I've never said to a client "I know how you feel", but I might be more likely to say "so it sounds like you feel blah blah blah", and then they say "yes" or "no, that's not quite it", or "yes, that is it". And then that's when you can start to judge is this empathy? Am I actually--it's an emotional understanding, rather than just sympathy and compassion, which doesn't necessarily have an understanding, in the same way.</p>	<p>Acknowledging difference as well as similarity Seeing the person as they really are / Not imagining illusory resonance Feeling disconnected when someone imagines they know how I feel Having personally experienced disconnection of other's lack of understanding Hoping to never say the experience of other is known Feeding back client's experience / Checking reflection for accuracy Enquiring into whether connection is truly empathic or just based in sympathy</p>	<p>Requiring confirmation of empathic accuracy Distinguishing between empathy and compassion Being wary of imaginary resonance</p>
<p>G: And it sounds as though you're, in some way, cautioning against - I think you said - a resonance that isn't really there, and really checking it out to make sure that perhaps there isn't getting drawn into an illusory resonance.</p>	<p>Acknowledging usefulness of psychodynamic concepts Not being trained psychodynamically Being wary of over-identifying with client Not claiming to know experience of other Having different relationships Having emotional response to own experience Not assuming knowledge of other's feelings Being careful not to make assumptions about experience of other</p>	<p>Being wary of over-identification Acknowledging difference Being wary of over-identification Acknowledging difference</p>
<p>A: Yes, well I think this can be maybe where things like transference and countertransference come in; they're not terms that were hugely part of my training in clinical psychology, because it wasn't really psychodynamic. We touched on that, but certainly if the person is describing something that is in your own area of experience, it's maybe all too easy to think "well therefore maybe they're feeling what I felt". So, if someone - I don't know - is describing bereavement, and you've been bereaved in a similar kind of relationship; say they're describing losing a parent and you've lost a parent, you can think "oh, I know what that feels like", but you have no idea what it feels like to them, because we have such different relationships. So I think that's almost where it gets a bit more slippery, because we start to think that we're empathising and resonating, when actually we're just remembering our own experience, and having an emotional response to that. I haven't really thought this through! Just, you know, this is off the top of my head, in response to your questions, but I think it's really important not to assume that we know how it feels. I mean, how do we know that how anything feels to another person, really? We just assume that "because I feel this, other people feel it".</p>	<p>Differentiating between emotional and intellectual aspects of empathy Checking accuracy of empathy as an intellectual process Resonating as an emotional recognition</p>	<p>Differentiating between emotional and intellectual aspects of empathy Requiring confirmation of empathic accuracy Recognising the emotion in speech Requiring confirmation of empathic accuracy</p>
<p>G: And so, you're using the word "resonating", and I wonder if you might say a little more about what that means to you?</p>	<p>Differentiating between emotional and intellectual aspects of empathy Checking accuracy of empathy as an intellectual process Resonating as an emotional recognition</p>	<p>Differentiating between emotional and intellectual aspects of empathy Requiring confirmation of empathic accuracy Recognising the emotion in speech Requiring confirmation of empathic accuracy</p>
<p>A: I suppose, to me, the resonating is more the emotional aspect of empathy. The content aspect; the more understanding, almost the more intellectual aspect is the checking-out. You know, so "what I'm hearing is this", "what I understand you to be saying, is that right?" or "it sounds like you felt this, is that--?" But that empathic resonance is the, kind of, sense of something in me that emotionally recognises--that feels like an emotional recognition of what's being said. But my sense is I can't know that that's what's happening, unless the confirm that. So, yeah, I don't know, "resonate" --I just mean that I kind of</p>	<p>Differentiating between emotional and intellectual aspects of empathy Requiring confirmation of empathic accuracy Recognising the emotion in speech Requiring confirmation of empathic accuracy</p>	<p>Differentiating between emotional and intellectual aspects of empathy Requiring confirmation of empathic accuracy Recognising the emotion in speech Requiring confirmation of empathic accuracy</p>

<p>feel like it makes sense to me. So, like with this lady who couldn't travel, I could resonate with the distress of that, the frustration of it, but I couldn't really resonate with what's it like not to be able to get on a plane. I couldn't empathise with that, in a way. I could sympathise with it, but it doesn't resonate with me; it doesn't make sense. But if I think, maybe if I can relate it to other things I am scared of, maybe I could resonate a bit.</p> <p>G: So it sounds as though maybe the distinction is around - I'm not sure if this is quite right, but - the particulars. And so, you can resonate on--it sounds like you resonated with the distress, but then the particulars of this particular anxiety--</p> <p>A: --this particular kind of anxiety, yeah.</p> <p>G: --and I wonder if this connects with what you said at the very beginning, about distinguishing between understanding and experiencing empathy?</p> <p>A: Yeah. I mean, I suppose what I'm kind of--my understanding of empathy is that it's not just an emotional response. And I think that is something that was kind of inculcated in me years ago, in training, and I have this memory - I'm sure it came from Rogers - it was the therapeutic triad of "warmth, genuineness and accurate empathy", that was the way it was taught to me. It was "accurate empathy". And maybe that was just there to really highlight that we can't assume that what we're experiencing is empathy. I think the word is used in our culture very loosely, you know, people say "oh I really empathised with that person". Yeah, you can sympathise and have compassion, but is that empathy? So the experience of it, from that point of view, does depend on having some feedback from the other person, which I suppose is making me think--I'm watching someone on the TV having some terrible experience, well obviously I'm having some emotional, compassionate response - and I'm sure some of that is empathy; my mirror neurones are probably doing their thing; although I gather there's some doubt, now, about mirror neurones - but I suppose it would have to be a bit of a question; I feel like what I'm experiencing is empathy - or I may feel that - but maybe I can't really know, because I don't have the person to tell me.</p> <p>G: Okay so there's something there about a kind of attitude of questioning, as well, of not being sure. I wonder if you might say a little more about that?</p> <p>A: Well I guess I think that's pretty healthy, to have a--and I'm sure that mindfulness practice and dharma practice encourage that, as well, the sense of we can only ever hypothesise about what's going on for another, and they know what it feels like. So I think it's also part of - I suppose, for me - the therapeutic relationship, and - I think this is similar in mindfulness courses - is that, although we might have some particular skills and techniques to offer,</p>	<p>Needing intellectual confirmation of emotional resonance</p> <p>Feeling like it makes sense</p> <p>Resonating with underlying feeling</p> <p>Not empathizing with specific details of other's experience</p> <p>Relating to own experience in order to resonate</p> <p>Confirming that particularities of other's experience can elude empathy</p> <p>Understanding empathy as more than emotional response</p> <p>Being trained in Rogerian core conditions</p> <p>Highlighting need for empathy to be accurate</p> <p>Not assuming knowledge of other's feelings / Criticising loose cultural use of word 'empathy' / Questioning whether empathy is truly present</p> <p>Needing feedback from other person</p> <p>Suggesting compassion and sympathy are insufficient for empathy</p> <p>Challenging the evidence for mirror neurones</p> <p>Questioning whether experience is truly empathic</p> <p>Encouraging an attitude of enquiry and uncertainty</p> <p>Hypothesising about experience of other</p>	<p>Distinguishing between empathy and compassion</p> <p>Acknowledging limits to what can be offered</p> <p>Relating to own experience in order to empathise</p> <p>Requiring confirmation of empathic accuracy</p> <p>Distinguishing between empathy and compassion</p> <p>Encouraging an attitude of enquiry and uncertainty</p>
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<p>and teach, in that sense - so there's a psychoeducational component even in therapeutic work - it's also a collaboration, and the client is the expert on their lives, and not completely the expert, because if they were, they wouldn't be suffering, come and asked for help, but most of the kind of training I had, which was more in the broad areas of cognitive therapy, narrative therapy, solution-focused therapy, where there's a real sense of being very open with the client about "this is the theory, here; this is what we're working on", there's no blank-screen therapist, or mysterious interpretations, or maybe more depth psychotherapy/psychodynamic therapies might do - that might be terribly stereotyping them there, but - and so, it's really important, therefore, always to have that sense of questioning and humility and "this is what might be going on; give it a try; come back and let me know, and I might be wrong". And I think that actually, probably, you can overdo it, because you want the therapist you also can project a little bit of "expert" onto; you don't want a therapist to say "I know nothing", but we have a model but we don't really know how it might fit with this person. But it probably does support empathy, that sort of--or the person feeling that you're empathising and understanding, that kind of collaborative way of working; so both in how you formulate the problem and how you offer a path that might be useful. You do it with that sense of it's all a bit of an experiment; it's all a hypothesis.</p> <p>G: And that hypothesising attitude, which you're saying almost kind of naturally leads to a collaboration - because it doesn't put the therapist or the teacher in the position of the expert - I suppose it sounded as though you were saying that that attitude has been developed through both the mindfulness training and the dharma, and then also your therapy training.</p>	<p>Acknowledging the part of psychoeducation in therapy</p> <p>Collaborating with client</p> <p>Suggesting the client is to some degree the expert on themselves</p> <p>Being transparent with client about theory</p> <p>Believing psychodynamic therapy cultivates unequal power balance</p> <p>Acknowledging own stereotypes about psychodynamic approach</p> <p>Questioning with humility / Acknowledging own fallibility</p> <p>Encouraging client to project ideal on to therapist</p> <p>Not knowing how theory fits with client</p> <p>Building empathy through collaboration</p> <p>Collaborating in formulation and intervention</p> <p>Seeing therapy as an experiment with a hypothesis</p>	<p>Encouraging an attitude of enquiry and uncertainty</p> <p>Co-creating mutual relationship</p> <p>Relating non-oppressively</p> <p>Acknowledging limits to what can be offered</p> <p>Allowing client to establish idealising transference</p>
<p>A: It's hard to say, really, because I trained a long time before I was practising - well, not a long time before, but a few years before - and I think it was very much the way I was trained, and also clinical psychology likes to be a science. I'm not sure it really is a science, but it's kind of empirical: it is supposed to be based on academic psychology, evidence, evidence-based, you know--could go into a whole discussion there about how evidence-based it really is, and what the evidence is, but there is a sense that it's empirical, and so that if I'm basing - for example, thinking of MBCT - if there's a theory of how low mood can lead to relapse, that's empirically based; there's been some evidence to test it and support it, but then if I'm sharing it with a group, or with a person, and it's in a group for MBCT, then I'm not necessarily saying "this is what happens to you", I'm just saying "this is the understanding, from cognitive psychology, of what happens, is that your experience?" or "check it out in your experience" and that's an interesting one, as well, for empathy, because I don't necessarily need to know that much about the person, but quite often people will really get that; they'll say "oh yeah, gosh, that's really how it is". And it's not based on me knowing them, it's based on me having a model of depression, and that's what they're complaining of. So that can also - and this has just come into my mind now - that can also help people feel understood, is that there is a theoretical model that makes sense to them, of what's happening to them, and it's not just "them"; it's not just some weird quirk they have; that this is how human beings work. So that can also be a way of conveying empathy, that isn't so dependent on me feeling what that particular person is saying. But that was a bit of a digression, the point is that I was saying this is what is found; this is the evidence; this is the model of - say - how ruminative</p>	<p>Training in psychology before meditation</p> <p>Being trained in a scientific discipline</p> <p>Taking an empirical, evidence-based approach</p> <p>Acknowledging debate around validity of empirical evidence-based practice</p> <p>Basing theory on testable evidence</p> <p>Sharing research evidence with clients</p> <p>Checking whether evidence-based theory fits with individual experience</p> <p>Communicating understanding without knowledge of individual other</p> <p>Communicating theoretical model</p> <p>Sharing theory to help client feel understood</p> <p>Not taking things personally</p> <p>Using theory to communicate universality/normality of suffering</p>	<p>Using the guise of empiricism as a narcissistic defense</p> <p>Taking a collaborative scientific approach</p> <p>Using general theoretical models to depersonalise individual suffering</p> <p>Conveying empathy through theory rather than person-to-person relationship</p> <p>Depending on the authority of theory</p>

<p>thoughts, or low mood, lead to relapse. And then people can check that out, and through the practice of mindfulness and the other things we do in the group, they start to see that more clearly, and then have a way of working with it when it starts to happen; they're not just so lost by it. I think mindfulness is similar, in that I think that in the Buddhist tradition, the Buddha was very empirical; in my understanding of Buddhism, the Buddha was much more of a psychologist than a founder of a religious movement - that just happened, but there's a very deep psychological understanding at the root of it. It's a different kind of empiricism, because it's not based on doing experiments with large groups of people, it's based on his own understanding, and presumably that of others that he knew. But there's no expectation, in that tradition, that people should take anything as read, as dogma, just because I say so / the teacher says so / the Buddha says so, and I think that is very much how I would approach mindfulness-based therapy and other therapeutic work. So it partly comes from being a psychologist, and in a way, a scientist, you know, I do basically see therapy as an art, as well, but it's got some sort of scientific backing. But it's also in line with the dharma, so I don't know which came first, exactly, but it fitted--you know, I can remember when I first actually started learning Buddhist psychology, thinking it made sense from what I already thought, from what I already knew from academic experimental psychology - cognitive psychology, especially - so it wasn't contradicting that.</p>	<p>Conveying empathy without feeling Using the weight of evidence for theoretical model Using theory to help clients see clearly Encouraging clients to make sense of their experiences in way that fits theoretical model Believing the Buddha was an empirical psychologist Moving Buddhism away from religion Basing dharma on subjective experience of Buddha Rejecting dogma / Adopting a critical and enquiring attitude Approaching therapy with a critical and enquiring attitude Seeing therapy as a mixture of art and science Integrating Buddhist and Western psychological theory Finding common ground between Buddhist and Western psychological theory</p>	<p>Claiming Buddhism as a science rather than religion Challenging dogma Synthesising an enquiring attitude from Western psychology and Buddhism</p>
<p>G: And so you're really making a link there between Buddhist psychology and then experimental psychology, and finding that although you trained in one approach first, it didn't feel like they were separate frameworks, in some way.</p> <p>A: Absolutely, yeah. I think if--and of course, we see everything through the lens of what we already know, because I know other people who have trained in much more psychodynamic, and maybe less empirically-based psychology will also say that Buddhism is compatible with it, so it probably influences our understanding of the tradition. But if - I don't know - if I was listening to a spiritual teacher who said 90% of our experience is unconscious, and will always be unconscious, and we'll never bring it into consciousness - which I think a Freudian might say - I would think that doesn't quite relate to my understanding of what conscious and subconscious and unconscious mean, from a psychological point of view, or a - I don't know - if they were saying that the way we think isn't important in affecting our mood, I'd think "I don't buy that!" There's no evidence for that; the evidence is not that; the evidence is that mood and thinking are very, very closely, mutually influential. I can't think of exact examples now, but it was just that feeling that what was being offered - in terms of the basic psychological understanding of the Buddha - made sense, from - I'm not saying it was the same - but it made sense from the framework of someone having been trained in a more western approach to psychology, particularly around, I suppose, kind of an understanding of - I'm thinking of some of the abhidharma psychology - the understanding of mental states, of condition, of things arising, dependence on conditions. Yeah, I'm slightly--I mean, there's lots--what's coming into my mind is that there's probably lots of areas where it wouldn't be so easy to make a clear parallel. There are very important and influential aspects of western psychology - particularly in the therapy world, like maybe attachment theory - that I don't think it would be very easy to find in the Buddhist psychology tradition. I</p>	<p>Seeing things through lens of empirically-based psychology Acknowledging impact of prior training on current perspective Not relating to psychodynamic idea of unconscious Disputing psychodynamic perspective Believing thinking impacts mood Basing approach on research evidence Making sense of Buddhist teaching in Western psychological approach Understanding the conditional nature of arising of mental states Acknowledging differences between Buddhist and Western psychological theory</p>	<p>Constructing difference through social conditioning Forming of identity through process of conditioning Using authority of research evidence to defend own position and denigrate others Experiencing Western psychology and Buddhism as similar</p>

<p>don't think they had that kind of more individual understanding of developmental psychology, child development especially I think is a bit lacking in the understanding, probably because it was a very different culture, but more the cognitive understandings of our mental states and what drives us, thoughts, emotions; and also how all that resonates in the body. It feels very congruent. I mean, I suppose the basic underlying message of the broadly cognitive or narrative therapies that we have an influence--our experience of the world is influenced by our interpretation of it. Putting it in that most broad sense, that it's not just what happens to us, it's what we make of it. And I think the Buddha said that, the stoics said that, Tim Beck said that, you know, solution-focused therapists say that. It's a very broad sense of that's where we have the power to act, is in how we are relating to, interpreting, thinking about, understanding what's happening to us, because otherwise we would just be victims of it, really. So I think that's the--do you know the image of the two arrows? That, I think, is - it's a very simple way of putting it, but - that, in its broadest sense, I think that crux between the actual pain, suffering, distress, loss, grief - whatever it is - and what we add and what we bring, that's what people learn more about in MBCT, in dharma practice, and I think in a lot of therapies as well, some people come in, maybe, feeling helpless and "what can they do" and these things are happening to them, or happened to them, and if we can shift something about the way they're approaching that and looking at that, then there's some room for change. I've rather gone off the point of empathy, but--</p>	<p>Acknowledging importance and influence of attachment theory Acknowledging areas of lack in Buddhist psychological understanding Differentiating between current culture and culture of the historical Buddha Understanding of mental states as resonating in the body Feeling Buddhism congruent with Western psychological theory Influencing experience through interpretation Processing experience key across therapeutic and Buddhist approaches Gaining power to act through relationship with experience Referencing Buddhist story Differentiating between suffering and relationship with suffering Learning about relationship with suffering Shifting from passive to active relationship with suffering Making room for change</p>	<p>Experiencing Western psychology and Buddhism as similar Changing the relationship with suffering</p>
<p>G: --No, I suppose I was thinking about what you're identifying as - for you - the core, or the point of overlap between these different paradigms is that experience is influenced by interpretation, or - those weren't quite your words--</p> <p>A: --How we relate to it; how we interpret it; how we think about it.</p>	<p>Processing experience key across therapeutic and Buddhist approaches</p>	<p>Exploring the ways in which experience is processed</p>
<p>G: I suppose I was just wondering about how that relates to empathy, that core of the work, for you.</p> <p>A: Yes, well I think that's really an interesting point, because if somebody is interpreting something in a way that I really--I can see is causing them problems, so there can be some real sympathy for that, compassion for that, but it may also be a way that I don't do, and I don't relate to, then - sort of like the woman I mentioned, with her travel - a part of her - I mean it wasn't entirely clear in that instance - but if someone is--someone's basic interpretation of what happens to them is that it proves that the world is a dangerous place, and that you shouldn't go out, and you shouldn't take risks, and you shouldn't travel - whatever - I can see how restricting that is, and I can really feel for the distress that that is causing that person, but I don't have that interpretation of the world, so I don't - in that sense - resonate with it. So it's an example of what we were saying earlier: I can maybe really resonate with the distress, but I don't necessarily share that interpretation. And I suppose, what I do emphasise with is knowing that there are places in my life</p>	<p>Working with clients' interpretations of their experience Having sympathy and compassion without empathy Being unable to relate to unfamiliar experiences Feeling the distress caused by unhelpful interpretations of experience Being unable to resonate due to differences in interpretations</p>	<p>Being unable to relate to people who's experience differs from one's own</p>

<p>where I've limited myself by how I might have responded to, or related to, or interpreted, something. So—and it's often easier, like a lot of what comes up with people with depression is a very strong self-critical inner critic voice in their minds, and I've certainly had that, and I've worked hard on it, and I don't have it so much now, but I really know how limiting it is. So I do have, perhaps, more of a sense of empathy, because "oh yeah, I remember what that was like, and it was horrible". So that's slightly stronger empathic resonance than if it was "god, that must be really difficult, I really feel for you, but I've no idea what it's like". And then, maybe, the strong—well, I mean, the thing is, if it's too strong, if I'm actually experiencing it in the moment, then it can be too strong, because this is maybe where empathy can spill into over-identification, if someone's describing something that I'm struggling with at the moment, then not only do I not have quite so many resources, perhaps, to help them, but it can just push my own distress buttons. So, maybe there's some continuum there: there's things I can't relate to at all; things I could relate to in the past; things that are going on right now. And I know there are some very preliminary neurological work about empathy that I read - I heard a paper, actually, someone presented - that the feeling with someone - that aspect of empathy, emotionally feeling what they're feeling - happens in a different place in the brain than emotional regulation, and so if we have too much of feeling the empathy, but we can't regulate our emotions, then we just feel overwhelmed, and can't help. And so, what this person was arguing: that compassion needs both of those things; you need to have a sense of feeling with someone; resonating with them - there's a word in Pali: "anukampa", which means "trembling with them"; but you also need to be in sufficient charge of your own response, so that you don't just fall apart, and tremble with them but can't help. And so, I'm not saying, necessarily, you could have too much empathy, but you could have lots of empathy and nothing--no way of working with it. And that may be more likely if what the person is describing is very "up" for you at the moment.</p>	<p>Resonating with distress of other</p> <p>Using own experiences of difficulty to enable empathy for other</p> <p>Finding it easier to empathise with familiar experiences</p> <p>Knowing what's it like to be self-critical</p> <p>Having stronger empathic resonance for experiences that evoke personal memories of similar issues</p> <p>Resonating less when issue is unfamiliar</p> <p>Being wary of overly strong empathic resonance</p> <p>Being wary of resonance spilling over into over-identifying with client</p> <p>Lacking therapeutic capacity when over-identifying with client</p> <p>Relating as a capacity that varies with time</p> <p>Referencing neurological research</p> <p>Feeling emotion in different part of brain than area associated with emotional regulation</p> <p>Being wary of being overwhelmed with feeling and not being able to help</p> <p>Needing both emotional resonance and regulation</p> <p>Trembling with the other / Needing to maintain strength and integrity</p> <p>Needing to have emotional regulation in order to work with empathic response</p> <p>Being wary of being overwhelmed with feeling and not being able to help</p>	<p>Empathising with experiences similar to one's own</p> <p>Being wary of over-identification</p> <p>Changing of capacity for empathy over time</p> <p>Distinguishing between emotional resonance and emotional regulation</p> <p>Balancing emotional resonance and regulation</p>
<p>G: So that's a really evocative translation of the Pali word - "trembling with". What do you make of that term?</p> <p>A: Well, there's two words for compassion in Pali: one is "karuna", which means "action", so that's much more a desire to help, you know, it's a compassion that's moved to do something, but "anukampa" is used more by the Buddha. "Karuna" is used more in the context of the Brahma-Viharas, so it's this basic attitude of kindness and friendliness when it meets suffering; it has a desire to help. So that's "karuna" - I think "kampa" literally means to tremble, to shake, "anu" means "along with". So, I would say empathy would be a pretty good translation of "anukampa", in a way, at least that emotional resonance part of empathy. It even, perhaps, would literally translate "compassion" which means "to feel with". "Karuna" doesn't really mean "to feel with", it means "to do something about it". So—but I guess it doesn't imply that aspect of knowing that you're "feeling with" accurately. It doesn't include that sense of feedback so you know that it's accurate empathy. Perhaps if you're the Buddha you just know it's accurate! So it's an interesting term, and what it certainly implies is that in the face of suffering there's some kind of emotional response, that even - presumably - however we understand the Buddha, or if you're very highly evolved, you still will suffer with that person, or you'll still feel with that person. It's also interesting thinking about</p>	<p>Distinguishing between Pali words "karuna" and "anukampa"</p> <p>Being moved to act when coming into contact with suffering</p> <p>Trembling alongside the other</p> <p>Distinguishing between empathic intention to act and emotional resonance</p> <p>Distinguishing between doing something and feeling with</p> <p>Acknowledging that Buddhist definition of empathy does not deal with question of accuracy</p>	<p>Distinguishing between compassionate action and empathy</p> <p>Trembling alongside the other</p> <p>Getting feedback on accuracy of empathy</p>

<p>it, it's very embodied, isn't it? You "tremble with"; it's something that happens in the body. And I think that's a big aspect of mindfulness work, for people, is to recognise that emotion shows up in the body. People often come to psychologists, they'll tell you about their problems from the head up, and really connecting with what happens physically, when we're feeling emotional, gives people a different place to work with it. So, earlier, we talked about the interpretation, the stories, so people often feel a strong emotion and they get lost in the story, and that just feeds the emotion. And if they can come into where they feel it in the body, and just feel it as a physical sensation, then the story isn't so perpetuated, and the emotion can pass. And that can give people a real sense of "oh, I can handle this when it arises, I don't have to be swept away by it". So, yeah, so "anukampa" probably would be a term that would be quite close to what we might call empathy.</p>	<p>Suggesting that even Buddha has emotional response</p> <p>Suffering with the other</p> <p>Experiencing empathy in the body</p> <p>Recognising emotion in the body</p> <p>Learning to connect with physical aspects of emotion</p> <p>Feeling experience in the body / Stopping the proliferation of stories and thinking</p> <p>Allowing emotion to be felt as a transient physical sensation</p> <p>Giving people a sense that they can handle their emotions</p> <p>Equating "anukampa" and empathy</p>	<p>Becoming more embodied</p> <p>Cultivating mindfulness of change</p> <p>Trusting in impermanence</p> <p>Embodying an empathic response</p>
<p>G: I'm really interested in that dimension of embodying that you're talking about, and you were talking about the client, I suppose, or the person attending the group, becoming more embodied through the practice, and feeling their experience, but without feeding it, you said. And I suppose how this relates to empathy, I suppose, what you're saying is that the empathy is embodied; there's a kind of physiological, physical aspect to empathy; "trembling with".</p>	<p>Defining empathy as more than cognition</p> <p>Having a physiologically emotional response to client</p> <p>Believing that showing own emotional response to client can be unhelpful / Feeling the need to be strong and containing for client</p> <p>Conveying empathy through showing response</p> <p>Being visibly moved / Demonstrating care for client</p> <p>Believing that showing own emotional response to client can be helpful</p> <p>Having a spontaneous and intuitive emotional response</p> <p>Working on connection to own feelings</p> <p>Needing to do work on self-understanding through mindfulness practice</p> <p>Believing personal therapy develops empathy</p> <p>Practicing mindfulness to connect steadily with embodied emotion</p> <p>Learning not to avoid or proliferate</p> <p>Needing confidence in own capacity for emotional connection in order to teach others</p>	<p>Embodying an empathic response</p> <p>Experiencing empathy through eyes</p> <p>Experiencing empathy occurring spontaneously in ordinary moments</p> <p>Emerging of empathy spontaneously from place of having explored unconscious</p> <p>Becoming more embodied</p> <p>Encouraging clients to develop body-mind awareness</p>
<p>A: Yes, yeah. Yes, we're not just thinking "oh that must be terrible", there's a sense of--and it does occasionally happen, doesn't it, you know: you can be talking to a client one-to-one or in a group, and you find yourself on the edge of tears. And I think if we just burst into tears, that wouldn't be very helpful - they need us to be strong, and contain this - but actually, I think it can convey empathy, as well, in a slightly different way. At least, it conveys the sense that you've been moved by what they're saying, if someone can see if you're visibly moved. I think it's okay; I don't think it's probably a good idea to burst into tears in the session, but I think it's okay to sometimes be visibly perhaps on the edge of tears, or a bit choked. I think people then get that you care, and that you're getting this, which is slightly different to what I said earlier about the accurate feedback aspect of empathy, but certainly the emotional--the "trembling with". So I think people--yeah--it's probably helpful. You can't do it to order; it either happens or it doesn't, really, but I guess you do it through working on your own understanding and connection with what you're feeling, but that's where our own practice comes in, in mindfulness, because we have to have done that work ourselves. Clinical Psychology is interesting, because, as a profession, we're probably the only therapy profession that isn't expected to have personal therapy, but a lot of people do, because I think it does help with that process of empathy; even just to know what it's like to sit in the client's chair. But certainly in mindfulness, if I haven't really experienced that connecting with emotion in the body really helps, to be steady with it, and not to get lost in rumination, and not to have to avoid, I have to be confident in that before I can suggest or teach it to others, because it's challenging; they're going to find it difficult; it's going to sometimes be distressing. So, yes. So I've slightly gone off the point.</p>	<p>Embodying an empathic response</p> <p>Experiencing empathy through eyes</p> <p>Experiencing empathy occurring spontaneously in ordinary moments</p> <p>Emerging of empathy spontaneously from place of having explored unconscious</p> <p>Becoming more embodied</p> <p>Encouraging clients to develop body-mind awareness</p>	<p>Embodying an empathic response</p> <p>Experiencing empathy through eyes</p> <p>Experiencing empathy occurring spontaneously in ordinary moments</p> <p>Emerging of empathy spontaneously from place of having explored unconscious</p> <p>Becoming more embodied</p> <p>Encouraging clients to develop body-mind awareness</p>

<p>G: No, I think what I was hearing was: earlier you talked about the "trembling with", and that being associated with a particular neurological area, and then also the affect regulation--</p> <p>A: --Yes, I mean, I don't think this has necessarily been proven by scientists, but it was one preliminary study.</p> <p>G: But it sounds as though you're saying it matches with your experience.</p> <p>A: Yes. It makes sense.</p> <p>G: --and it being necessary, or cultivated through personal therapy and mindfulness practice, that kind of balance of these two processes.</p> <p>A: Yes, well, certainly I think there's lots of evidence that mindfulness, part of what it does is it enhances emotional regulation; the capacity to feel strong emotions and not be completely overwhelmed; to have a sense--I don't really like the word "emotional regulation": it sounds like turning the dial down on the cooker. But there is something about that in the experience of--you become less afraid of strong, painful emotions, because I suppose what you regulate is your response of being overwhelmed by them. And that--when sometimes people will say - and I don't know if you find this - people will say "oh I couldn't do what you do. I couldn't listen to people's problems all day", "I couldn't work in--" and, you know, I worked with people with life-limiting illnesses for many years, people say "I couldn't do that. Be too distressing". And it's not because I'm heartless and I'm feeling that I could do it, but it's something to do with being able to manage the distress, and not just completely "feel with", in that sense; not just tremble with the person. Sometimes that's all people need, is to know that someone cares, but there's also a lot of other things that we offer, that are perhaps more about ways that they can learn to change, or regulate, or modify their responses, through the cognitive, psychological, behavioural, - whatever - means. I think that's why I remember that presentation, because it did make sense to me as "ah yeah, if these are two separate processes, empathising, and then having some control over emotional response, then it makes sense that having - as you say - a balance of those, makes for a good therapist". Because if you're all emotional regulation and no empathy, then you come across as a bit unfeeling, for somebody. But if you're all empathy and no regulation, you would get upset, and the client would see that, and it might not be very helpful either.</p> <p>G: So I just have one quick thing to follow up on that I was interested in: you talked about the distinction between the two Pali words "karuna" and "anukampa" and I think you said that "karuna" is more used in the context of the Brahma-Viharas, and "anukampa" was the term preferred by the Buddha--</p>	<p>Advising caution in generalizing from preliminary research findings</p> <p>Distinguishing between experience of emotional resonance and emotional regulation</p> <p>Citing evidence in support of mindfulness</p> <p>Enhancing emotional regulation</p> <p>Disliking the term "emotional regulation"</p> <p>Developing capacity to have emotions without being overwhelmed</p> <p>Challenging assumption that therapy is distressing for therapist</p> <p>Being able to manage distress</p> <p>Being about more than emotional resonance</p> <p>Needing more than care and empathy</p> <p>Modifying client's responses</p> <p>Separating emotional resonance and regulation</p> <p>Balancing emotional resonance and regulation</p> <p>Needing both emotional resonance and regulation to be a good therapist</p>	<p>Cautioning against uncritically accepting research evidence</p> <p>Developing capacity to feel deeply without being overwhelmed</p> <p>Managing distress</p> <p>Offering more than emotional resonance</p> <p>Balancing emotional resonance and regulation</p> <p>Defining 'good therapist'</p>
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<p>A: --I think what it is, is if the Buddha's just talking about compassion, and he's not talking about it in the context of the four Brahma-Viharas, then he's - this is actually something John Peacock told me, he's a Buddhist academic - then the Buddha used the word "anukampa", and so that word comes up more often, because, just in the texts, compassion is discussed a lot, and it's only sometimes discussed in that particular list. So I don't think we can necessarily say that, therefore, that was his emphasis, but just that it seems that he used a different term, but there's something in--but in the context of the Brahma-Viharas - the metta, the kindness - the underlying, perhaps, emotional response, is kind of taken as read, because karuna doesn't happen unless there's metta there, so you don't maybe need to emphasise the "trembling with", because there's already a friendly response, an open-hearted--it's often translated "loving kindness", but it literally means friendliness or goodwill. So the goodwill is already there, and then you notice the person is suffering, and so the goodwill changes into something that is called "karuna", which translates compassion, but it's from the root that means to act, so to do something. So it's the wish to do something about it.</p>	<p>Differentiating between historical Buddha's use of term 'compassion' outside of Brahma-Viharas</p> <p>Referring to Buddha's frequent use of term "anukampa"</p> <p>Referring to 'compassion' outside of context of Brahma-Viharas</p> <p>Emphasising difference between "karuna" and "anukampa"</p> <p>Assuming the presence of "metta" negates need for "anukampa"</p> <p>Having a friendly response</p> <p>Challenging widely used translations of Pali words</p> <p>Changing of attitude of goodwill into compassionate action</p> <p>Wishing to do something about suffering of other</p>	<p>Distinguishing between compassionate action and empathy</p> <p>Opening of heart with friendliness</p> <p>Acting with compassionate intention</p>
<p>G: So there's a real active quality to that type of relationship. And it sounds as though the "trembling with" is - how to put it - more about being with, rather than acting?</p>	<p>Recognising suffering</p> <p>Feeling other's suffering</p> <p>Acting from place of having felt suffering</p> <p>Acknowledging that "karuna" can be experienced without action</p> <p>Presuming that "anukampa" is insufficient</p> <p>Citing modern research-based definition of compassion</p> <p>Dividing compassion into stages</p> <p>Separating the knowledge of suffering and the desire to help</p> <p>Separating the desire to help and the action itself</p>	<p>Distinguishing between compassionate action and empathy</p> <p>Offering more than emotional resonance</p>
<p>A: Maybe, yes. I think it probably does. It's more maybe the initial recognition that "oh my god, there's suffering here, and I really feel it, too: I feel for this person", and then there would be the desire to act. I mean, I don't know, you'd have to look at the way that they're used in the text. I'm sure there's loads of overlap, because you can't always act; you can't always do anything, but you would still experience "karuna". But, presumably, "trembling" on its own isn't enough, either. But I think there is--there's some more contemporary definitions of compassion; I know at the Stanford Centre for Compassionate Research they talk about compassion having - I think it's at least three components, and the first is the recognition of suffering. So you need to know that there's suffering here. And I think that's perhaps more the empathy and the "anukampa". And then one of them is the desire to do something about it, and I can't remember the other - there's another component I think. They might have separated the desire to help and the actually doing something, but I can't remember.</p>	<p>Integrating understandings from Buddhism and Western psychology</p>	<p>G: So I think we've probably--is there anything that you would like to say or add before we finish?</p> <p>A: I'm not sure if there is. I mean, the thing that I find difficult - but I guess this is something you will be looking at in your research - is it's quite hard for me, having been involved in psychology for many years, and in dharma practice for many years, only in the last ten years or so doing mindfulness based work, but it is hard for me to identify where I got all these--you know,</p>

<p>what--obviously, I got "anukampa" from the Pali canon, but it's not always clear to me why--where my take on things comes from, so I'll leave you to disentangle those.</p> <p>G: That is something that I've been coming across, actually, because initially my question was more - I think it was - "as a practitioner of mindfulness, how do you experience empathy?", and what I was finding was that--</p> <p>A: --as a psychologist, or as a therapist--</p> <p>G: --and people just can't be compartmentalised like that.</p> <p>A: Yes, in quite that way. Yeah. I think that's very true, especially having got involved in mindfulness, you know, secular mindfulness-based approaches, because that brings the two worlds together. The dharma and the psychology, so then it gets even more muddled - and that's great for me, you know. It makes work very rewarding, because it's a way of offering dharma to people in a very accessible way, that isn't languaged in a way that makes it inaccessible. But yeah, it's just hard to know. Except I do have this vague memory of someone - when I was training - very strongly giving us the message that empathy was only empathy if it was accurate, and I think that was perhaps because it is often used so loosely. So we might think we empathise, and we might be very genuinely moved and compassionate, but we don't really know we're empathising unless there's some feedback. I don't actually know the etymology of the word. Presumably it's like "feel with", as well? I don't know what the difference is, in the dictionary, between sympathy and empathy. It would be worth having a look!</p> <p>G: It would be, yeah. Okay, well I suppose we'll finish there.</p>	<p>Finding it difficult to disentangle understanding gained from therapy and Buddhism</p> <p>Practicing meditation and therapy for a long time</p> <p>Having difficulty in separating experience as a therapist from experience as a mediator</p> <p>Bringing together therapy and meditation / Muddying the waters</p> <p>Offering dharma accessibly in a secular context</p> <p>Finding mindfulness teaching rewarding</p> <p>Being very impressed with the idea that empathy must be accurate</p> <p>Needing feedback to empathise accurately</p> <p>Presuming that empathy means to "feel with"</p> <p>Wondering about the difference between empathy and sympathy</p>	<p>Integrating understandings from Buddhism and Western psychology</p> <p>Integrating understandings from Buddhism and Western psychology</p> <p>Using East-West integration to offer dharma accessibly in a secular context</p> <p>Requiring confirmation of empathic accuracy</p> <p>Getting feedback on accuracy of empathy</p> <p>Depending on authority of language to categorise and divide</p>
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Appendix seven – Article prepared for submission to Psychodynamic Practice

Defending a fragile self: How therapists who practice mindfulness construct empathy

Abstract

Understandings and usages of empathy have long-been contested between different schools of the psychoanalytic tradition; empathy has been constructed as a form of projective identification, a means of healing narcissistic injury, and a defence against otherness. As teachings and practices from Buddhism have become increasingly integrated into Western therapeutic approaches, the practice of mindfulness may be informing how therapists experience and make sense of empathy. In exploring how mindfulness practitioners construct the process of empathy within the therapeutic relationship, this study aims to address some of the gaps in current understanding. 14 therapists who practiced mindfulness were interviewed about their empathic experiences, and the data was analysed using a social constructionist form of grounded theory. The grounded theory constructed from the data suggested two categories involved in the process of empathy: Defending a fragile self and Trembling with the other, of which only the former is presented here. Defending a fragile self was constructed as an identification with an empathic ideal and a struggle to remain separate. This suggestion that the practice of empathy can be used to protect the vulnerable self-construct has implications for therapists' practice regarding the therapeutic relationship. The grounded theory also pointed to a different construction of empathy that seemed rooted in insights from mindfulness practice. This trembling with the other was characterised by participants acknowledging their own lack, a realising of interconnectedness and being willing to meet the unknown.

Key words: empathy, mindfulness, grounded theory, narcissism, therapeutic relationship, projective identification

Introduction

Empathy occupies an uneasy place in the theory and practice of psychotherapy. Ensclosed at the heart of some traditions yet rejected by others, the construct of empathy has been both glorified and denigrated; furthermore, different theorists emphasise different aspects of empathy, situating it in the broader context of their ways of understanding human experience. Buddhist teachings and practices introduced to the West (e.g. Hanh, 1975; Suzuki, 1970) have developed into the movement of mindfulness that has increasingly been integrated into psychological therapies (e.g. Kabat-Zinn, 1990); the practice of which fosters an empathy that is constructed as a ‘trembling along with’ the tremble of the other (Keown, 2003, p.15).

There is at present a gap in the literature in terms of qualitative explorations of therapists’ constructions of empathy, and more specifically the constructions of therapists with a mindfulness practice. This study aims to address these gaps by looking at how mindfulness practitioners construct the process of empathy within the therapeutic relationship.

Psychoanalytic constructions of empathy

Freud uses the word *Einfühlung*, which was translated in some instances by Strachey as ‘sympathetic understanding’ (Freud, 1913/1962, p.140), and in others as ‘empathy’ (Freud 1921/1955, p.110) to indicate the non-moralising attitude that plays ‘the largest part in our understanding of what is inherently foreign to our ego in other people’

(Freud 1921/1955, p.66). Although it was not a subject on which he wrote prolifically, Freud (1921/1955) attempts to formulate *Einfühlung* as a meaningful concept with his suggestion that, ‘A path leads from identification by way of imitation to empathy, that is, to the comprehension of the mechanism by means of which we are enabled to take up any attitude at all towards another mental life’ (p.110).

Building on this, Klein’s concept of projective identification (1952) suggests that empathy is possible through projecting a part of the self into another, in order to understand their inner experience as if from within. Hinshelwood (1989) posits that loving relationships can transform the defence mechanism of projective identification into a benign form, while Torres de Beà (1989) goes as far as stating that projective identification is the single most important mechanism in all human interaction, from the healthy and empathic to the disturbed and pathological.

Kohut’s self psychology (1984) emphasises the importance of the therapist’s capacity to communicate their empathic understanding to the patient in an experience-near manner; empathy is the means through which a therapist can come to know their patient’s unmet developmental needs. Kohut suggests that these needs surface in the therapeutic relationship through the emergence of the mirroring transference and the idealising transference, in which the patient sees the therapist as someone capable of valuing them for who they are, or someone who can be looked up to. In this way the therapist becomes a ‘self-object’ (Kohut, 1971/2009, p.25), an external person who serves an essential role in maintaining the patient’s functioning sense of self. Kohut (1984) argues that the therapist’s empathy provides the patient with the way of healing wounds from early experiences of not being understood or validated by their parents.

Kohut (1971/2009) also emphasises the importance of the therapist’s empathic failures; as long as the failure is not catastrophic it can serve as an ‘optimal frustration’

(p.49), a disappointment that is sufficiently tolerable to offer the patient the opportunity to provide the empathy they needed by and for themselves. Kohut (1971/2009) terms this process a ‘transmuting internalisation’ (p.74), an internalising of the therapist’s empathic presence, which was what he argues helps the patient to develop a cohesive sense of self.

While the construct of empathy has been theorised and its importance emphasised to varying degrees in different psychoanalytic traditions, in other quarters it has been more radically challenged. French psychoanalyst Jacques Lacan (1949/2006) suggests that the need for empathy has its origins in a particular stage of infancy, which he referred to as the mirror phase. Lacan argued that the infant is confronted with a painful and chaotic experience of its own un-coordinated and fragmented bodily experience; in response to this, the infant develops a sense of self through seeing its own reflected image, either through a looking glass or in the imitations of caregivers or peers, thus gaining a degree of control over their body. Lacan thus argues that empathy was established as an identification based on illusion which could only perpetuate a sense of alienation; this suggests that any attempt by the therapist to offer empathy to the patient will only alienate them further from themselves and their surroundings. Lacan (1955/2006) suggests that a therapist attempting to provide their patient with empathy is engaging in a form of ‘connivance’ (p.282), a refusal to acknowledge the otherness of the patient which Lacan argues inexcusably undermines the analytic process. Parker (2003), a Lacanian analyst, asserts that ‘The attainment of empathy serves to sabotage what is most radical about psychoanalysis, for the sense that one has empathised with another serves to make them the same as oneself... Against this reduction to the level of ‘imaginary’ identification, the task of the Lacanian psychoanalyst is ‘to obtain absolute difference’ (p.58). Some Lacanians (e.g. Safouan,

1980) go so far as to suggest that through empathy the analyst is actually gazing upon their own self-image as reflected back to them through their patient.

Mindfulness and empathy

Of all Buddhist teaching, it is mindfulness that has most fully taken root in the West, coming to be defined as the ‘paying attention in a particular way: on purpose, in the present and non-judgmentally’ (Kabat-Zinn, 1994, p.4). Originally outlined in the *sutta* entitled ‘The Foundations of Mindfulness’ (*Majjhima Nikāya* 10: *Satipaṭṭhāna-sutta*), the Buddha gives instruction to his *Bhikkhus*, or monks, on the practice of mindfulness in terms of finding a quiet place, sitting down with the legs crossed and the back straight, and bringing mindful awareness to the experience of breathing. He advises this practice as a way of observing the activities of the body and how the nature of bodily sensation is to arise and cease. Through bringing awareness to this ongoing flux of sensation in the breathing body, the Buddha reflects that this also cultivates awareness to impermanence in a wider sense, in that we all age, get sick and die. This is perhaps to be considered at the heart of mindfulness practice.

Mindfulness is now often practiced in a secular form that can have applications outside a religious context (e.g. Batchelor, 1997), while attempting to retain an underpinning of awareness and insight into the true nature of reality (Gunaratana, 2002). Interest in mindfulness as a therapy is increasing rapidly, with new approaches emerging that are either directly based on its practices (e.g. Mindfulness-Based Stress Reduction [MBSR], Kabat-Zinn, 1990); or informed by its philosophy and precepts (e.g. Acceptance and Commitment Therapy, Hayes & Smith, 2005). Research on MBSR in particular (e.g. Baer, 2003) has led to its becoming increasingly perceived as an ‘evidence-based’ therapy in Western society. This has resulted in the promotion of

mindfulness as a treatment for particular individuals with certain symptoms or diagnoses, and the attempt to measure change using outcome measures, an approach that has its critics (e.g. Moss, Waugh & Barnes, 2008; Bazzano, 2015). Mindfulness is also an integral part of several psychotherapy trainings, including Core-Process (Sills, 2009) and Hakomi (Kurtz, 1990) psychotherapies.

Research on mindfulness and empathy

In a quantitative study, medical students who participated in a mindfulness-based stress reduction (MBSR) course of eight weeks self-reported an increase in empathy that was statistically greater than that of a control group (Shapiro, Schwartz & Bonner, 1998). Similarly, a within-subjects study conducted by Lesh (1970) suggested that a 4-week training in Zen meditation increases empathy in counselling psychology students and that participants with initially low capacities for empathy attain the greatest gains. Studies conducted by Paul Ekman (reported in Goleman, 2003) suggest that Buddhist monks are significantly more accurate in detecting small changes in facial expressions of emotions than many other groups considered to be expert at emotion detection (including secret service agents).

Several qualitative studies have explored the link between mindfulness and empathy. In a grounded theory study, Bihari and Mullan (2014) interviewed individuals with a history of depression who had participated in an 8-week mindfulness-based cognitive therapy group. Findings suggest that following the group, participants experienced themselves as developing an increased tendency to be with rather than fix other people in distress. In a thematic analysis study, Hopkins and Proeve (2013) found that after undergoing training in mindfulness, trainee psychologists described a lessening of performance anxiety, a greater awareness of their own responses and an

enhanced capacity to communicate empathy towards their clients. In a study using grounded theory methods, Millon and Halewood (2015) explored the countertransference experiences of psychotherapists who engaged in a personal mindfulness practice. Findings indicated that participants believed they were increasingly able to tolerate difficult countertransference responses, such as anger, fear or boredom, opening up the possibility of using these responses in the service of empathically understanding their clients.

The present study

As empathy has been theorised to be such an important aspect of the therapeutic relationship (e.g. Kohut, 1984), and its construction is now being informed by teachings and practices from Buddhism (e.g. Epstein, 1995), a very different cultural tradition, it is timely to think about how this cross-pollination may be influencing how empathy is both experienced and understood. In exploring how mindfulness practitioners construct the process of empathy within the therapeutic relationship, this study aims to address some of the current gaps in understanding, while undoubtedly raising further questions.

Methodology

Design

This is a qualitative study which utilises a social constructionist grounded theory methodology (Charmaz, 2006) and unstructured interviews to explore how therapists who practice mindfulness meditation construct the process of empathy within the therapeutic relationship. Full ethical approval was granted by the University of the West of England ethics committee.

Rationale for Grounded Theory

Grounded theory was adopted because of its potential to go beyond description and towards theory generation (Glaser & Strauss, 1967). This study is based on social constructionist epistemological assumptions (Charmaz, 2006), with the aim of exploring how participants create meaning in their experiences of empathy. Although empathy has been constructed in various theoretical traditions, very little of this has been based on qualitative research. Furthermore, most existing theories of empathy are not grounded in data gathered from therapy practitioners, and there is very little research that explores the assumptions underpinning empathy as it is constructed within Western society.

Participants

Ten psychotherapists, psychologists, and mindfulness trainers who had a regular mindfulness meditation practice participated in the study. Additional data was used from a further four participants who were interviewed for a prior research study conducted by the researcher (Millon and Halewood, 2015). These participants were also therapists with a mindfulness meditation practice. Although this prior study focussed on countertransference rather than empathy specifically, the therapeutic relationship and constructions of empathy within the interviews made the data highly pertinent to the present study.

Procedure

Sampling

Snowball sampling was used to recruit participants through my existing professional contacts and those of my supervisors. Midway into the project, theoretical sampling was used to recruit and interview three therapists who were also Dharma teachers, individuals with highly extensive and intensive meditation experience who had undergone training in Buddhist centres in order to learn how to pass on Buddhist teaching themselves. The reason for seeking this additional data was because previous participants had spoken about what they had learned about empathy from people trained as Dharma teachers, suggesting that with decades of meditating came a particular depth of awareness, kindness and humility. With the hope of generating new ideas and refining my tentative categories (Charmaz, 2012), I recruited three participants through the websites of Buddhist retreat centres for teachers who were also trained psychotherapists or psychologists. By searching an online repository of Buddhist teachings for talks given on the subject of on empathy, I found two talks given by Dharma teachers (Brach, 2012; Weber, 2015) which I transcribed and selectively coded.

Dey (1999) suggests that theoretical sufficiency, the point at which data collection stops, is achieved when no further ideas are generated. I was critical of this as my experience was that ideas continued to arise throughout the research process, and that the rationale for stopping sampling and data collection was based on time constraints. I do not believe it would ever have been possible for ideas to cease generating in the face of new data due to the ‘unstoppable signifying process’ (Bowie, 1991, p.185) through which meaning is endlessly constructed in our lives, never reaching a fixed endpoint.

The research interview

Individual hour-long unstructured interviews were conducted. I chose to set an intention for the focus of the interview by asking one initial question: ‘How do you experience empathy?’. Participants were encouraged to explore their associations, reflections and any specific examples from their practice. The reason for only asking the one question was to encourage an open and non-directive relationship with the participant and their discourse in order to support the emergence of their own meanings. In acknowledging my difference from my participants, I saw it as my role to pay close attention to how participants constructed empathy in their own unique ways, rather than forcing my own constructions upon them. In practice, this meant at times providing an alternative punctuation to the participant’s discourse, a punctuation that could produce new meanings (Fink, 2007) by virtue of the difference between our perspectives. This sometimes involved asking the participant to expand on a particular point, or gently bringing the participant’s awareness to instances where they contradicted themselves or trailed off mid-thought.

Data analysis

Interviews were audio-recorded and transcribed in full. The interview transcripts were then analysed following the steps of the grounded theory method which involved multiple stages of analysis, starting with line-by-line open coding. The gerund, a verb that functions as a noun, was used for all coding. This ‘builds action right into the codes’ (Charmaz, 2012, p.5), offering a way of coding subtle actions and processes that could otherwise be easily missed. A second layer of coding was more interpretive and ‘focused’. New codes were created to encapsulate others, gradually resulting in the construction of categories. The use of the constant comparison method (Charmaz, 2006)

meant that throughout the research process, early interviews were used to develop tentative constructions, with subsequent interviews being coded with these constructions in mind, ensuring a close fit with the data and forcing an in-depth examination of how meanings might subtly differ and relate to one another. This meant comparing data with other data, data with codes, codes with other codes, codes with categories, categories with other categories, categories with data, and the analysis as a whole with existing theory and research (Charmaz, 2012). As suggested by Charmaz (2006), data analysis took place concurrently with interviewing, whereby each process informed the other. I maintained an awareness of how my theoretical construction was just one of an infinite number of potential interpretations of the data (Dey, 2007).

Throughout the research process, I wrote memos as a record of my ideas and responses. Sometimes memos took the form of emotional responses to interviews with different participants, or intellectual responses to ideas expressed by participants. Other memos expressed ideas or fantasies in response to a specific code or the state of the project in general. Memos were also written to explore the nature of relationships between all my constructions. I wanted to bring elements of post-structuralism to my reflexivity; to me this meant attempting to write my own ‘lack and ruin’ (Lather, 2000, p.22) into the work as a whole.

Analysis

Two main categories were constructed from the data: *Defending a fragile self* and *Trembling with the other*. The relationship between the two categories was represented as a Möbius strip (see Figure 1). For the purpose of this article I have chosen to present solely the first category due to the constraints of the format.

The first category, *Defending a fragile self*, describes the way in which participants appeared to construct their identities around an empathic ideal; there was an assumption that they were able to perfectly understand their clients, as if there was no gap between them. This seemed to shore up a sense of the self as inherently good, while more difficult experiences got disavowed and the client was constructed as needy and lacking. Within this construction of empathy, participants seemed to feel afraid of being overwhelmed by the other and losing their sense of self. This resulted in a struggle to remain separate, through which a firm boundary was maintained between self and other. This was justified as being in the interests of the client.

The second category, *Trembling with the other*, describes participants' acknowledgement that they lacked the capacity to offer an ideal empathy, and that there were always limits to what they could know or control. Participants described a realisation that all is interconnected, which softened the boundaries between self and other. In doing so, participants constructed empathy as an intersubjective process between themselves and the other; this cultivated more mutual power dynamics with clients. Participants appeared to develop an intuitive, embodied relationship with an empathy that could not be fixed down or made tangible; there was a meeting the unknown which entailed a trembling with the mystery of the other.

Figure 1 – How empathy is constructed by therapists who practice mindfulness



Defending a fragile self

Identifying with an empathic ideal

It seemed important for participants to identify themselves as an ideal provider of empathy, a being of infinite and unconditional love and generosity. This identification seemed to initially proceed through a relationship with an idealised other who was endowed with authority and often held a social role such as a teacher, therapist or monk. Idealised others were not only experienced as powerful on the basis of their position in society, but were felt to possess particular qualities which many participants appeared to feel they themselves lacked:

'I remember once ten years ago, being at a talk of a very senior Buddhist monk, and just being incredibly impressed at how when this person was talking about their emotional reality, they just knew it in such an embodied way. They knew their own internal tides, and how different emotions tasted and operated inside themselves, and how they would react and manifest in response and hand-in-hand with what was going on with them emotionally and somatically. And yeah, I remember thinking, "this is where that process takes you".' GB

Empathy was constructed as a magical food with the power to fill a profound lack:

'Empathy is contagious, perhaps. That it's seductive: if you've tasted, if you've sipped, from the cup of empathy, then you want more, because it's good.' LS

Accounts of the empathic ideal appeared to lack ambivalence; it was described as purely good and seemingly without complexity. Participants described a need to protect their ideal from corruption:

'I'd like to keep the territory of empathy as something wholly good, with wholly good intent... Again, I think we're talking about forces that are bigger than what I would like to define as just empathy; I'd like to keep it in this little, kind of hallowed, sacred bubble, that's not contaminated by these horrible realities, but clearly that's a bit naive.' LS

Participants seemed to internalise the empathic ideal, and subsequently construct their own identities around it. The capacity to meet the needs of the client was particularly significant in this self-construct and was often articulated in ways that appeared to reflect a construction of the therapist as parent, and the client as child. For example, one participant constructed empathy as *'kind of mother and a child thing'* (LS) in which a *'rich, healthy, empathic attunement'* (LS) was offered to the other. This suggested an empathic ideal of perfect symbiosis, in which there appeared to be no gap between therapist and client. In maintaining the ideal self-construct, it was as if the therapist was providing the client with an empathic understanding for the first time in the client's life:

'So often people come who haven't been properly listened to; haven't been properly attuned to; haven't been "got" on that sort of emotional level, and for somebody to know that somebody "gets it", emotionally, is very powerful in itself.' AD

'Psychotherapy is sometimes compensatory attention for... you're getting a little potentised version of someone being deeply in relationship with you to help heal any lack of that you might have had.' GB

One participant referred to *'that sense of that you're feeling it for them'* (MN), a powerful capacity to take on the other's pain so that they did not have to face it. Participants' accounts appeared at times to indicate a narcissistic pride in their therapeutic abilities:

'I think now, over the years, I realised that I'm actually more highly sensitised, physically, than most people, and there is a group that says there are "highly sensitive people" (laughs), and that's 20% of the population. And if those groups were correct, then I would certainly fall into that group.' AT

Another participant claimed that they were even able to empathise with other species:

'Can I have empathy with non-human subjects? And yes, of course. Can I have empathy beyond non-mammals? Well, why not?' LS

One participant encouraged their clients to idealise them, claiming that acknowledgment of not-knowing is undesirable:

'You want the therapist you also can project a little bit of "expert" onto; you don't want a therapist to say "I know nothing".' PL

This statement appeared to deny any gratification that the therapist might incur through being constructed as an ideal. Another participant suggested how she avoided emotions that challenged her ideal self-construct:

'I don't want to be present with how I'm feeling about my client so I kind of withdraw and avoid the feeling of being in touch with my countertransference, "I can't be this awful therapist that feels this way about my client".' JG

AT reflected on how maintaining an idealised identity constructed around expertise required a lot of psychic energy, leaving her depleted:

'I think it can be a very isolating place to be, if you put yourself in the position of being an expert, but it's also a really straining place to be, because you've got to maintain that, and it takes a lot of energy to be there all the time, and doesn't allow for other aspects - the shades of grey - to come into your life, you just have to stand firm, and that's an exhausting position to be in.' AT

It seemed that through identifying with an empathic ideal, painful aspects of the participant's experience such as need and lack could be excluded from their self-construct, perhaps resurfacing in their constructions of their clients as enfeebled and vulnerable.

Struggling to remain separate

Constructing empathy as a perfect understanding, as though there was no gap between self and other, seemed to lead some participants to experience their clients as both suffocating and intrusive, with the potential to annihilate their own sense of individuality and autonomy:

'I'm actually seeing you from what is essentially me. So it means being really open, but, you know, the danger of that is that it can be quite overwhelming.'

SM

This fear of empathy as symbiosis was reflected in AT's anxiety over *'losing (her)self to the other person'* in *'getting drawn into their vortex'*, and was echoed by DM's reflection on the overwhelming effect of the mother's experience on the unborn child, who has no capacity to protest or put up a boundary:

'If you experience, maybe, being shaped — the embryological nervous system — being shaped in a womb spacewhere you have to imagine all the emotions of the mother are filtered, constantly, through the pre-nate, who can't—who doesn't have the capacity yet, the cognitive capacity to say "hang on, this is just mum", you know. The self-other system is a much more fluid system then.' DM

As being overwhelmed by another was deemed to be potentially catastrophic, participants seemed to experience a need to stop this from happening through

maintaining a degree of separation. Some participants appeared to focus on the construction of boundaries between self and other, and continually questioned whether an experience originated from, or belonged to, themselves or the client:

'So I think the more the psychotherapists are engaged in their own mindfulness practice, the more they will be able to watch their own process come and go, and be with the client's process as it comes and go and perhaps most crucially, know the difference (laughs softly), know which is theirs and which isn't.' GB

The boundary's function for the therapist seemed to be in allowing them to retain a separate sense of identity and preventing this from becoming overwhelmed by the other. However, this need for separation and autonomy was in contrast to the idealised self, constructed as perfectly able to understand the other. PL explained how feeling the emotions of her client would reduce her therapeutic potency: *'If I was feeling it myself I'd be probably not able to help'*. This rationalisation appeared to enable her to construct the separation as being in her clients' interest. This seemed to be a compromise that allowed the ideal self-construct to remain largely intact, while allowing the enfeebled other to obtain protection.

It seemed aggression and separation were linked, with participants struggling to manage these feelings in relation to their clients. Many indicated anxieties that aggression and individuation would be harmful and destructive of the other. The tendency to deny the *'horrible reality'* (LS) that empathy was more complex than an ideal indicated something of participant's anxieties about relinquishing the ideal. DM suggested that acknowledging difference and separateness in the therapeutic relationship can involve a painful loss of the symbiotic fantasy:

'That's the problem, when we speak of empathy, usually in many--it can kind of be a wishy-washy sweet sugar on top of you, yeah? it would be much nicer if we sat here and drank tea and put sugar on top of each other.' DM

Holding a different stance to the other was constructed as in some way dangerous, as it would entail a moving away from the symbiotic merging of empathy. Some participants reflected on how constructing empathy as ideal, and by extension themselves, as purely good and kind left little room for any of the therapist's hostility towards their client:

'That's right, so we've taught ourselves that, "oh, this is one place where this person won't be met with harshness". So, yeah, it's a very tricky one.' MN

Many participants expressed guilt about the idea of separating from the client; it was as if any wish for individuation or expression of hostility had to be denied. One participant made what I interpreted as a slip, expressing a dominating aggression towards her colleagues:

'I'm a Yoga teacher, I'm also a mindfulness teacher trainer, I also do this one-to-one work, I also own and manage other people--I don't own other people, I own the building and manage other people!' AT

Discussion

The category of *Defending a fragile self* outlined above was part of a grounded theory that also included the category of *Trembling with the other*. It is important to emphasise that these two ways of constructing empathy were intertwined, and that in presenting just the former here I do not mean to suggest it was of greater importance.

In *Defending a fragile self*, a process of *Identifying with an empathic ideal* was central to participants' constructions of empathy. Many participants constructed their therapeutic role as to provide an empathy that had not been offered earlier in the client's life. This seemed to fit with Kohut's (1984) observation that unmet childhood needs for empathy continue to surface throughout life, and that the client's need for empathy would get activated in the transference. Participants seemed very comfortable inhabiting the role of the ideal caregiver who offered empathy as mirroring or merging; many appeared to identify with this role without reflecting on the inherent transference and countertransference dynamics. This was suggested by the way in which participants spoke of empathy as truly and perfectly understanding their clients as if there was no space between them.

Participants' apparent gratification from the role of the idealised provider of empathy seems to fit with Kernberg's (1970/1986) observations around narcissism as the belief that "my ideal image... and my real self are one, and better than the ideal person whom I wanted to love me, so that I do not need anybody else anymore" (p.217). However, this identification with an ideal appeared to involve the creation of a false self (Winnicott, 1960) based around a capacity for empathy, which appeared to induce feelings of being powerful, special and without limits. Some participants spoke of being able to empathise with non-human species, or being much more sensitive than the average person. In Lacanian terms, participants seemed to be engaging in an imaginary identification with their clients (Lacan 1949/2006); in maintaining the comforting

illusion that self and other are the same (“*that sense that you’re feeling it for them*”, MN), the otherness of the client was denied.

Through identifying with this empathic ideal, it seemed that participants were at times using their clients as self-objects to stabilise their own sense of identity. This suggested that participants’ own narcissistic needs may have been emerging in their therapeutic relationships, leading them to seek mirroring and idealisation from their clients. I wondered if participants had difficulty integrating their own grandiosity with their vulnerability (Kohut, 1984), and that their sense of self may have been constructed around an ideal or abstraction rather than a fallible, embodied human being with needs that may be gratified or frustrated (Winnicott, 1960). This would fit with research that suggests therapists may exhibit a higher degree of narcissistic injury than non-therapists (Halewood & Tribe, 2003) and that taking on the role of a therapist can perhaps be an attempt to vicariously meet one’s own narcissistic needs (Menninger, 1957).

Perhaps unsurprisingly in the light of this suggestion, it was less common for participants to describe the times they failed to meet their clients’ empathic needs. Kohut (1971/2009) emphasises the importance of moments when the therapist is unable to empathise with their client, requiring the client to learn to provide for themselves the empathy they need in a “transmuting internalisation” (p.74). Here the client’s sense of self is effectively built up and stabilised through encountering a degree of disappointment and frustration that can be tolerated. It seemed that for participants such a process of failing to meet the clients’ needs might have been quite threatening to their own self-constructs. Alongside idealising the self, it also seemed as though the disavowed aspects of the self were projected on to the client who at times was constructed as weak and lacking. These tendencies towards idealising the self and enfeebling the other implied a split in which the participants got rid of the “bad” aspects of themselves by attributing them to the client; a process akin to Klein’s (1952)

mechanism of projective identification. This suggests that participants may have been struggling to integrate both good and bad aspects into their self-construct. Constructions of empathy in the category *Defending a fragile self* therefore seemed to involve the therapist's disavowal of their own vulnerability and projection of this onto (and perhaps into) their clients. This would seem to support the suggestion that empathy is a form of projective identification (Klein, 1955/1997; Hinshelwood, 1989) in which the self is projected into the other in order to understand their experience as if from within.

However, this idealised empathy seemed to bring up a fear of "*losing (one)self to the other person*" (AT), an annihilation of personal autonomy through merger with the other. In the face of this, participants indicated that they were *Struggling to remain separate*. This need to take a separate stance is perhaps important for the therapist in being able to offer the client a new perspective. The capacity for separation has been linked with aggression; as Winnicott (1971) writes, "If the child is to become an adult, then this move is achieved over the dead body of an adult" (p.145). Johnson (1994) suggests that a persistent pattern of taking responsibility for the emotions of the other can mean finding a false sense of self which disallows expressions of autonomy and aggression. Participants seemed to struggle with the acknowledgement of any aggression in the clinical encounter, as "*we've taught ourselves that, oh, this this is one place where this person won't be met with harshness*" (MN).

This suggestion of disavowed aggression fits with Safouan's (1980) argument that Kohut's self psychology approach leads analysts to narcissistically create ideal images of themselves as devoted helpers, a construction which allows them to ignore their own sadism. Johnson (1994) argues that hostility accumulates when someone gets drawn into a symbiotic relationship with little space for their own autonomy, and as this hostility can't be expressed outright it can build up or get expressed passively. Perhaps this disavowed aggression represents the "*shadow side*" of empathy (LS), the hostility

that arises as a consequence of emotionally merging with the other in the process of empathy. This may partly explain why participants appeared to be very concerned with the construction of professional boundaries, the preoccupation with determining whether a particular emotional experience belonged to self and other, and moving into a detached, observing stance at times by focusing on the breath and the experience of the body. These attempts to focus awareness on the boundaries of the self and away from the client suggest that the practice of meditation has the potential to be used as a defence against being overwhelmed by the other, a means of shoring up a fragile self.

Limitations and critique

One criticism of this study could be that in my failure to transcribe or code for emotion in voice, length of pauses or level of intelligibility, I was limited in what meaning could be constructed. As Lacan (1956/2006) suggests, “May one of your ears become as deaf as the other one must be acute. And that is the one that you should lend to listen for sounds and phonemes, words, locutions, and sentences, not forgetting pauses, scansion, cuts, periods and parallelisms” (p.394). I coded the contents of my participants’ speech and actions, but did not pay as much attention to the particularities of how they spoke or the spaces between words. This is arguably problematic as it precludes some aspects of participants’ experience from the analysis. This meant that I lost the opportunity to construct an understanding more deeply rooted in the symbolic, with a greater potential for picking up and making sense of unconscious material. In a paper making connections between Lacanian psychoanalysis and qualitative research, Vanheule (2002) asserts that a symbolic relationship with data must be cultivated which maintains the focus on the signifiers and the relationships between signifiers. In order to bring into

focus such subtleties of meaning, a careful and discerning approach is required. Seale and Silverman (1997) for example recommend transcribing interviews in a manner informed by conversation analysis, arguing that doing so can offer the opportunity to find radically different meanings and bring greater reliability and validity to research. Moss and Barnes (2008) treat their qualitative data as “footprints”, which they suggest are “the passing trace of something live, a trace of a moment that has already passed, beyond grasping, intangible” (p.18). This way of engaging with data expresses a mindful approach to research, through which nothing is fully fixed or tangible, but rather vividly fluctuating.

Although at least partially addressed with ongoing researcher reflexivity, over-identifying with my participants was a potential issue I faced. Akin to an over-identification in the countertransference (e.g. Eleftheriadou, 1999), such a concern needs serious consideration. Vanheule (2002) suggests that the researcher’s desire (perhaps for knowledge) can result in an imaginary relationship with their data characterised by illusion, the fascinating mirror from which a deluded identity is formed. Rizq (2008) suggests that the process of identifying with the participant’s vulnerability and the subsequent narcissistic dynamic of mutual agreement may mean that the researcher’s guilty and anxious feelings about difference and conflict are repressed. This unconscious conflict could result in the researcher feeling resistance to the analysis and dissemination phases of their research process or a taking a sterile and conflict-free descriptive rather than interpretative approach to engaging with their data. This was something I struggled with at times, as taking an interpretative stance felt imbued with aggression, and I can only hope that through making use of supervision and memo-writing processes I was able to sufficiently separate from my data to say something new. This process seemed to mirror participants’ struggle to remain separate and the pull towards an empathy with no gap between self and other.

Implications

The grounded theory outlined above indicates that the practices of meditation and psychotherapy do not inherently lead to freedom from narcissism and defensiveness. Participants seem to maintain an idealised self-construct based around their capacity for empathy. The danger perhaps could be that when participants unquestioningly assume that they are capable of providing their clients with an ideal form of empathy, it could potentially perpetuate a collusive transference and countertransference dynamic that prevents the client from moving forward. What might be particularly problematic is if this defensiveness remains unconscious. The implications of this are that therapists may be acting out on their own unmet needs in their choice of career and unconsciously attempting to meet those needs in their relationships with their clients. The way in which participants spoke much more about their strong capacities for empathy than their moments of empathic failure implied that the focus was more on gratifying the client, and less on empowering the client to learn how to meet their own needs. This will have been influenced by the power dynamics in the interview between participants and myself, and it's possible that this resulted in a greater level of defensiveness than in their relationships with clients. However, it may also suggest that the client's attempts to separate or express aggression towards their therapist were not adequately mirrored. Hardy (1979) suggested that this can result in denying the client's independence, misunderstanding the client and discouraging a negative transference. It would be difficult to really understand the other from a place of idealised symbiosis and omnipotence, as the client may need the therapist to feel empty, impotent, and devalued in the countertransference. If the therapist is defended against these feelings, they will remain unconscious and thus unavailable for thinking and talking about with the client.

Perhaps *Defending a fragile self* relates to the concept of compassion fatigue, which Figley (2002) suggested is the cost of empathically engaging with others in the helping profession. *Defending a fragile self* seemed to require participants to expend a great deal of psychic energy, apparently in maintaining the identification with an ideal and in struggling to remain separate. It would not be a great leap to suggest that this could lead eventually to therapists becoming depleted and burnt out.

This study also has implications for grounded theory methods. The unconscious tends not to be acknowledged in grounded theory research, perhaps because it seems to imply essentialism and moving beyond the data. However, this can be avoided by acknowledging the unconscious itself to be a theoretical construct, albeit one with a profound power to open up new meanings. I would argue that it is useful to have unconscious motivations in mind when conducting grounded theory research, as these are likely to influence the constructions which develop in the research process. Leaving the unconscious out of our theoretical constructions leads us to ignore the instances in which participants contradict themselves, make slips or in other ways reveal “the strangeness buried in ordinary thought and language, an eerie otherness that daily speech conceals” (Cohen, 2013, p.24). In paying close attention to what participants are saying, to their actions, and to this eerie otherness woven through their words, we can begin to construct understandings with much greater richness and depth. This deeper level of analysis would make grounded theory a particularly appropriate method for psychoanalytic research.

Recommendations for practice and future research

The findings of the current study indicate the dangers of unidentified narcissistic defences in clinical work. It seems important for therapists to be aware of defensively

identifying with an ideal, as well as the tendency to create an enfeebled other.

Therapists might benefit from reflecting on the narcissistic needs which can unconsciously drive their therapeutic relationships. Bringing these needs into awareness, reducing shame about them, and finding ways of talking about these issues is vital for ethical practice. This research suggests that personal therapy during training and regular meditation practice may not be sufficient to alert therapists to their own narcissism. Perhaps the therapists of trainee therapists should be selected at least partially on their experience and training in working with issues of narcissism. Furthermore, if even after training therapists are unconsciously driven in their practice by narcissistic needs, there must be opportunities for these needs to be explored and at least partially met in settings outside of relationships with clients.

Investigating the potential link between *Defending a fragile self* and compassion fatigue (e.g. Figley, 2002) would be valuable to better understand the conditions which can lead therapists to experience depletion and burnout. This could mean exploring the experiences of therapists who identify as compassion fatigued within the context of the categories constructed in the present study. If more evidence accrues for such a connection, it would lead to practical recommendations.

Conclusion

It seemed that participants' constructions of empathy were partially rooted in *Defending a fragile self*. I hope that this theoretical construction might challenge the assumptions around what it means to empathise, and stimulate thought about the hidden motivations and needs that seem to be bound inextricably with empathy. These needs seem not to disappear with time, but rather require honest and open reflection. While not explored in this article, therapists that practiced mindfulness described another way of constructing

empathy: a *Trembling with the other* that was not rooted in projective identification but rather an acknowledgement of lack, a profound sense of interconnectedness and a meeting of the unknown. Navigating an ever-shifting balance between this and *Defending a fragile self* seems to be the path of the mindful therapist.

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